Wyoming Department of Health

Commit to your health.

Wyoming Home and Community Based Services

Participant Rights and Responsibilities

PARTICIPANT RIGHTS

The participant has the right to be informed of their rights and exercise their rights as a participant of the program.

The participant has the right to voice grievances, without fear of discrimination or reprisal, regarding treatment or care that is provided or fails to be provided to them.

The participant has the right to have their property treated respectfully by those providing services.

The participant has the right to choose to receive their services in a nursing facility or receive their services through waiver programs.

The participant has the right to freely choose which qualified provider will deliver services to them.

The participant has the right to a fair hearing if they feel there is an error in the determination of their medical necessity.

The participant has the right to be treated without discrimination because of their race, religion, gender, age, mental condition or physical condition.

The participant has the right to have all information about them and their circumstances held confidentially, within the scope of Wyoming statute.

The participant has the right to be informed about the care to be furnished and to be informed about any changes in the care to be furnished.

The participant has the right to refuse care or treatment and to be informed of the consequences of their decision.

PARTICIPANT RESPONSIBILITIES

The participant has the responsibility to promptly apply for Medicaid with the Medicaid Long Term Care Financial Eligibility Unit.

The participant has the responsibility to provide complete and accurate records for the Medicaid Long Term Care Financial Eligibility Unit to determine and maintain eligibility for Medicaid.

The participant has the responsibility to keep providers and the Medicaid Long Term Care Financial Eligibility Unit aware of their current residence location or change in eligibility or program status.

The participant has the responsibility to provide complete and accurate monthly information to the case manager when he/she visits.

The participant has the responsibility to be a cooperative, active participant in the development of their plan of care and in following the plan.

The participant has the responsibility to keep appointments, or notify all providers when they are unable to keep them.

The participant has the responsibility to ask questions about the waiver program and receive information to help them understand.

The participant has the responsibility to use the services properly as indicated on their specific plan of care.

I, the participant, have received a copy of this document. I understand the content of this document and had any questions answered to my satisfaction.

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Participant Signature Date

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Case Manager / Care Coordinator Signature Date