

**Bill of Rights**

As a participant in the Mississippi Medicaid Elderly and Disabled Home and Community-Based Services Waiver, I have been informed of the following client/provider rights:

**The Client:**

1. shall participate in the development, revision and termination of the care plan, informed of all case management services to be provided, and when and how services will be provided;
2. will be given the name, address, telephone number, and function of any person or agency providing care or services to the client;
3. will be given the name, address and telephone number of the designated case manager to ask questions, express complaints, report absence of workers, and seek aid in emergencies; (business cards or any other type of communication should be available.)
4. has the right to refuse any portion of the plan of care, however, refusal of services may cause termination of waiver services;
5. has the right to recommend changes in service or policy to program staff, Case Management Provider staff, State Office staff and the Division of Medicaid;
6. will be encouraged to exercise his/her rights to voice complaints and to seek protection from mental, physical and financial abuse, mistreatment and neglect;
7. will be informed both verbally and in writing of the agency's complaint procedures;
8. will be informed of his/her right to review his/her case record;
9. will be discharged from the program according to the discharge procedures stated in the Quality Assurance Standards;
10. will be treated with respect, consideration and full recognition of his/her dignity and individuality;
11. will be shown proper and current identification by any person providing service in their home, (name tags, badges);
12. will have his/her wishes respected regarding their home environment and possessions;
13. will be entitled to expect persons coming into their home to exhibit appropriate standards of behavior, and;
14. will be assured of confidentiality regarding his/her case records.

**The Provider:**

1. will be informed of any complaints from the client and/or family and be given the opportunity to correct any problems;
2. will show proper and current identification by any person going into the home of a waiver client;
3. will be treated with respect, consideration and full recognition of her/her dignity and individuality;
4. will be entitled to expect the client and any persons in the client's home to exhibit appropriate standards of behavior and conduct;
5. has the right to discontinue services immediately if the client or any persons in the client's home threatens, endangers, or makes inappropriate advances towards the servicing providers employees;
6. has the right to discontinue services immediately if the client's environment is unsafe for the servicing provider's employees.

Client's Signature:	Date Signed:
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1st Case Manager's Signature:	Date Signed:
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2nd Case Manager's Signature:	Date Signed:
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