

PersonalChoice Participant Rights and Responsibilities

Participant Rights

As a participant in the PersonalChoice Program I have the following rights:

1. The right to be treated as an adult, with dignity and respect all times.
2. The right to privacy in all interactions with my Service Advisor and Fiscal Intermediary and be free from unnecessary intrusions.
3. The right to make informed choices based on the information provided to me as a program participant and any other information I may obtain, and have those choices respected, while respecting the rights of others to disagree with the choices I have made.
4. The right to freely choose between approved providers for both Fiscal Intermediary and Service Advisor services.
5. The right to feel safe and secure in all aspects of life, including health and wellbeing; to be free from exploitation and abuse, but not be overprotected.
6. The right to realize the full opportunity that life provides by not being limited by others, making full use of the resources that PersonalChoice provides, and being free from judgments and negativity.
7. The right to live as independent a life as I choose.
8. The right to have my individual ethnic background, language, culture, faith and beliefs valued and respected.
9. The right to be treated equally and live in an environment that is free from harassment, bullying and discrimination.
10. The right to voice grievances about services without fear of discrimination or reprisal.
11. The right to voluntarily withdraw from PersonalChoice at any time.
12. The right to manage personal care assistants by:
 - A. Hiring who I want to assist me.
 - B. Deciding what special knowledge or skills my assistants must have.
 - C. Training each assistant to meet my own personal needs.
 - D. Replacing assistants who do not meet my needs.
13. The right to request a new assessment if my needs change.
14. The right to create an Individual Service and Spending Plan (ISSP) to meet my needs within the PersonalChoice program guidelines, and to change that plan as my needs or goals change.
15. The right to appeal any decision made by my Service Advisor, Fiscal Intermediary or DHS that effects me adversely.

Participant Responsibilities

As a participant in the PersonalChoice program I have the following responsibilities:

1. Accept responsibility for my health and safety.
2. Develop and revise, as needed, a spending plan that details my personal care needs and how they will be met through the provision of PCA services and purchase of other goods or services related to my personal care. This plan will be developed with the assistance and feedback from my Service Advisor.
3. Recruit, interview and hire my own Personal Care Assistant staff. All staff must submit to a criminal background check facilitated by the Fiscal Intermediary that I am enrolled with. I understand certain serious convictions that may appear as a result of this check will prevent me from hiring an individual PCA. I further understand that minor offenses that may appear on the person's record will not automatically prevent them from working for me and it will be my decision to hire them.
4. Ensure that PCA staff hired can adequately perform the tasks and care that I need.
5. As an employer, enter into a written agreement with each of my PCAs before I receive services.
6. Refer individuals to the Fiscal Intermediary to fill out necessary forms to be paid as my PCA.
7. Ensure that I will have adequate backup PCA staff or non-PCA support available in case a regularly scheduled PCA is unable to fulfill their duties as scheduled.
8. Provide orientation and training to my PCA staff. I understand I can access additional training resources, funded through my Individual Service and Spending plan, if I so choose.
9. Provide ongoing supervision and evaluation of my PCA staff with assistance, if needed, from my Service Advisor.
10. Schedule my PCA staff.
11. Manage the use of my PCA hours to ensure that I do not use more service than is indicated in my approved spending plan.
12. Ensure that my PCA(s) does not work over 40 hours per week, if my PCA(s) work over 40 hours per week they need to be paid overtime, and I will notify my advisor and fiscal agent.
13. Monitor, ensure accuracy and verify time worked by my PCAs prior to signing and submitting their time sheets to the fiscal intermediary. I understand that time sheets must be received by the stated deadlines in order for PCAs to be paid on time.
14. Notify my Service Advisor when there is a change in my condition or change in the level of service that I need.

15. Notify my Service Advisor and fiscal intermediary, within 5 days, whenever I am hospitalized, I understand that I cannot utilize PCA services when hospitalized or in a nursing or assisted living facility.
16. Terminate my PCA staff if necessary and notify the fiscal intermediary when termination occurs.
17. Contact the fiscal intermediary in the event of a billing or payment complaint. The fiscal intermediary will provide a timely response to my inquiry.
18. Only make purchases of items that are included in my Individual Service and Spending plan.
19. Not overspending my monthly budget.
20. Review the monthly spending report from the Fiscal Intermediary.
21. Make myself and my Representative (if applicable) available for home visits from PersonalChoice staff in order to satisfy program requirements.
22. Ensure that my PCA is performing all duties listed on the work agreement.
23. Inform my advisor and fiscal intermediary if I should change my address or telephone number.
24. I must treat my employees, my Advisor and others who work with the PersonalChoice program the same way I expect to be treated.

I have read and/or understand these Rights and Responsibilities.

Participant/Representative signature

Date

Advisor signature

Date