Your Rights and Responsibilities When You Receive Services Offered by Aging and Long-Term Support 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 Aging and Long-Term Support Administration (ALTSA) and Developmental Disabilities Administration (DDA) can pay for may not help you with all of your needs.

ALTSA and DDA offer services in:

- An Adult Family Home, Assisted Living Facility, Enhanced Services Facility, Nursing Facility, Companion Home, Children’s Foster Home, Children’s Licensed Staffed Residential Home; DDA Group Homes, Group Training Homes, ICF/IDs; OR
- A person’s own home. **Note:** ALTSA 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 AAA Case Manager, DDA Case Resource Manager, or HCS Social Service Specialist is called a case worker in this document.

- 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;
- Refuse all services;
• Have interpreter services provided to you free of charge if you cannot speak or understand English well;
• Choose, fire or change a qualified provider; and
• Receive the results of the background check for any individual provider you choose.

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;
• 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;
• Understand your provider cannot be paid for services or hours that are not authorized;
• Choose your own health care;
• Choose a qualified provider;
• Provide a safe work place;
• Keep provider background checks private;
• 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;
• Not act in a way that puts anyone in danger; and
• Tell your case worker if there is a change in:
  ✓ Your medical condition;
  ✓ The help you get from family or other agencies;
  ✓ Where you live; or
  ✓ Your financial situation.

Case Worker Responsibilities

Your case worker is responsible to:
• Treat you with dignity and respect;
• Maintain your privacy;
• Tell you what ALTSA 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.

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

YOUR RIGHTS AND RESPONSIBILITIES WHEN YOU RECEIVE SERVICES OFFERED BY ALTSA AND DDA
DSHS 16-172 (REV. 05/2018)
Sign on the line 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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INSTRUCTIONS

1. Present this form to the client when completing the initial CARE assessment and reviewing the care plan or support plan. If the client is already receiving services and did not previously sign this version of the form, present the form to the client at the next assessment. Review the form with the client to answer any questions about the client’s rights and responsibilities.

2. Have the client or the client’s representative sign two copies of the form to indicate his/her understanding of the client’s rights and responsibilities when receiving services offered by Aging and Long-Term Support Administration and Developmental Disabilities Administration.

3. File one copy in the hard file or Document Management System (DMS) and give the other copy to the client.