Client Name	ACES ID Number

Your Rights and Responsibilities When You Receive Services Offered by Home and Community Living Administration and Developmental Disabilities Administration

Services Available

You have the right to choose from the services that you are eligible to receive. Services are voluntary. The services that Home and Community Living Administration and Developmental Disabilities Administration can pay for may not help you with all of your needs.

HCLA and DDA offer services in:

- An Adult Family Home, Assisted Living Facility, Enhanced Services Facility, Nursing Facility, ICF/IDs, Companion Home, Children's Foster Home, Children's Licensed Staffed Residential Home, DDA Group Homes, Group Training Homes; OR
- A person's own home. **Note:** HCLA and DDA do not provide paid 24 hour/day personal care services in a person's own home. If 24 hour care is desired, then other service options may be considered.

Your Area Agency on Aging Case Manager, DDA Case Resource Manager, Nurse Care Consultant, Care Consultant, Home and Community Services Social Service Specialist, or HCS Nursing Facility Case Manager is called a **case worker** in this document.

Your Rights

You have the right to:

- Be treated with dignity, respect and without discrimination;
- Have your property treated with respect;
- Work in partnership with your case worker in planning your care;
- Have interpreter services provided to you free of charge if you cannot speak or understand English well;
- Have information about you kept private within the limits of the laws and DSHS rules;
- Not be forced to answer questions or do something you don't want to;
- Be told about all of the services you can receive and make choices about services you want or don't want;
- Be told in writing of agency decisions and receive a copy of your care plan or support plan summary;
- Refuse all services;
- Choose, fire, or change a qualified provider;
- Receive the results of the background check for any individual provider you choose;
- Talk with a supervisor if you and your case worker do not agree;
- File a grievance or concern at any time about the state's or provider's performance on your care planning process, care plan, services, or anything you are dissatisfied with in your home and community based setting. You have the right to file a grievance without retaliation. You can submit a grievance or concern by calling 1-800-737-0617, sending an email to grievances@dshs.wa.gov, or asking any DDA or HCLA staff member for information on how to file a grievance;
- Request an administrative hearing even if you have made a complaint;
- Make a complaint without fear of harm even if you have requested an administrative hearing;
- Talk with an advocate by calling 1-888-201-1014; and
- Not be abused, neglected, financially exploited, or abandoned. For a description of these terms, visit: https://www.dshs.wa.gov/altsa/home-and-community-services/types-and-signs-abuse. If you or someone you know is being abused, neglected or exploited, please call DSHS toll free at 1-866 (End Harm) /1-866-363-4276 to talk with a worker who can help you.

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Client Name	ACES ID Number

Your Responsibilities

You have the responsibility to:

- Let the case worker complete your assessment at least annually in a location convenient to you;
- Let the case worker view your living environment at least annually;
- Give us enough information to complete your assessment and assist with coordination of your care plan;
- Tell your case worker if someone else makes medical or financial decisions for you;
- Participate in the development of your care or support plan, and sign it;
- Respond and communicate with your case worker in a timely manner;
- Choose your own health care;
- Choose a qualified provider;
- Keep provider background checks private;
- Understand your provider cannot be paid for services or hours that are not authorized;
- Tell your case worker if you are having problems with your provider or if you are not getting the hours claimed by your provider;
- Pay your provider every month if you help pay for your care;
- Provide a safe workplace;
- Not act in a way that puts anyone in danger;
- Tell your case worker before you leave, if you are traveling outside of Washington state with your personal care provider; and
- Tell your case worker if there is a change in:
  - ✓ Your medical condition;
  - ✓ The help you get from family, friends, or other agencies;
  - ✓ Your financial situation;
  - ✓ Where you are receiving your care;
  - ✓ Where you live in Washington state; or
  - ✓ Your residency – you plan to move, or you now live outside of Washington state.

Case Worker Responsibilities

Your case worker is responsible to:

- Treat you with dignity and respect;
- Maintain your privacy;
- Tell you what HCLA and DDA can, or cannot, do for you;
- Get information from you and others to do an assessment to determine your level of assistance and decide what services you can choose from;
  - ✓ The assessment will include your strengths, limitations, goals, and preferences;
  - ✓ The assessment will include the help you are already getting or can get from family or other agencies and how you want the services to be done;
- Assist you to develop a care plan or support plan that addresses assistance with personal care and includes your personal goals, preferences, and choices;
- Get information from you and others to update your care plan or support plan every year or when your condition changes;
- Give you enough time to provide the information that is needed;
- Address problems with your care plan or support plan as they arise;
- Respect your rights and provide more help in accessing services if you have mental, neurological, sensory, or physical impairments; and
- Help you find a qualified provider if you are not able to find one.

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Client Name	ACES ID Number

Advance Directives

You have the right to make advance directives. Advance directives may include a living will or durable power of attorney for your healthcare. Advance directives summarize your wishes about medical and/or mental health care, including the right to accept or refuse medical, mental health, or surgical treatment, when you do not have the mental ability to make those decisions. You can revoke your advance directives at any time.

Voter Registration Service

The National Voter Registration Act of 1993 requires all states to provide voter registration assistance through their public assistance offices. Applying to register or declining to register to vote will not affect the services or amount of benefits that you will be provided by this agency. If you would like help in filling out the voter registration form, we will help you. Your decision to register or to decline to register will be kept confidential and only used for voter registration purposes. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

Washington State Elections Office
PO Box 40229
Olympia WA 98504-0229
1-800-448-4881

Your Signature

Sign below if you understand your rights and responsibilities and understand the responsibilities of your case worker.

Client Signature	Date
Legal Representative Signature	Date

Notice for customers and employees (Title VI and VII), Washington State Department of Social and Health Services is an equal opportunity employer and does not discriminate in any area of employment, its programs or services on the basis of age, sex, sexual orientation, gender, gender identity/expression, marital status, race, creed, color, national origin, religion or beliefs, political affiliation, military status, honorably discharged veteran, Vietnam Era, recently separated or other protected veteran status, the presence of any sensory, mental, physical disability or the use of a trained dog guide or service animal by a person with a disability, equal pay or genetic information.

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Case Worker Instructions

1. Review the form with the client to answer any questions about the client's rights and responsibilities. Review with the client at the initial CARE assessment (or at the Significant Change/Annual if the form has not been signed). If an updated version of a form exists, have the client sign the updated form. The most recent client rights and responsibilities form presented by the case worker and signed by the client replaces previously signed forms.
2. Have the client or the client's representative sign two copies of the form to indicate their understanding of the client's rights and responsibilities when receiving services offered by Home and Community Living Administration and Developmental Disabilities Administration.
3. File one copy in the client's electronic case record and give the other copy to the client.