



Medical Day Care Services Waiver Participant Rights and Responsibilities

This document outlines the rights and responsibilities of the Participant in the Medical Day Care Services Waiver (MDCS Waiver). This Participant Rights and Responsibilities form should be reviewed and signed by the participant and their authorized representative, if applicable, during initial enrollment and annually and a copy stored in LTSS*Maryland*.

I. Participant Rights

When enrolled in the MDCS Waiver, Participants have the right to:

- Be offered information in your preferred language.
- Choose from the services that have been approved in the MDCS Waiver plan of service and included in program regulations, COMAR 10.09.07.
- Participate in the process of creating your plan of service (POS) with your case manager that meets your goals and needs. This is separate from your center's multidisciplinary team and plan of care (POC).
- Expect that the services provided will be individualized to meet your goals and needs.
- Choose who you want to include on your multidisciplinary team to help develop your POC, along with the required people: you and/or your authorized representative, the center's registered nurse (RN), the center's social worker (SW), and the center's activities coordinator (AC).
- Be offered a form of transportation to and from the center or be offered help with setting up transportation for medical appointments during the time you would be at the center.
- Be provided meals and snacks while at the center.
- Receive therapies as prescribed by qualified staff at the center or be transported to the appropriate place for therapy.
- Choose how many days you will attend the center based on your medical orders and program rules. You are not required to attend for a specific number of hours per day.
- Choose from a list of approved medical day care centers. You may change centers at any time. Talk with your case manager.
- Choose more than one center to attend for services. For example: You may attend one center today and another center tomorrow. Each center must be approved on your plan of service. Talk with your case manager.
- Attend a center of your choice without fear of intimidation, punishment, retaliation, or bribery.
- Report instances of intimidation, punishment, retaliation, bribery or other misconduct by a center without threat of retribution. Talk with your case manager or call the MDCS Waiver at 410-767-1444 and/or the Office of Inspector General at 1-800-447-8477.

- Report a complaint, injury, abuse, neglect, or other incident by contacting your case manager, a State representative at 410-767-1444 or email: mdh.mdcs.w.maryland.gov. A Reportable Event includes an allegation of or an actual occurrence of an incident that adversely and/or has potential to negatively affect the health, safety, and welfare of an individual, as well as, quality of care or service issue complaints.

II. Participant Responsibilities

To maintain eligibility for the MDCS Waiver, you must:

- Take part in required assessments (i.e.; level of care, ADCAPS).
- Actively participate in care planning development in conjunction with your MDT and/or your representative and case manager.
- Make sure that you access services frequently enough to maintain eligibility and benefit from services.
- Provide accurate and complete documentation/information (i.e.; photo ID, medical insurance card, medical orders).
- Complete all required paperwork for continued medical, technical and financial eligibility (Medical Assistance).
- Treat the technicians, other staff, and everyone else with respect and dignity.

I have read, agree, and will comply with the above rights and responsibilities.

Participant's Printed Name: _____

Participant's Signature: _____

Participant's Signature Date: _____

Representative's Printed Name: _____

Representative's Signature: _____

Representative's Signature Date: _____

Case Manager's Printed name: _____

Case Manager's Signature: _____

Case Manager's Signature Date: _____