



Behavioral
Health
Division

What are My Rights?

A Guidebook
for People
With
Developmental
Disabilities

For Participants Who Do Not Have a Guardian



Behavioral Health Division
Developmental Disabilities Section
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Cheyenne, WY 82002
www.health.wyo.gov/ddd
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Table of Contents

Mission and Vision of the Behavioral Health Division	4
Introduction	5
What is Self-Determination?	7
What is Person-Centered Planning?	7
Rights that Protect Me	8
My Rights	9
My Right to Safety	9
My Right to File a Complaint	10
My Right to Privacy	11
My Right to Choice	12
My Right to Inclusion	13
My Right to Personal Relationships	14
My Right to Medical Care	15
My Right to be a Part of My Community	16
My Right to Communicate	17
My Right to My Money and Personal Property	18
My Rights as a Waiver Participant	19
My Right to be Free from Seclusion, Coercion, and Restraints	21
My Responsibilities	22
My Resources	23
My Rights Checklist	25
My Notes	26

Mission and Vision of the Behavioral Health Division

Our Mission

To improve the quality of life of Wyoming residents with developmental disabilities, acquired brain injuries, mental illness, and/or substance abuse issues. We are dedicated to be a division of state government that is responsive to the behavioral health needs of Wyoming residents by developing and overseeing a quality continuum of care that is customer-focused, collaborative, evidence-based, and outcomes driven.

The Behavioral Health Division, Developmental Disabilities Section provides services to eligible individuals with developmental disabilities so they can actively participate in the community with friends and family, be competitively employed, and live as healthy, safe, and independently as possible according to their own choices and preferences.

For a copy of this guidebook in an alternative format, please call 1-800-510-0280 and ask for Jamie Staunton

Introduction

Welcome to the power of human rights. All persons possess rights that are undeniable under the Constitution of the United States. The Constitution of the State of Wyoming states: *“In their inherent right to life, liberty, and pursuit of happiness, all members of the human race are equal.”*

This guidebook is for people with intellectual and developmental disabilities and those who have an acquired brain injuries, who are over the age of 21 and DO NOT have a guardian. You can use it to learn about your rights and responsibilities when you receive waiver services. Please share what you learn with others, so they know their rights too.

This guidebook includes a basic list of rights that apply to you as a participant on the Home and Community Based Services (HCBS) waiver. Your case manager, family, team members, and support staff can help you to learn about your rights and responsibilities.

Disclaimer: The information listed in this guidebook is not intended for legal advice, but is general information only. You may consult an attorney or an advocacy organization if you have specific questions about these rights.

Our Voices

I speak not for myself but for those without voice... those who have fought for their rights... their right to live in peace, their right to be treated with dignity, their right to equality of opportunity, their right to be educated.

~Malala Yousafzai

People with intellectual and developmental disabilities are sometimes overlooked or not heard in society. This guidebook focuses on empowerment and participation through understanding your rights and responsibilities when receiving waiver services.

By understanding my rights and finding my voice, I have the opportunity to lead a self-determined life and fully participate in my community.



What is Self-Determination?

Self-determination is believing that **YOU** can control your own life. It includes a combination of **ATTITUDES** and **ABILITIES** that lead **YOU** to set goals for yourself and then take action to reach the goals **YOU** set. It means making your own choices, taking control and responsibility for your life, and learning how to effectively solve problems.

✚ In order to be self-determined, you need to know your rights.

What is Person-Centered Planning?

Person-centered planning is when you and your team focus on **YOUR** goals, interests, and desires. The focus is on **YOU**. It helps you plan for your future. The team of your choice meets with you to identify opportunities for you to focus on developing personal relationships, participate in your community, increase control over your own life, and develop the skills and abilities you need to achieve these goals.

This is Person-Centered Planning

- **Gathering people who know, love, and care about you**
- **Listening to you**
- **Breaking down barriers**
- **Being creative**
- **Having fun!**



Rights that Protect Me

Equality

Your right to be treated equally

Safety

Your right to be safe from violence and abuse

Inclusion

Your right to live independently, receive equal education, participate in your community, and work

Choice

Your right to choose what you wear, what activities you participate in, and who provides your services

Privacy

Your right to have privacy no matter where you live

My Rights

My Right to Safety

I have the right to be safe and free from abuse, neglect, mistreatment, intimidation, and exploitation.

My right to be safe protects me at home, at school, at work, in community settings, and at the doctors.

The providers and staff that support me should be trained and educated on abuse issues.

I have the right to be free from seclusion or isolation.

I have the right to say “NO” to the things that will put me in danger.

I have the right to say “NO” to being hurt.



I have the right to say “NO” to anybody trying to change the way I act by hurting me, scaring me, or upsetting me.



My Right to File a Complaint

I have the right to advocate and file a complaint if someone violates my right to safety or violates any of my other rights.

If I need assistance reporting abuse or filing a complaint, I can choose a person I trust to help me file the complaint.

I can file a complaint by going online and completing the complaint form for the waiver or I can call any of the following resources:

Behavioral Health Division Complaint Form

<https://improv.health.wyo.gov/complaintreport.aspx>

Department of Family Services Adult Protective Services

1-800-457-3659

In state only, 8:00 a.m. – 5:00 p.m. MST

dfsweb@wyo.gov

Protection and Advocacy

7344 Stockman St.

Cheyenne, WY 82009

1-800-624-7648

Department of Family Services Child Protective Services

1-800-457-3659

In state only, 8:00 a.m. – 5:00 p.m. MST

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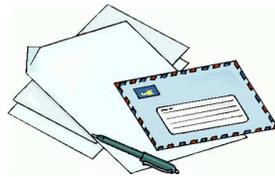
1-800-510-0280

My Right to Privacy

I have the right to privacy during services and care of my personal needs, such as toileting and bathing.



I deserve the highest level of respect and dignity



I have the right to send and receive unopened mail.



I have the right to make and receive private phone calls.



I have the right to confidentiality of my personal information and my records. I have the right to be informed about how my information is kept or released.

Emergency personnel may have access to critical information about me due to health and safety matters.

I have the right to keep my things in a private place and get to them when I want.



Privacy

"Every American deserves to live in freedom, to have his or her privacy respected and a chance to go as far as their ability and effort will take them...."

~Christopher Dodd

My Right to Choice

I have the right to choose with whom and where I live.



I have the right to choose how I furnish and decorate my bedroom within the limits of my lease or other agreement.

I have the right to choose the food I want to eat and access my food whenever I want.



I have the right to wear my own clothes and choose the clothes I want to wear.

I have the right to choose my own medical services.



I have the right to choose the services I receive and the providers of those services.



I have the right to participate in decision-making throughout all waiver services and supports offered by a provider.



I have the right to choose whether I participate or not in any activity within my home or community.

I have the right to make all of my own choices.

CHOICE
The Power to Choose

Inclusion

"We have to be included, it is important to have all Americans get the same chance and the same opportunity."

~Chester Finn

Equality

"True equality is the goal rather than just inclusion. When one has equality, they are included."

~Renee Wood

My Right to Inclusion



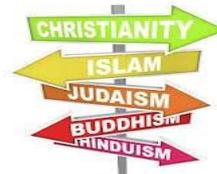
I have the right to be a part of my community.

I have the right to work in a job I choose and to earn a decent living.

I have the right to be integrated and included in the economic, political, social, cultural, and educational mainstream of my community.

I have the right to live on my own or in the least restrictive environment possible with services and supports.

I have the right to attend church and practice the religion of my choice or abstain from practice of religion.



I have the right to move freely in and outside of my residence in accordance with the services and supports page of my plan of care.



My Right to Personal Relationships

My Rights

"Human rights are not a privilege granted by the few, they are a liberty entitled to all, and human rights, by definition include the rights of all humans, those in the dawn of life, the dusk of life, or the shadows of life."

~Kay Granger



I have the right to choose my friends.

I have the right to see my friends, my family, girlfriends, or boyfriends when I want.

I have the right to receive visitors.



I have the right to be alone with my friend.

I have the right to exercise and recreation.



My Right to Medical Care

I have the right to receive medical treatment.



I have the right to get help from my providers with my medications so that I take them on time and according to my doctor's orders.



I have the right to get my health and medication levels checked regularly by a doctor to address any medication side effects or changes in my condition.

I have the right to be informed of possible risks and give my consent regarding medical treatment.



I have the right to say "NO" to any medical procedure, such as medications, sterilization, electric shock therapy, or surgeries.



My Right to be a Part of My Community

I have the right to make choices about my daily living routine, my leisure activities, and program planning.

I have the right to go out and meet people and have fun.



I have the right to participate in any activity within my home or community.

I have the right to have a valued role in the community through employment, participation in community activities, volunteering, including being accountable for spending public dollars in ways that are life enhancing.

Volunteers!



My Right to Communicate

I have the right to communicate with my friends.



I can send and receive mail and letters from people I know.



I can make and receive phone calls.

I have the right to communicate freely with persons of my choice in any reasonable manner I choose.

Depending on what I need, my providers should help me exercise my right to communicate by helping me use the phone, contact people, write my words in a letter, read my mail to me, and encourage me to stay in contact with people I like.

I have the right to express my opinions and talk to people in a respectful way, even if we disagree.



My Right to My Money and Personal Property

I have the right to keep and decide how I spend my money.



If I need help managing my money, I can request training from my providers, but my providers are not obligated to provide me with assistance.



I have the right to keep and use my personal possessions (radios, TV's, personal things). I can also decide how to maintain them.



My Rights as a Waiver Participant



I have the right to:

- Receive person-centered planning when my waiver plan of care is being developed so that the supports and services are about me, my goals, my preferences, and my needs.
- Help develop my waiver plan of care.
- Be informed of all of my rights each year when I receive waiver services.
- Be a part of the decision making process regarding my services and supports.
- Speak up and voice my needs, desires, interests, and goals to my team and provider staff.
- Receive services and supports that reflect my needs, desires, interests, and goals.

**Plan
of
Care**

I have the right to:

- Receive ongoing training and support in order to perform as much of my personal care tasks as possible.
- Receive training on new skills and pursue new ideas or activities so I can become more independent and take care of my own needs as much as possible.

**Training
and
Support**

I have a right to:

- Live in the most independent and inclusive place possible.
- Pursue work, make money, and fully participate in the community when I want.

**Inclusion
and
Community**

I have the right to:

- Know and understand my treatment program, its development or changes, and the results of examinations, evaluations, and assessments.
- Receive assistance in knowing about, securing, and retaining basic entitlements, community resources, or any other service that I might be eligible for.

**Medical
and
Benefits**

I have the right to:

- Be informed of any rights restrictions imposed on me, and have them identified in my plan of care.
- Have my plan of care identify how and when my rights will be restored.

**Rights
and
Restrictions**

I have the right to:

- Be notified by my providers of any associated costs to me for services or items and the terms of payment.
- Receive a 30 day notice from my provider if I am asked to leave their services.

**Provider
Terms**

I have the right to:

- Choose the services, supports, and providers that I receive through the waiver.
- Change my mind about any or all of the services I receive.
- Change providers if I am not satisfied.

Choice

My Right to be Free from Seclusion, Coercion, and Restraints

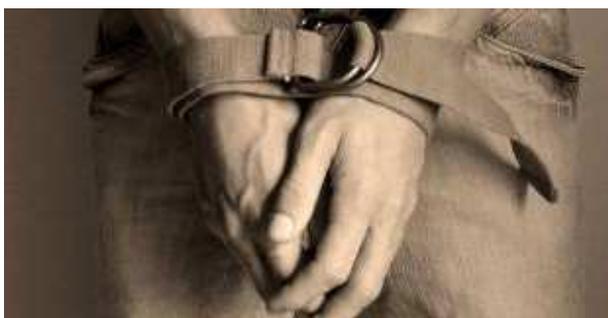
I have the right to be free from coercion (*the use of force or intimidation to obtain compliance*).

I have the right to be free from undue restraints that are mechanical, physical, or the use of a drug.

If I need to have restraints to protect myself or others, I have the right to have written procedures identified in my plan of care and all of my providers are trained in these procedures.

I have the right to be free from seclusion or isolation, and my provider cannot use seclusion to punish me.

SECLUSION AND RESTRAINT



My Responsibilities

As a waiver participant, I have responsibilities that I must adhere to.

1. I must learn about the providers available so that I can make an informed choice.
2. I shall choose among options, providers, and alternatives available to me and have my choices respected.
3. I need to learn and understand the rules and policies that the providers of my services have in place. If I don't agree with their rules or policies, I have the right to choose another provider.
4. I shall participate in the individual program planning process to be sure my voice is heard.
5. I shall learn about rights and restrictions that pertain to me and be an active participant in any discussion about possible restrictions to my rights.
6. I shall not interfere with anyone else's efforts to meet their plan of care goals.
7. I shall abide by all rules, laws, and expectations of the community.
8. I shall take care of my personal property and protect it from theft or loss. If I need assistance with this responsibility, I will inform my staff and team of how I need assistance.
9. I shall ask questions about my responsibilities if I do not understand the information or directions given to me.



MY RESPONSIBILITY

My Resources

Waiver Participant Support Specialists

<p>Ragen Latham Plan review: MRSI in Uinta, Carbon, & Magic City, MRSI, CRMC, and LA Services in Laramie County Eligibility: Laramie M-Z</p>	307-777-6490
<p>Beth Leonhardt Eligibility: Fremont, Sublette, Teton</p>	307-856-4648
<p>Dennis Yost Eligibility: Albany, Carbon, Goshen, Niobrara, Platte, Weston</p>	307-534-4658
<p>Donna Pepper Eligibility: Laramie A-L Plan review: Hot Springs, Laramie, & Uinta Counties (except for providers listed with Ragen Latham)</p>	307-777-7684
<p>Tammy Arnold, Unit Working Manager</p>	307-777-8760
<p>Dalreen Kessler Eligibility: Campbell, Crook, Johnson, Sheridan</p>	307-684-7632
<p>Tammy Edlefsen Plan review: Albany, Park, Niobrara, Teton, Lincoln</p>	307-777-3443
<p>Sheila Thomalla Plan Review: Sweetwater, Fremont, Lincoln, State Respite</p>	307-777-3322
<p>Vacant Plan Review: Goshen, CMH Waiver (eligibility and plan review)</p>	307-777-5061
<p>Pam Snyder Plan review: Big Horn, Campbell, Crook, Johnson, Sheridan, Washakie, Weston</p>	307-684-4551
<p>Rita Munoz Plan review: Natrona, Converse</p>	307-777-3694

Bonnie Laird Eligibility: Uinta, Lincoln, Sweetwater	307-789-0618
Leslie Emond Eligibility: Natrona, Converse Kids Aging out Coordinator	307-234-6439
Debra Spence Eligibility: Park, Big Horn, Hot Springs, Washakie	307-527-4181

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Cheyenne, WY 82009
1-800-624-7648
wypanda@wypanda.com

Department of Family Services
Child Protective Services
1-800-457-3659
In state only, 8:00 a.m. – 5:00
p.m. MST
dfsweb@wyo.gov

Department of Family Services
Adult Protective Services
1-800-457-3659
In state only, 8:00 a.m. – 5:00
p.m. MST
dfsweb@wyo.gov

My Rights Checklist

Each year, my case manager should review my rights with me.

I will sign a form that verifies my case manager reviewed these rights and the date they were reviewed with me.

- I have read and understand my rights.
- I know who to call if someone hurts me.
- I know who to call if I want to file a complaint.
- I know what my responsibilities are.
- I was offered a choice of providers when my plan was developed.
- I know that I can change providers at any time.
- I know that I should be able to live in the least restrictive environment possible.
- I know that if a provider restricts my rights, the restriction(s) must be in my plan. I must be informed of the restriction and when it may be imposed. We will write a plan to restore my rights before I sign my plan of care.
- I know that I get to decide how I spend my money.
- I know that I get to decide what clothes I wear.
- I know that I can have visitors.
- I know that I can send and receive letters and use the phone to talk with the people I choose.
- I know that I should be respected and treated with dignity.
- I know that I can ask for assistance if there is something I do not understand or need help with.
- I have identified the person I trust to help me understand my rights or assist me in filing a complaint.

Name of the person I trust to help me: _____

I have read or had explained to me all of the rights listed in this document

Participant Signature

Date

Participant Printed Name

