

ENCOMPASS FAMILY HEALTH HOME
Care Management
Rights & Responsibilities of Participants/Families

I have the Right to:

- Be treated with dignity and respect;
- Be treated in a way that acknowledges and respects my unique cultural identity;
- Freedom from any abuse and mistreatment;
- An individualized plan of care and full explanation of the services provided;
- Be informed of and to participate in all phases of my treatment, assessment and care planning sessions;
- Discuss any dissatisfaction with my Care Manager and/or services I receive, and to pursue complaints through the grievance procedures stated below;
- Privacy and confidentiality of my information and identification;
- Request access to my own clinical records;
- Receive copies of signed consents, as well as other documents containing my signature;
- For services to be rendered and handled in a confidential, skillful and safe manner within a reasonable time frame;
- Request and include family, and other natural supports if applicable, in all phases of my planning and treatment.

My Responsibilities include:

- Treating my Care Manager with respect and dignity;
- Meeting with my Care Manager as often as needed to ensure needs are met;
- Keeping appointments with my Care Manager;
- Working towards meeting my developmental needs, improving my health , and becoming independent of care management;
- Signing Health Home, RHIO and PSYCKES consents to ensure integrated care;
- Where applicable, signing specific releases of information regarding medical, psychological, psychiatric, family, social, educational and vocational information required for assessing my appropriateness for this program and continued stay;
- Informing my Care Manager of changes in medications, doctors, treatments, personal information, housing, changes in appointments;
- Being actively engaged in my ongoing treatment/care planning and reassessments with my Care Manager.

Grievance Procedure:

- Children/Families who feel that their rights have been violated, or who are dissatisfied with services provided to them, may first bring their concerns to the attention of their Care Manager.
- If concerns are not resolved, or if not comfortable with discussing concerns directly with the Care Manager, Children/Families may contact _____ at () - .
- If Children/Families are dissatisfied or not in agreement with the response, or are uncomfortable with discussing their concerns with Care Management personnel, they may contact _____ at () - .
- If Children/Families are dissatisfied or not in agreement with the response, or are uncomfortable with discussing their concerns with Care Management Administration, they may contact _____ at () - .
- If Children/Families are dissatisfied or not in agreement with the response, or are uncomfortable with discussing their concerns with the Care Management Agency, they may contact the Health Home at 844-884-4999.
- If Children/Families are dissatisfied with the response, or are uncomfortable discussing their concerns with any health Home personnel, they may contact the appropriate resources listed below:

To report an incident, or to report a violation of your rights, you may contact any of the following for assistance:

NYS Justice Center for People with Special Needs
161 Delaware Avenue
Delmar, New York 12054-1310.
1-(855) 373-2122; TTY 1-(855) 373-2123

NYS Office of Mental Health
44 Holland Ave
Albany, NY 12229
1-(800) 597-8481

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Disability Rights NY, Inc.
725 Broadway Suite 450
Albany, NY 12207
1-(800) 993-8982; TTY 1-(518) 512-3448
E-Mail: DisabilityRightsNY.org

National Alliance for the
Mentally Ill (NAMI)
260 Washington Ave.
Albany, NY 12210
1-(518) 462-2000

NYS Department of Health
Corning Tower
Empire State Plaza Albany, NY 12237
1-(866) 881-2809

Medicaid Consumer Helpline
1-(800) 541-2831
New York Medicaid Choice
1-(800) 505-5678

NYS Department of Health
Bureau of Managed Care Certification and Surveillance
Complaint Unit Room 2019
Corning Tower ESP
Albany, NY 12237
1-(800) 206-8125
Or Email: managedcarecomplaint@health.state.ny.us

Families Together in NYS
1-(888) 326-8644

Children/Families may request a State Fair Hearing with the New York State Office of Temporary and Disability Assistance, Office of Administrative Hearings by:

- Calling the state wide toll free number 1- (800) 342-3334 TTY 1-(877) 502-6155; OR
- Fax Number 1-(518) 473-6735; OR
- Complete the on-line application request form at <http://otda.ny.gov/hearings/request/#online> ; OR
- Write or mail a completed application to:
 - Office of Temporary and Disability Assistance
Office of Administrative Hearings
PO Box 1930
Albany, NY 12201-1930
- If your request involves an issue about health benefits or services provided under your Managed Care Plan or Managed Long Term Care you can write to:
 - NYS Office of Temporary and Disability Assistance
Office of Administrative Hearings
Managed Care Hearing Unit
P.O. Box 22023
Albany, New York 12201-2023
- Children/Families that require assistance will receive support in filing their complaint, incident or request for a Fair Hearing from the Care Manager, Care Management Agency and/or designated Health Home staff.

My Assigned Care Management Agency is: _____

My Care Manager is: _____
(Print Care Manager Name)

Participant Signature

Date

Parent/Guardian/Consenter Signature

Date

A copy of this signed document was provided to the Participant/Family by: _____

on (Date) _____

Print Staff Name