

PARTICIPANT RIGHTS AND RESPONSIBILITIES NOTIFICATION

This form meets the provisions of the Medicaid Home and Community-Based Services (HCBS) Waiver Manual for the Children's Long Term Support (CLTS) Waiver Program (P-02256), Ch 8.

As an applicant/participant for the CLTS Waiver Program, you have specific rights and responsibilities.

A. Applying for the CLTS Waiver Program

1. You have a right to be told about services that can be provided and funded by the CLTS Waiver Program and by other programs.
2. You have a right to apply for the CLTS Waiver Program. You have a right to not participate in the CLTS Waiver Program. Authorization of services through the CLTS Waiver Program must be coordinated with other funding sources.
3. You have the right to have waiver agency staff make contact with you to schedule a home visit within 10 calendar days from the date of referral.
4. You have the right to have a qualified person complete an eligibility determination for the CLTS Waiver Program within 45 calendar days from the date of referral.
5. If your application is denied, you have the right to file a county grievance or file a state appeal, or both. You have the right to be told how to file a grievance or appeal, and the right to get help in doing so.

B. Deciding what services you receive from the CLTS Waiver Program

1. If your eligibility determination is approved and you choose to enroll, you have the right to have an assessment of your needs and jointly complete an Individual Service Plan within 60 days.
2. You have the right to be a part of the planning process and share your opinions and preferences. You have the right to invite friends, relatives or anyone else you choose to be a part of this process. You have a right to lead these meetings and to have them occur at a time and place that is convenient for you and the people you wish to have present, except for one meeting annually which must occur in the home.
3. You have a right to receive a written copy and explanation of your assessment and any other documents or reports in your file if you request them.
4. You have the right to be informed in writing of whether an item or service request has been authorized or denied within 14 calendar days of request. This decision may be extended an additional 14 calendar days; and, you have the right to be informed about the extension of timeframe.
5. You have a right to receive any help you need to understand and take part in planning and other meetings. This help might include interpreters, taped or Braille material, or other communication aids.
6. You have a right to design your plan for services within certain CLTS Waiver Program rules. This plan must clearly list the services you have agreed to; it must identify the outcomes you wish to achieve and what will be done to address them. You have a right to a written copy of your plan and to have the plan explained to you.
7. You have a right to choose the services intended to meet your needs and achieve your desired outcomes, and to choose the qualified provider from whom you will receive services. All waiver-funded providers you use must be qualified. You have the right to have all conflicts-of-interest involving service provision discussed with you before you select a service provider. You have the right to have assistance in finding qualified providers.
8. You have a right to disagree with your service plan or with changes made to your service plan. You have the right to disagree with any reduction in services if you think that your needs will not adequately be met. You have a right to ask the waiver agency to change the things with which you disagree. If you disagree with any decision that is made about your services or service provider, or with changes to your service plan, you have a right to file a grievance with the county and/or an appeal with the state.

C. Receiving CLTS Waiver Program Services

1. You have a right to receive services if there is funding available, you are eligible for the CLTS Waiver Program and there is a reasonable indication of need for services. You have a right to special equipment or other

accommodations that give you equal opportunity to access your home, community, and Medicaid Waiver services.

2. If funding is not available, you have a right to be placed onto the wait list for services. If you are told that you have to wait for CLTS Waiver services, you have a right to know how the wait list works and receive updates concerning how many others are waiting ahead of you and when the waiver agency estimates you will receive services.
3. You have the right to be free from the expectation that you pay for or contribute to any portion of the cost of waiver services beyond the amount determined to be your parental payment liability ([Wis. Admin. Code § DHS 1.065](#)).
4. You have a right to have help from a support and service coordinator after you receive services. You have a right to meet with this person as often as you feel is necessary. Your support and service coordinator is responsible to assure that you receive the services in your plan, that they are of high quality and the services work well together.
5. You have a right to receive a written notice, **at least 10 days before the effective date**, of any action or decision to reduce or end your services 42 C.F.R. § 431.231(c)(2). You have the right to file a county grievance or state appeal if you disagree with the reduction or termination of any services authorized through the CLTS Waiver Program.
6. If you file a **state appeal** before the termination or effective date stated in the termination notice you receive from the waiver agency, you have a right to keep receiving the types and amounts of services you were getting until the appeal is decided.
7. If you file an appeal and your affected service(s) continue pending the appeal hearing decision and the decision upholds the action to reduce or terminate services, you may be responsible for the cost of those service(s) ([42 CFR § 431.230\(b\)](#)). Recoupment may be sought for the cost of any affected services authorized through the CLTS Waiver Program that you receive beginning on the original effective date of a notice of adverse action up to and including the date of the appeal hearing decision.
8. You have a right to move anywhere in the State of Wisconsin without interruption to authorization for services through the CLTS Waiver Program.

D. Right to State Appeal

1. You (and your parent/guardian, if any) have a right to be told (formally notified) what actions taken by waiver agencies may be appealed and how to file a state appeal. This includes being told who to contact, as well as the steps and time limits for filing the grievance of appeal.
2. You may get help with a waiver agency grievance or state appeal from your support and service coordinator/ or from other organizations that are responsible for assisting you in such matters.
3. You have the right to be informed, in writing, of the reasons the action is being taken.
4. Within 45 days: you have the right to appeal financial eligibility determinations.
5. Within 45 days: you have the right to appeal initial functional eligibility determinations.
6. Within 90 days: You have the right to appeal any decisions about any supports or services that a participant and/or their parent(s) and or legal guardians requested be authorized through the CLTS Waiver Program.
7. Within 90 days: You have the right to appeal any decision about functional eligibility determinations for recertification. These decisions occur during a child's or youth's annual recertification for continued enrollment.

E. Actions by Waiver Agencies that are Subject to Appeal

You have the right to appeal the waiver agency action/decision before the action/decision is implemented. You must be notified, in writing, of any decision that is subject to appeal and be given not less than 10 days to request an appeal.

The following actions or decisions made by waiver agency may be appealed by waiver participants or their parents (of children) or guardians via a fair hearing by the Department of Administration, Division of Hearings and Appeals.

1. **Denial of Eligibility**—You can appeal any denial of program eligibility.
2. **Termination of Eligibility**—You may appeal any proposed termination of program eligibility.
3. **Termination of Waiver-Covered Services¹**—You may appeal any proposed termination of any waiver-covered service, regardless of the reason given for the termination.
4. **Reduction of Waiver-Covered Services**—You may appeal any proposed reduction in a waiver-covered service, regardless of the reason given for the reduction.
5. **Choice Between Institutional and Community Services**—You may appeal any failure of the waiver agency to give you the choice between institutional and community services. This appeal right does not apply when a court has ordered your community placement and services as the least restrictive and/or most integrated alternative.
6. **Choice of Type of Service**—You may appeal any failure by the waiver agency to give you a choice between different types of community services covered by the waiver, when the cost of the services are equivalent. This applies only when each of the different, covered services are appropriate to your needs and are capable of helping you achieve your desired outcomes.
7. **Denial of Choice of a Qualified Service Provider**—You may appeal any failure to give you (the participant) a choice among qualified providers when the cost of the covered services required to address your assessed needs and desired outcomes are equivalent.
8. **Denial of Authorization of an Item or Service**—You may appeal any decision by the waiver agency to deny or limit coverage of a requested service or item for any reason, if the service or item is covered by the CLTS Waiver Program.

F. Where You Can Get Help

1. Any CLTS applicant or participant (or legal decision maker) may contact:

Disability Rights Wisconsin Located online at www.disabilityrightswi.org

Madison Office

131 W. Wilson Street, Suite 700
Madison, Wisconsin 53703
Telephone: 608-267-0214 or
1-800-928-8778 (toll-free)
Fax: 608-267-0368

Milwaukee Office

6737 West Washington St. Suite 3230
Milwaukee, Wisconsin 53214
Telephone: 414-773-4646 (Voice) or
1-800-928-8778 (toll-free)
Fax: 414-773-4647

Rice Lake Office

217 W Knapp Street
Rice Lake, WI 54868
715-736-1232 (voice) or
1-800-928-8778 (toll-free)
Fax: 715-736-1252

G. Applicant / Participant Responsibilities

There are specific responsibilities you must meet when you apply for or participate in the CLTS Waiver Program. If you do not meet these responsibilities, you may become ineligible for the program. Reporting changes in your circumstances is very important to maintain your eligibility. Changes should be reported promptly to the waiver agency, generally within 10 calendar days of when the change occurs.

¹ Services listed in service plans that are not authorized through the CLTS Waiver Program are not considered to be waiver-covered services.

1. Maintain contact with your Support and Service Coordinator and participate in service planning and recertification activities.
2. Report if you move.
3. Report incidents, as directed by the waiver agency and outlined in the Family Guide to Incident Reporting ([P-00069A](#)).

My signature below indicates that I have been informed of and understand my rights and responsibilities under the CLTS Waiver Program. I have received this information verbally and in writing.

SIGNATURE – Participant/Guardian	Date Signed
SIGNATURE – Support and Service Coordinator	Date Signed