

# Community Support Services Participant Handbook




*Advocacy • Action • Answers on Aging*

**1-800-852-7795    [www.aaa1b.org](http://www.aaa1b.org)**

29100 Northwestern Hwy Ste. 400, Southfield, MI 48034

**\*\*Not all programs described in this handbook will apply to you. Your care manager will identify the program that you are enrolling in.\*\***

## AAA 1-B Mission



The Area Agency on Aging 1-B enhances the lives of older adults and adults with disabilities in the communities we serve.

## AAA 1-B Vision

The Area Agency on Aging 1-B will be the agency of first choice for advocacy, action, and answers and drive community engagement to ensure that older adults, adults with disabilities, and caregivers reach their full potential and highest quality of life.

## AAA 1-B Values

**Teamwork:** We will engage all of our stakeholders in an environment that promotes teamwork, partnerships, and collaboration.

**Integrity:** We are committed to the highest levels of integrity, fiscal responsibility, ethical and honest behavior, and transparency.

**Quality:** We will strive for excellence in the performance of our duties and provision of services that are timely, affordable, accessible, and promote personal choice.

**Innovation:** We will be a leader in seeking innovative, visionary, and proactive solutions and approaches in the delivery of services.

**Respect:** We will foster an atmosphere that values the contributions of all employees, members of the Advisory Council and Board of Directors, and community partners. We will assist those we serve with the greatest level of respect and compassion and with a high regard for cultural diversity and personal choice.

The Community Support Services Participant Handbook is a joint effort of the following agencies who provided valuable information and written documentation:

Area Agency on Aging 1-B

A & D Home Healthcare, Inc.

Region 2 Area Agency on Aging

Region VII Area Agency on Aging

Michigan Department of Community Health

*The Area Agency on Aging 1-B and its provider agencies operate in compliance with state and federal non-discrimination laws. We are unable to honor any requests in violation of these non-discrimination laws.*

# Community Support Services Participant Handbook

Welcome to the Area Agency on Aging 1-B. This Participant Handbook will provide you with information concerning the Community Support Services programs including your rights and responsibilities within the programs. We hope you find this information helpful.

## Table of Contents:

Community Support Services Background .....	1
Know Your Rights .....	4
Your Responsibilities .....	5
Emergency Preparedness .....	6
Abuse & Neglect .....	8
Privacy Rights .....	11
Advance Directives .....	16
Self-Determination .....	19
Informed Choice: LTC Medicaid .....	20
Role of the Care Manager .....	22
Quality Assurance/Consumer Advisory Teams .....	23
Grievances and Complaints .....	24
Fair Hearings and Appeals .....	25

We ask you to read this booklet in its entirety and keep it for future reference. Our goal is to ensure all program participants are fully informed about their rights, responsibilities, eligibility for available programs, and other services and supports available in the community.

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# Community Support Services

The AAA 1-B is funded through the federal Older Americans Act, Medicaid, and the State of Michigan, and serves the counties of Livingston, Macomb, Monroe, Oakland, St. Clair and Washtenaw. The Community Support Services department offers a continuum of care that includes the following programs: Community Care Management, Community Living Program, Rapid Response Respite and the MI Choice Medicaid Waiver Program.

## Community Care Management

The Community Care Management Program (CCM) provides supports and services to people who are medically appropriate for nursing home admission. Staff works with participants through a person-centered approach by assessing their need for services, then arranging, coordinating, and monitoring community resources to help participants continue living independently. CCM may serve those adults age 60 or older who do not meet the financial guidelines of the MI Choice program, but require a nursing facility level of care. Services available in the CCM program are:

Adult Day Health Services

Community Living Program Services (CLPS)\*

Medication Management

PERS

\*Includes Personal Care, Homemaking and In-Home Respite

Home Delivered Meals

Out-of-Home Respite

Transportation

Unmet Needs

## Community Living Program

CLP is a Medicaid prevention and nursing home diversion program. The AAA 1-B Community Living Program (CLP) targets individuals age 60 or older who are at risk of nursing home placement because their health and/or functional status may deteriorate without the assistance of one or more of the basic home care services.

CLP empowers participants to remain in control of their life and finances, meet their personal goals, make their own decisions, and manage and direct their care. Care managers provide consultation via telephone and through community partners, to assess need, develop strategies, arrange, purchase and monitor services such as homemaking, personal care or respite from a pool of approved vendors. CLP helps participants access funded services and utilize their personal resources effectively to meet their LTC needs (see CLP brochure). Services available in the CLP are:

Adult Day Health Services

Community Living Program Services (CLPS)\*

\*Includes Personal Care, Homemaking, and In-Home Respite

Out-of-Home Respite

Other Goods and Services

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## Rapid Response Respite Program

The Rapid Response Respite (RRR) program provides ongoing respite services and is targeted to younger disabled persons with a need for caregiver relief. Services available in the RRR program include:

Adult Day Health Service  
In-Home Respite  
Out-of-Home Respite

## The MI Choice Medicaid Waiver Program

The MI Choice Medicaid Waiver Program provides long term care supports and services to eligible persons age 18 and older, allowing them to receive these services at home rather than in a nursing facility. There are three components to determining program eligibility:

- Medical/Functional Criteria - persons must meet the nursing facility level of care need determination
- Financial Criteria – individuals must have an income no higher than 300% of the Federal Poverty Level (in 2012 the amount is \$2,094 per month) and assets less than \$2,000. The financial determination is made by the Department of Human Services (DHS) through the Medicaid Application process.
- Must require and receive at least one MI Choice service on a continual basis and their needs cannot be met by another community program such as the Adult Home Help program.

Persons who enroll in the MI Choice Program are entitled to all Medicaid services, plus applicable MI Choice Program services, identified through the assessment and person-centered planning processes. The array of services available in the MI Choice Program includes:

Adult Day Health	Non-Medical Transportation
Chore Services	Nursing Facility Transition Services
Community Living Supports	Personal Emergency Response System
Counseling Services	Personal Care
Environmental Accessibility Adaptations	Private Duty Nursing
Fiscal Intermediary Services	Respite Care
Goods and Services	Residential Services
Home Delivered Meals	Specialized Medical Equipment and Supplies
Homemaking	Training

The MI Choice program receives Federal and State Medicaid funding for Long Term Care. MI Choice funding is considered funding of last resort and may not, under any circumstance, be used to replace services a person is entitled to under Medicare, under Medicaid Skilled Care or Medicaid State Plan. This duplication of services can result in the need to pay money back to the state, and, in some instances, could result in removal from the program.

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## All Programs

It is your responsibility as the person receiving services to keep your care manager informed of all other care that is ordered by your physician, and of any admissions to a hospital or nursing facility, or emergency room visits.

Please notify your care manager if any of the following services are put into place:

- Nurse visits in your home for any reason
- Physical therapy in your home
- Occupational therapy in your home
- Speech therapy in your home
- An aide giving you a bath or other care
- Mental health services
- Any other care ordered by your doctor and delivered by any agency other than the AAA 1-B and its providers

The presence of these services does NOT mean your program services will be terminated. Your care manager will work with the other providers to coordinate care so you receive the optimum benefit of all available services.

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# Know Your Rights

**As a program participant of the Area Agency on Aging 1-B you have the right to:**

- Receive considerate, respectful care and, at all times, be treated with dignity.
- Be free from abuse, neglect, exploitation, retaliation and humiliation.
- Choose where you would like to receive your care.
- Freely and actively participate in developing your plan of care.
- Involve any other person(s) in the care planning process.
- Receive complete and written information regarding your plan of care.
- Make decisions about your own care, including refusing medical treatment and/or any other service and to be informed of any and all possible ramifications of those decisions.
- Privacy and confidentiality concerning your health, social and financial circumstances, as well as your records, and what takes place within your home.
- Refuse to provide any information you do not wish to share, with the understanding that this refusal may affect your eligibility status for enrollment in programs.
- Be informed of the agency's policies and procedures including costs of the services provided to you, qualifications and supervision of personnel.
- Access to review your records, including the right to examine any and all bills of service, regardless of whether they are paid for out-of-pocket or through other sources.
- File a grievance or complaint if a conflict arises. (All programs)
- Receive written notification if action is being taken to reduce, suspend, or terminate service you are currently receiving or for any and all instances of denial and/or changes to your care plan. (MI Choice Program)
- Informed consent to: receive or refuse services, including who provides the service and when the service is provided; control who information can be released to; and involvement in any research projects (if applicable).



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# Your Responsibilities

**As a program participant of the Area Agency on Aging 1-B you have the responsibility to:**

- Provide complete, accurate and timely information needed to provide appropriate services and supports.
- Actively participate in developing your care plan.
- Communicate any changes in your needs to your care manager, including hospital admissions, emergency room visits, or admissions to nursing or rehabilitation facilities.
- Understand your rights and responsibilities as well as the particulars of the care plan and to ask questions to enhance that understanding.
- Be at home for scheduled services or to provide 24-hour notice, when possible, if you will not be available for a scheduled appointment.
- Secure valuables such as money, credit cards, expensive jewelry and/or keepsakes. Report any incidents of possible theft to the local police department.
- Notify your care manager of any additional services ordered by your physician and cooperate with coordination of services provided by Medicare, Medicaid, or other insurance funded programs.
- Communicate any and all concerns you may have concerning service providers to your care manager.
- Provide a safe and non-threatening environment for those arranging for and providing services. For example:
  - Keep animals/pets outside or away from service providers and/or care managers.
  - Have no guns or weapons visible when providers/care managers are in your home.
  - Refrain from using profane or offensive language when communicating with your providers/care managers.
  - Refrain from using verbal or physical abuse toward providers/care managers.
  - Refrain from any and all illegal or illicit activities.
  - Be considerate to those providing or arranging services by treating others with respect and dignity.
  - Follow and actively participate in the agreed upon care plan.

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# Emergency Preparedness:

## Be prepared and avoid life-threatening situations!

In the event of a disaster or emergency you may have to evacuate your home quickly or be prepared to stay in your home for up to three days. Keep a three-day supply of emergency items in a closet or other storage space that is easily accessible so you can grab it and go. If the below listed items are selected and packed carefully in a duffel-type bag, storage should not be difficult.

**WATER:** One gallon of water per family member per day should be stored. A family of four should store at least 12 gallons of water. This amount should be enough for drinking, food preparation and sanitation for 72 hours. Water should be stored in plastic containers such as milk or soft drink bottles.

**FOOD:** A supply of non-perishable food should be stored. Keep foods in supply that require no refrigeration, cooking or preparation. Some examples are:

- Ready to eat canned meats and fish
- Fruits and vegetables
- Smoked or dried meats
- Canned or powdered milk or juice
- Peanut butter and jelly
- Crackers
- Nuts
- Health food bars
- Hard candy
- Vitamins

*\*Food should be rotated at least every six months.*

**FIRST AID:** First aid kits should be kept in your home and in each vehicle. Some common items suggested for a basic first aid kit include:

- Sterile adhesive bandages in assorted sizes
- 2-inch and 3-inch sterile gauze pads
- Hypoallergenic adhesive tape
- Triangular bandages
- 2-inch and 3-inch roller bandages
- Scissors, tweezers, needle
- Aspirin or pain reliever
- Rubbing alcohol, antiseptic

**TOOLS AND SUPPLIES:** Some key supplies for emergency preparedness should include:

- Battery operated or hand crank radio
- Flashlight with extra batteries and bulb
- Utility knife, manual can opener and eating utensils
- Candles, matches, lighter
- Gasoline (maintain automobiles at ½ tank or above; 2-3 gallons for generators)
- Aluminum foil, plastic storage containers and plastic bags
- Extra keys for home and vehicles
- Emergency credit cards, money, travelers checks
- Toilet paper and items for personal hygiene such as hand sanitizer
- Landline telephone

**CLOTHING AND BEDDING:** One complete change of clothing and footwear for each family member should be included. Other items to consider are:

- Hats, gloves and thermal underwear
- Raingear and work boots
- Blankets and sleeping bags

**SPECIAL NEEDS:** Special items are things that are unique to the needs of your family. Some examples are:

- Items for infant care
- Prescription medicines (do not let supply go below 3 days)
- Contact lens supplies and extra eye glasses
- Comfort items such as games, books or magazines
- Important family documents

**This list should not be considered all inclusive. Your supply should be tailored to the specific needs of your family. If you have any questions about disaster preparedness, contact your local Emergency Manager.**

*Note: Information taken from Clinton/Eaton County Emergency Management.*

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# Abuse & Neglect

*The Area Agency on Aging 1-B believes that everyone deserves to feel safe from harm and to be treated with dignity, courtesy and respect.*

*Every woman, man and child has the right to feel safe from physical, emotional, mental and verbal harm from those they live with, those who care for them and those who interact with them on a daily basis. This includes being free from humiliation and retaliation when a complaint is lodged.*

## **Elder Abuse**

According to the American Psychological Association (APA), it is estimated that more than two million older Americans are abused each year. Contrary to popular thought, most elder abuse occurs in the victim's home as opposed to a nursing home setting. The APA says that the problem is far greater than the statistics indicate. It is believed that only one in five cases of abuse are reported to authorities.

Abuse is often a complex issue sometimes occurring along with a change in living arrangements and sometimes a result of a longstanding mode of functioning within a family. In order to prevent abuse, it is important to understand what abuse is and to assist victims in determining if they are being abused. According to HAVEN, a domestic violence shelter for women located in Pontiac, Michigan, "...abuse is an act of power and control that the victim does not provoke, enjoy or deserve. Victims can regain control of their lives through appropriate support services."

The National Clearing House on Abuse in Later Life sheds more light on the subject:

"...When there is abuse, one person uses power and control to get what they want out of the relationship. They may or may not be physically abused in the relationship, but the threat of harm is present. The person with the power uses many tactics to maintain their control in the relationship, including emotional and psychological abuse, threats of physical violence or abandonment, isolating the individual from family and friends, limiting the victim's use of the phone, breaking assistive devices and denying health care. Individuals who use power and control tactics in a relationship can be very persuasive, often trying to convince family, friends and professionals that they are only trying to help. Abusive individuals rarely take any responsibility for their inappropriate behavior."

**If you are in immediate danger  
CALL 911**

# Am I Being Abused?

## **Checklist** (adapted from the National Coalition Against Domestic Violence list)

Please read the following questions and think about how you are being treated. "Remember, when one person scares, hurts or continually puts down the other person, it is abuse."

### **Is someone...**

- Embarrassing you and/or making fun of you in front of others?
- Making you feel like you are unable to make a decision?
- Using intimidation and/or threats to gain compliance?
- Treating you roughly (pushing, grabbing, hitting, pinching, shoving etc.)?
- Using drugs or alcohol as an excuse for saying hurtful things and hurting you?
- Blaming you for how they feel or act?
- Making you feel like there is no way out?
- Preventing you from doing things you want to do like spending time with friends and family?
- Limiting your use of the telephone?
- Breaking assistive devices and/or denying health care?

### **Do You...**

- Sometimes feel scared about how another person will act?
- Find yourself constantly making excuses for another's behavior?
- Believe you can help the other person change only if you change something about yourself?
- Try not to do or say anything you think might cause conflict?
- Always do what the other person wishes instead of doing what you would like to do?

**If you answered yes to any of these, talk to your care manager, pastor, friend or someone else you trust.  
Without help, the abuse will continue.**

**To Report Abuse:**  
**If you are in immediate danger call 911**

**Centralized Intake**  
**State of Michigan DHS**  
**Adult Protective Services**  
(855) 444-3911 (Toll Free)  
(616) 977-1154 (Fax)  
(616) 977-1158 (Fax)

### **Care Managers are Mandated Reporters**

**For more information, visit these websites:**

National Center for Elder Abuse (NCEA)	<a href="http://www.ncea.aoa.gov/ncearoot/Main_Site/index.aspx">http://www.ncea.aoa.gov/ncearoot/Main_Site/index.aspx</a>
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International Network for the Prevention of Elder Abuse (INPEA)	<a href="http://www.inpea.net/">http://www.inpea.net/</a>
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WomensLaw.org	<a href="http://www.womenslaw.org/simple.php?sitemap_id=6">http://www.womenslaw.org/simple.php?sitemap_id=6</a>
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Administration on Aging	<a href="http://www.aoa.gov/eldfam/Elder_Rights/Elder_Abuse/Elder_Abuse.asp">http://www.aoa.gov/eldfam/Elder_Rights/Elder_Abuse/Elder_Abuse.asp</a>
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American Psychological Association (APA)	<a href="http://www.apa.org/pi/aging/eldabuse.html">http://www.apa.org/pi/aging/eldabuse.html</a>
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# Privacy Rights

**This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

*If you have any questions or concerns regarding your privacy rights or the information in this notice, or to obtain any of the forms referenced, please contact your care manager, the AAA 1-B Regional Manager, or the AAA 1-B HIPAA Privacy Contact Person at 1-800-852-7795.*

## **SECTION 1: OUR COMMITMENT FOR YOUR PROTECTED HEALTH INFORMATION**

The Area Agency on Aging 1-B (AAA 1-B) is required to follow the terms of this Notice of Privacy Practices, describing our legal duties and your rights with respect to the use and disclosure of your Protected Health Information. Protected Health Information (PHI) is information about you that can reasonably be used to identify you, is created or received by the AAA 1-B, and relates to your health conditions, treatment, or payment for treatment. Typically, your PHI at the AAA 1-B includes screening and assessment information gathered by our care managers, and case notes summarizing contacts made while providing care management support to you. Examples of PHI are your social security number, Medicaid number, address, medical diagnosis, AAA 1-B care plan, billing records, etc.

In this Notice, we explain how we protect the privacy of your PHI, and how we will allow it to be used and given out ("disclosed"). In general, we limit disclosures of your PHI to the information we believe is necessary for purposes of treatment, payment or health care operations. We will disclose a complete set of your PHI to a third party only if:

- A complete set is necessary for treatment
- You have requested us to supply a complete set
- We are required by law to provide a complete set

You also have the personal right, within certain limits, to have access to a full set of your PHI. We reserve the right to change the privacy practices described in this Notice. Changes to our privacy practices would apply to all PHI we maintain, including yours. If we adopt a change, you will be given a copy of the revisions at your next appointment after the change becomes effective. We will provide you with a copy of our current Notice at any time upon your request.

## SECTION 2: HOW WE MAY USE & DISCLOSE HEALTH INFORMATION ABOUT YOU

The AAA 1-B may use or disclose your PHI for the purposes of treatment, payment, or health care operations.

**Treatment:** The AAA 1-B may use and disclose your PHI within the AAA 1-B and to health care providers outside the AAA 1-B in order to provide, coordinate or manage your health care and related services. Examples: The AAA 1-B may disclose your PHI to a provider of personal care in the home, so they may provide that service for you; or, the AAA 1-B may disclose your PHI to your physician in order to obtain equipment or supplies needed for your treatment.

**Payment:** The AAA 1-B may use and disclose your PHI in order to receive payment for the services we provide to you. For example, if you are a Medicaid beneficiary, the AAA 1-B may be required to disclose your PHI to the Michigan Department of Community Health in order to ensure that Medicaid pays for your in-home services.

**Health Care Operations:** The AAA 1-B may use or disclose your PHI in order to improve the quality and efficiency of our services, and be accountable to funders. For example:

- Reviewing our treatment and services for quality assurance activities
- Evaluating the performance of our staff and provider agency staff in caring for you
- Performing outcome assessments
- Preventing, detecting, and investigating fraud and abuse
- Communicating with you about helpful information such as program benefit updates and consumer protection information
- Reporting to the state and federal government or other funders about the amount and types of services we have provided to you with their funding
- Performing business management and other general administrative activities, including audits

**Individuals Involved in Your Care:** The AAA 1-B may release health information about you to a family member or friend with Power of Attorney rights who is involved in your medical care or to a family member or friend that is paying for your care.

**GOVERNMENT ENTITIES PROVIDING BENEFITS:** THE AAA 1-B MAY USE OR DISCLOSE YOUR PHI TO PUBLIC ENTITIES, SUCH AS THE MICHIGAN DEPARTMENT OF HUMAN SERVICES, AS NECESSARY FOR YOU TO RECEIVE ADDITIONAL BENEFITS AND SERVICES.



**Health Oversight Activities:** The AAA 1-B may disclose your PHI to governmental entities for activities to monitor the health care system, government programs, and compliance with civil rights laws, including, for example, audits, investigations, inspections, and licensures.

**When Required by Law:** The AAA 1-B will use and disclose your PHI if required to do so by law, for example, as directed by subpoenas and court orders. We may also provide PHI to law enforcement personnel investigating a crime or suspected crime, but only if such disclosure complies with Michigan law.

**Public Health:** The AAA 1-B may disclose PHI to governmental entities for public health activities such as disease control and prevention, problems with medical products or medications, and reporting adult abuse, exploitation, neglect, or domestic violence.

**Natural Disaster or Other Serious Threat to Health or Safety:** The AAA 1-B may disclose PHI to prevent a serious threat to the health and safety of an individual or the public, including in preparation to respond to a natural disaster or other emergency situations which may result in a loss of essential services or home evacuation.

**SPECIALIZED GOVERNMENT FUNCTIONS:** THE AAA 1-B MAY DISCLOSE PHI FOR NATIONAL SECURITY, INTELLIGENCE AND/OR PROTECTIVE SERVICES FOR THE PRESIDENT AND, IF YOU ARE OR HAVE BEEN A MEMBER OF THE ARMED SERVICES, TO THE APPROPRIATE MILITARY AUTHORITIES.

**Research:** Under certain circumstances, and only after a special approval process, the AAA 1-B may use and disclose your PHI to help conduct research.

### SECTION 3: YOUR RIGHTS TO PRIVACY

**Right to Review and Copy Your PHI:** With a few exceptions, you have the right to look at and/or receive a copy of your PHI contained in the group of records used by or for the AAA 1-B to make decisions about your care, including care management and billing records dating from April 14, 2003. In order to request to review and/or copy PHI, you must complete the AAA 1-B form *Request to Review and/or Copy PHI*, and submit it to the AAA 1-B HIPAA Privacy Contact Person. We reserve the right to charge a reasonable cost-based fee for copying and postage. You do not have the right to review or copy PHI compiled in reasonable anticipation of, or for use in, judicial or administrative proceedings. For certain limited reasons, the AAA 1-B may deny your request to review or obtain a copy of your PHI. If you are denied the right to review or copy, you may be entitled to limited review of that denial. If you wish to have a denial reviewed, please contact the AAA 1-B HIPAA Privacy Contact Person. The HIPAA Privacy Contact Person will designate an agency manager or director (not involved in the original denial) to review your request. The AAA 1-B will abide by the decision of the reviewing party.

**Right to an Accounting of your PHI Disclosures:** You have the right to ask for a list of certain disclosures of your PHI, such as disclosures required by law. This accounting applies to disclosures we make beginning and after April 14, 2003. The list of disclosures will not include disclosures made to you, or disclosures for purposes of treatment, payment, health care operations, national security, law enforcement/corrections, and certain health oversight activities. To obtain an accounting of disclosures, you must complete the AAA 1-B form, *Request for Accounting of Disclosures*, and submit it to the AAA 1-B HIPAA Privacy Contact Person.

**Right to Request an Amendment to your PHI:** You have the right to request that we amend your PHI in the group of records we described above in "Right to Review and Copy." To request an amendment of your PHI, you must complete the AAA 1-B form, *Request for PHI Amendment*, and submit it to the AAA 1-B HIPAA Privacy Contact Person. The request must state the reason you believe an amendment is necessary. We may deny your request if:

- The AAA 1-B did not create the health information that you believe is incorrect
- The information is not part of the group of records kept by the AAA 1-B
- The information is not available for your inspection
- The information is accurate and complete

While we may agree to make corrections or additions to the information in the record set, under no circumstances will the AAA 1-B make a change in the original of the documents in that record set.

**Note:** Except as described in this Notice of Privacy Practices, your PHI will not be used or disclosed without your permissions or as required by law.

**Right to Request Restrictions:** You have the right to request that the AAA 1-B place restrictions on the way we use or disclose your PHI for treatment, payment, or health care operations. You also have the right to request that the AAA 1-B restrict the PHI disclosed to specified family members or other persons involved in your treatment or in payment for your treatment. To request restrictions on disclosure, you must complete the AAA 1-B form, *Request for Restrictions on Disclosure of PHI*, and submit it to the AAA 1-B HIPAA Privacy Contact Person. You are not required to disclose the reasons you are seeking to restrict disclosure.

NOTE: *The AAA 1-B is not required by law to agree to any restrictions whatsoever.* You will be notified in writing by the HIPAA Privacy Contact Person if your request for restrictions has been denied or granted in whole or in part.

**Right to Request Alternate Means of Confidential Communications:** You have the right to request that the AAA 1-B communicate with you about your PHI in a certain way or at a certain location. For example, you may want us to contact you only by mail, or at a post office box. For any request for communications using alternate means or location, you must complete the AAA 1-B form, *Request for Alternate Means of Confidential Communication*, and submit it to the AAA 1-B HIPAA Privacy Contact Person.

**Right to Authorize Other Disclosures:** You may authorize the AAA 1-B to disclose your PHI to another party for any purpose. To do so, you must complete the AAA 1-B form, *Authorization to Release Protected Health Information*, and submit it to the AAA 1-B HIPAA Privacy Contact Person.

**Right to Revoke your Authorization:** You have the right to revoke or “take back” your authorization at any time, except to the extent that the AAA 1-B has already used or disclosed your PHI under your authorization. To revoke your authorization, you must complete the form, *Revocation of Authorization to Use or Disclose PHI*, and submit it to the AAA 1-B HIPAA Privacy Contact Person.

**Right to Complain:** If you believe your privacy rights have been violated, you may submit your complaint in writing to the AAA 1-B Privacy Contact Person using the AAA 1-B form, *Privacy Violation Complaint*.

**Call the HIPAA Privacy Contact Person at 1-800-852-7795** for a copy of the form. You may also file a complaint with the federal Department of Health and Human Services. The contact information for DHHS is:

Secretary of Health and Human Services Office of Civil Rights 200 Independence Ave. SW, Washington D.C. 20201 Phone: (877) 696-6775
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**We support your right to protect the privacy of your PHI. We will not take action against you if you file a complaint with us or with the U.S. Dept. of Health and Human Services.**

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# Advance Directives

## **What is an advance directive?**

An advance directive tells your doctor what kind of care you would like to have if you become unable to make medical decisions (i.e., if you are in a coma or a persistent vegetative state). If you are admitted to the hospital, the hospital staff will probably talk to you about advance directives. However, it is wise to prepare an advance directive in advance of such a situation.

An advance directive can provide you some assurance that your personal wishes concerning medical treatment decisions will be honored at a time when you are not able to express them. Depending on your state laws, an advance directive may also prevent the need for a guardianship imposed through the probate court.

There are three types of advance directives: a durable power of attorney for health care (also known as a "designation of patient advocate"), a living will, and a do-not-resuscitate order. Laws about advance directives are different in each state. Below is a general discussion of the various types of advance directives, however, you should be aware of the specific laws related to your state before preparing an advance directive. Ask your doctor, lawyer or state representative about the law in your state.

## **What is a living will?**

A living will informs doctors, family members and others of your wishes regarding life-sustaining treatments in the event you become terminally ill or are permanently unconscious. A living will does not allow you to select someone to make medical treatment decisions for you; this must be done through a durable power of attorney for health care as described below.

A living will addresses the types of life-sustaining treatments that you would want depending on how ill you are. For example, the living will would describe what kind of care you want if you have an illness that you are unlikely to recover from, or if you are permanently unconscious. Living wills typically inform your health care providers that you do not want to be given life sustaining treatments, but the living will can also say that you do want to be given life sustaining treatments no matter how ill you are.

A living will is not binding in all states, including Michigan, but it will still provide guidance to your patient advocate, health care providers and family regarding your wishes in the event you become terminally ill or are permanently unconscious.

## **What is a durable power of attorney for health care?**

A durable power of attorney (DPA) for health care (also known as a designation of patient advocate) appoints a patient advocate to make medical treatment and related personal care decisions for you. A patient advocate can make decisions for you only when you become unable to participate in medical treatment decisions for yourself. Until that time, you will continue to make such decisions yourself.

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A patient advocate can be given many powers such as: the power to consent to or refuse medical treatment for you; arrange for mental health treatment, home health care, or adult day care; or admit you to a hospital, nursing home, or home for the aged.

A patient advocate must be 18 years of age or older in order to act. Each state may have additional requirements related to the appointment of a patient advocate as well.

If you do not have an individual that you can trust to make medical treatment decisions for you, a DPA for healthcare may not be appropriate.

### **What is a do not resuscitate order?**

A do not resuscitate (DNR) order is a request not to have cardiopulmonary resuscitation (CPR) if your heart stops or if you stop breathing. (Unless given other instructions, hospital staff will try to help all patients whose heart has stopped or who have stopped breathing.) You can use an advance directive form or tell your doctor that you do not want to be resuscitated. In this case, a DNR order is put in your medical chart by your doctor. DNR orders are accepted by doctors and hospitals in all states.

### **Should I have an advance directive?**

By creating an advance directive, you are making your preferences about medical care known before you're faced with a serious injury or illness. This will spare your loved ones the stress of making decisions about your care while you are ill. Any person 18 years of age or older who is of sound mind can prepare an advance directive.

People who are seriously or terminally ill are more likely to have an advance directive. For example, someone who has terminal cancer might write that she does not want to be put on a respirator if she stops breathing. This action can reduce her suffering, increase her peace of mind and increase her control over her death. However, even if you are in good health, you should consider preparing one or more of the above types of advance directives. An accident or serious illness can happen suddenly, and if you already have signed an advance directive, your wishes are more likely to be followed.

### **How can I obtain an advance directive?**

You can obtain an advance directive in several ways:

- Ask your doctor if they have a form for advance directives.
- Write your wishes down by yourself (although this may or may not be legally binding).
- Call your health department or state department on aging to get a form for advance directives.
- Call a lawyer.

Advance directives do not have to be complicated legal documents. They can be short, simple statements about what you want done or not done in the event you are unable to participate in medical treatment decisions. Remember, anything you write by yourself should follow your state laws. You may want to have your advance directives reviewed by your doctor and/or

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lawyer to ensure that your wishes are understood exactly as you intended and that you have followed any state law requirements. When you are satisfied with your advance directives, the completed copies should be given to your doctor, patient advocate and family members.

### **Can I change an advance directive?**

You may change or terminate an advance directive at any time, as long as you are considered of sound mind to do so. Being of sound mind means that you are still able to think rationally and communicate your wishes in a clear manner. Again, your changes must be made, signed and witnessed according to the laws in your state. Make sure that your doctor, patient advocate and any family members who knew about your previous advance directive are aware that it has been changed.

If you do not have time to put your changes in writing, you can make them known while you are in the hospital. Tell your doctor, patient advocate and any family or friends present exactly what your wishes are in terms of your medical treatment and personal care decisions. Be sure your instructions are clearly understood by everyone you have told. Wishes that are made in person may be followed in place of the ones made earlier in writing.

If you already have an advance directive or do not resuscitate order, please give a copy to your care manager for our records.

If you would like more information about having an advance directive, please contact your care manager at **1-800-852-7795**.

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# Self-Determination: I'm in Charge of My Life

You are the person who best knows what you need. The Self-Determination option in the MI Choice program allows you direct control over how and when you receive MI Choice services, to select the workers who will provide your services, and to manage the approved MI Choice budget for your services. Members of a participant's family may be employed and paid to provide services to participants, with the exception of the spouse, guardian or designated representative.

Self-Determination is built on these four principles:

- **Freedom:** You plan your own life with the support you need.
- **Authority:** You control your budget.
- **Support:** You arrange resources and persons to support the life you want.
- **Responsibility:** You agree to use public dollars wisely.

The Person-Centered Planning Process is the foundation for Self-Determination. Person-Centered Planning is a way of talking about and planning for your future. It's about what you CAN do, not what you can't do. Through this process your service plan and individual budget are developed for use in Self-Determination. You choose who is included in your Person-Centered Planning meetings.

For more information about the Self-Determination options in the MI Choice program please contact your care manager at:

**1-800-852-7795**

The services available in the Self-Determination option in the MI Choice program include:

- Adult Day Health (Adult Day Care)
- Chore Services
- Community Living Supports
- Environmental Accessibility Adaptations (Home Modifications)
- Fiscal Intermediary Services
- Goods and Services
- Homemaking
- Non-Medical Transportation
- Personal Care
- Private Duty Nursing
- Respite

**You are in charge of your life!**

# Informed Choice

## Long Term Care Medicaid Programs in Michigan

The following information is provided to inform you of all available options for long term care under Medicaid. Michigan Medicaid provides payment to contracted agencies or organizations for long term care services based on the medical need or functional limitations of the person applying for services, you may or may not be eligible for these programs. The Department of Human Services (DHS) determines Medicaid eligibility.

If you are interested in more information, ask your care manager or contact the Area Agency on Aging 1-B (AAA 1-B) Information and Assistance Hotline at **1-800-852-7795**.

HOME- AND COMMUNITY-BASED SERVICES	ELIGIBILITY	CONTACT
Home Health (Medicare Skilled Home Care)	Must meet medical criteria and have a physician's order	Primary Care Physician, a Home Health Agency, or the Michigan Home Health Association at <a href="http://www.mhha.org">www.mhha.org</a>
Adult Home Help	Determined through DHS; must have a functional limitation	DHS office – Adult Services Unit
Physical Disability Services (PDS)	Eligibility determined through DHS; must be 18 years or older and meet certification of disability and necessity for services	DHS office – Adult Services Unit
MI Choice Program	Must be 18 years or older and meet nursing facility level of care needs, require one waiver service long term, needs cannot be met by another program. DHS determines financial eligibility	Waiver Agent or local Area Agency on Aging. In your county, there are two waiver agents: The Area Agency on Aging 1-B (AAA 1-B) and the Macomb Oakland Regional Center (MORC)
Program of All-Inclusive Care for the Elderly (PACE)	Must be 55 years or older, reside in specified geographic area, and meet nursing facility level of care	PACE organization (No PACE organization currently serves the AAA 1-B geographic area)



## Long Term Care Medicaid Programs in Michigan

RESIDENTIAL SERVICES	ELIGIBILITY	CONTACT
Residential services provide supportive services for persons who need assistance with daily living, but do not need intense medical supervision	Medicaid will pay for a personal care supplement at a licensed facility for eligible persons	There are two types of licensed assisted living facilities: <b>Adult Foster Care Homes</b> and <b>Homes for the Aged</b> . For a list of licensed facilities, visit <a href="http://www.michigan.gov/cis">www.michigan.gov/cis</a>
Adult Foster Care	Over 18 years of age. DHS determines eligibility.	DHS office – Adult Services Unit
Homes for the Aged	Over 60 years of age. DHS determines eligibility.	DHS office – Adult Services Unit
NURSING FACILITIES	ELIGIBILITY	CONTACT
A nursing facility is a residence that provides housing, meals, nursing and rehabilitative care, medical services, and protective supervision for post-acute and long-term needs. Nursing Homes are licensed and most are certified.	Must need nursing facility level of care	Nursing facilities offer a range of services. To find a home in a specific area, or a facility that offers specialized services, contact the AAA 1-B Information and Assistance Hotline at <b>1-800-852-7795</b> , or <a href="http://seniors-site.com/nursingm/select.html">http://seniors-site.com/nursingm/select.html</a> .
HOSPICE	ELIGIBILITY	CONTACT
Hospice services include skilled care, personal care, palliative care, symptom and pain management, counseling and family support for persons at the end of life and their families. Services are provided in a facility or a private home.	A statement from a physician showing that the person is expected to die within six months is necessary to receive hospice services. Services can be coordinated with enrollment in MI Choice.	<p>Contact the AAA 1-B Information and Assistance Hotline at <b>1-800-852-7795</b> for a list of hospice providers in your area.</p> <p>When calling a hospice agency, ask for an intake person. Hospice workers will travel to the person's residence.</p>

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# Role of the Care Manager

All program participants are assigned a care manager who will work with the participants to inform, assist and coordinate a variety of home care and other community-based services. All available services, resources and supports are utilized before the care manager can authorize services.

Participant choices and preferences are built into the process to assure a person-centered, focused and self-determined approach to the provision of services and supports. Formal services are provided based on the participant's choice and approval. Other funding options and community resources are explored when the participant's personal goals expand beyond meeting basic needs.

## Standards of Care Management at the AAA 1-B

1. Care managers follow the principles of person-centered planning that provide opportunities for participants to express their goals, desires and expectations.
2. Qualified staff perform the care management functions. Qualified staff includes registered nurses and licensed social workers with valid Michigan licenses to practice their profession.
3. Care managers receive ongoing training and supervision.
4. Care managers work to identify and discuss all potential support and service options to provide services to participants, within each program's guidelines and the participant's choices and preferences.
5. Care managers assure participant's rights. This includes the right to participate actively in the development of the plan of care, the right to receive or refuse services, the right to choose providers, the right to direct their own care, and the right to participate in a person-centered planning meeting.
6. Care managers acknowledge the participant's authority to make decisions about the planning process and to evaluate the plan of care and its outcome.
7. Care managers follow written policies and procedures to ensure that the highest level of quality services are provided and that participants are satisfied with the services they receive.
8. Care managers follow written complaint procedures to monitor, investigate and follow up on concerns expressed by participants.
9. Care managers respect each participant's cultural background.
10. Care managers are mandatory reporters of abuse, neglect and exploitation.
11. Care managers are expected to return calls within one business day.

## Functions of the Care Manager

- Assessment and eligibility determinations
- Facilitate and/or support the person centered planning meeting
- Develop the Plan of Care
- Coordinate care between care settings and different programs
- Authorize services
- Facilitate enrollment in self-determination
- Monitor services
- Reassessments at regular intervals
- Advocacy

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## Quality Assurance/Consumer Advisory Teams

The AAA 1-B is committed to providing the highest quality of home- and community-based services. All of our in-home service providers pass a rigorous screening process prior to being enrolled in our provider pool. All of our care managers are also screened and thoroughly trained on the components of care management, supports coordination and all programs and services available through the AAA 1-B.

We invite program participants and their caregivers to participate on a panel that meets monthly to review the quality of the services provided in our programs and to give us feedback on how well the program is meeting their needs. Often this group is invited to participate in focus groups to discuss new program initiatives, or to participate in advocacy efforts regarding the programs and services. If you are interested in more information about these panels, please call **248-357-2255** and ask to speak with the Team Liaison.

MI Choice Consumer Advisory Team (CAT)  
Monthly meetings in Southfield

MI Choice Consumer Advisory Network (CAN)  
Monthly phone conference meetings for those unable to travel

There is also a Long Term Care Quality Collaborative Workgroup that meets in Lansing on the third Thursday of even months. Program participants and their caregivers are also welcome to join this group that influences program quality on a statewide level. For more information please contact the Special Projects Manager at 248-357-2255.

Further information about the Collaborative can be found on Michigan's Long Term Care Quality website: [www.michigan.gov/ltc](http://www.michigan.gov/ltc)

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# Grievances and Complaints

As a program participant, you have the right to file a grievance or complaint over any unresolved conflict or issue that arises during the course of receiving services. You may file a complaint or grievance yourself or have a designated representative file it for you.

The Grievance and Complaint Process begins informally in hopes that issues can be resolved quickly. If the informal process fails to resolve the issue(s), then you may pursue a more formal method or you can do both simultaneously. MI Choice participants also have the right to file for a Fair Hearing at any time during the Grievance and Complaint Process (see page titled Fair Hearings and Appeals).

## Informal Grievance and Complaint Process (First Steps)

1. You or your representative discusses concerns with the care manager. *If this does not resolve the issue then:*
2. You or your representative calls the Regional Manager at **1-800-852-7795** in an attempt to resolve the matter. *If this does not resolve the issue then:*
3. You or your representative sends a **written complaint** (usually in the form of a letter) to the Area Agency on Aging 1-B Regional Manager. The written complaint **must** be sent within **ten days** of contact with the Regional Manager. This begins the **Formal Grievance Process**.

**Formal Grievance Process** (to be followed when the informal process fails to resolve the issue or conflict)

1. The Director of Community Support Services (CSS) or designee will contact you or your representative **within ten days** of receiving the written complaint in an attempt to resolve the issue. *If this does not resolve the issue then:*
2. You or your representative **must** send a **written request for a hearing** before the **AAA 1-B Board of Directors** to be received within **five business days** after speaking with the Executive Director or designee, to the Special Projects Manager at the AAA-1B.
3. The Board of Directors will hear the case at the next scheduled Board Meeting, *if* the request is received within two weeks of that scheduled meeting. (You will be notified, in writing, of the hearing date.)
4. At the hearing;
  - You or your representative will have a maximum of **15 minutes** to present your information.
  - Community Support Services will have a maximum of **15 minutes** to present their information.
  - The Board or a committee of Board Members will decide the case and present its recommendation for approval at the next scheduled Board of Directors meeting.
  - You will receive written notification of the Board's decision within five business days of the Board meeting.

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## Fair Hearings and Appeals For the MI Choice Program

As a MI Choice program participant you have the right to request a Fair Hearing for any action, failure to act, or undue delay by the Department of Human Services (DHS – the entity that determines your financial eligibility), the Michigan Department of Community Health (MDCH, that contracts with MI Choice Waiver Agents), or the AAA 1-B as the MI Choice Medicaid Waiver Agent. You or your representative may file a formal appeal for a hearing at any time a request for new or additional services is denied, or if a current service is being decreased or stopped. You will receive an *Advance Notice* or *Adequate Notice* regarding the status of these actions regarding your services. Along with the notice you will receive a Hearing Request Form with instructions on how to complete and request the hearing. You have **90 days** from the receipt of the *Advance Notice* or *Adequate Notice* to file an appeal. The AAA 1-B *Hearings Coordinator* will facilitate the appeals process.

*An Adequate Notice is sent when an application is approved or denied, or a service request is approved or denied. An Advanced Notice is sent when an existing service is reduced, suspended or terminated.*

*\* Once a formal appeal is filed, current services cannot be reduced, suspended or terminated until the Administrative Law Judges (ALJ) of the Tribunal makes a decision on the case. However, if services are scheduled to be reduced or cease prior to submission of your appeal they cannot be reinstated until the Administrative Law Judges (ALJ) of the Tribunal make a judgment in your favor.*

For more information about the appeals process, contact the AAA 1-B Hearings Coordinator at **1-800-852-7795** or contact the Administrative Tribunal at **1-877-833-0870**.

The Hearings Coordinator is the liaison between you (the MI Choice program participant) and the Administrative Tribunal. When you or your representative contacts the Hearings Coordinator she/he will:

- Provide all necessary information regarding the steps that need to be followed in order to proceed with the appeal.
- Send you or your representative any and all forms that need to be completed.
- Assist you with completing any and all forms if you request such assistance.
- Facilitate communication between you and the Administrative Tribunal and provide you with updated information concerning the hearing.

*\*If you decide to withdraw the Appeals Hearing request or fail to show up for a hearing, services may be reduced, suspended or terminated.*

Appeals hearings are routinely conducted by **telephone conference calls**. You will be directed to a facility where the telephone conference will take place (usually in your own home, but occasionally the hearing may be held at a local Department of Human Services

(DHS) office or community mental health facility).

You may request that the designated telephone conference location be changed by making that request at least **one full business day** before the scheduled hearing. You have the right to request that the hearing be conducted in person. (Contact the Hearings Coordinator for more information.)

## **Your Appeals Hearing Rights**

As a MI Choice program participant who has requested an Appeals Hearing you (the appellant) have the right to:

- Have someone assist you with the appeals process.
- Have an Authorized Hearing Representative take the stand in your place by providing written and signed authorization. This person can be a court appointed guardian or conservator or your spouse. *(If the appellant has died, the appellant's widow or widower may be the Authorized Hearing Representative.)*
- Review the case record and obtain copies of documents and materials relevant to the formal hearing.
- Request a postponement. Only the Tribunal can grant this request. Contact the Hearings Coordinator for more information.
- File a motion. (Contact the Hearings Coordinator for more information)
- Request a subpoena when you need someone outside of the agency to testify. This must be done by sending a memo to the Tribunal. Be sure to allow adequate time to mail or hand deliver the subpoena. If you request a subpoena, you are responsible for serving it. Contact the Hearings Coordinator for more information.
- Withdraw your request at any time by completing a Hearings Request Withdrawal form. See your Hearings Coordinator for assistance.

*\* Only the Tribunal has the ability to deny your request for a formal hearing. The Tribunal will inform you if your request has been denied. The Tribunal may deny or dismiss your case if you fail to attend a scheduled hearing without good cause.*

## **What to Expect at the Hearing & After the Hearing**

As previously mentioned, the hearing will most likely be conducted by telephone conference. The following is information that will tell you what to expect at the appeals hearing and what your rights are during and after the hearing.

- You will be allowed to present your case including facts and evidence, call witnesses, and cross-examine opposition witnesses.
- You may state your reasons, on the record, if you disagree with the ALJ's decision to exclude any evidence and you may object to any evidence you believe should not be included.

- You will receive the *Decision and Order of the Administrative Law Judge (ALJ)* in the mail.
- The ALJ's Decision and Order is the final determination of the Tribunal. You will receive a final copy of the ALJ's Decision and Order and will be notified of its implementation dates.
- You have **30 days** to appeal a determination of *financial liability* by the ALJ.

## Reconsideration

A rehearing or reconsideration may be requested if:

- There is new evidence.
- The law was misapplied.
- There were errors in the Decision and Order that affect your rights.
- Relevant issues were not raised during the initial hearing.

The Tribunal may reopen the case if the above criteria are met and there is time to reopen the case and implement resulting decisions within the 90 day time frame. If the time frame cannot be met, the Tribunal will ask you to waive the time frame.



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