



**Health Home Care Management Services
Member Rights and Responsibilities**

All Individuals participating in the NYS DOH Health Home program are ensured specific rights during the delivery and receipt of services. NYS DOH Health Home members also have certain responsibilities for receiving NYS DOH Health Home services:

Members have the right to the following:

- 1) A Letter of Introduction from Monroe Plan which includes contact information for the Health Home, Monroe Plan and Medicaid Help Line;
- 2) When enrolled, Monroe Plan will provide clearly written instructions on how to file a complaint and/or incident, and request a State Fair Hearing including all appropriate contacts including:
 - a. **Care Manager – see page 2.**
 - b. **Health Home: GRHHN** – (585) 737-7522, HHUNY (585) 613-7676, UHS (607) 762-2862
 - c. **Medicaid Help Line:** (800) 541-2831 (toll free)
 - d. **Department of Health** (518) 402-0836 – Main number
 - e. **Office of Temporary Disability Assistance (OTDA)** – (800)342-3334 (toll free)
 - f. **NYSDOH Fair Hearing** Contact information:
Phone: (800) 342-3334// TDD: (877) 502-6155
Address:
New York State Office of Temporary and Disability Assistance
Office of Administrative Hearings
P.O. Box 1930
Albany, NY 12201-1930
Online: <http://otda.ny.gov/hearings/request/>
- 3) The right to file a complaint, incident, and/or a State Fair Hearing, including assistance and support in doing so by the Care Management Agency, e.g. written/verbal notification, language interpretation, hearing and vision assistance, etc.;
- 4) The ability to Opt-out of Health Home participation during the Outreach phase or dis-enroll from the program at any time;
- 5) Have services provided with respect, dignity, and without discrimination
- 6) Provide input to the plan developed by the Care Manager to help with your health care needs.
- 7) Receive a copy of your plan of care.
- 8) Receive notice when services are changed or ended and why.
- 9) Know about choices regarding services.
- 10) To have others involved in your care, participate in the assessment.
- 11) Have information about us, our staff, their qualifications
- 12) To know who your care manager is and how to contact that person.

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FOR MEDICAL CARE

- 13) Confidentiality and privacy of health information in accordance with state and federal law.
- 14) Be understood and treated well. This includes if you have limited English, have a different culture, or a disability.
- 15) Have information in a language or method you can understand.
- 16) Take part in decisions about your health care treatment with your doctor.
- 17) Designate or authorize another party to act on your behalf.

Members are responsible to:

- 1) Make themselves available to talk with their Care Manager
- 2) Engage in conversation regarding options for the achievement of their goals with their Care Manager;
- 3) Notify their Care Manager if they decide to withdraw consent to share their confidential information;
- 4) Notify their Care Manager if they decide to dis-enroll from the program; and
- 5) Notify appropriate person(s) should any problems occur or if you are dissatisfied with services. Persons available to assist you include your Care Manager, Care Management Organization, Health Home, or the Department of Health.

I have read the Monroe Plan Member Rights and Responsibilities, or it has been read to me. I was provided with opportunity to ask questions and request additional information if needed.

Member Print Name/Signature/ Date

Authorized Representative (if applicable) Print Name/ Signature/ Date

Care Manager Print Name/ Signature/Date

Print: Care Management Organization/ Telephone Number