

## Your Rights and Responsibilities When You Receive MAC or TSOA Services Offered by Aging and Long-Term Support Administration

CLIENT NAME

ACES ID NUMBER

### Services Available

You have the right to choose from the services that you are eligible to receive. Services are voluntary. The services that Aging and Long-Term Support Administration (AL TSA) can pay for may not help you with all of your needs.

AL TSA offers MAC and TSOA services in a person's own home; but does not provide paid 24 hour/day personal care or respite care services in a person's own home. If 24 hour/day care is desired then other service options and settings may be considered.

The AAA Case Manager, HCS Social Service Specialist, or HCS Financial Worker is called a **case worker** in this document.

### Your Rights

You have a right to:

- Be treated with dignity, respect and without discrimination;
- Have information about you kept private within the limits of the laws and DSHS rules;
- Not be abused, neglected, financially exploited, or abandoned; if you or someone you know is being abused, neglected or exploited, please call DSHS toll free at 1-866-(End Harm) / 1-866-363-4276 to talk with a worker who can help you;
- Have your property treated with respect;
- Be told about all of the services you can receive and make choices about services you want or don't want;
- Work in partnership with your case worker in planning your care;
- Not be forced to answer questions or do something you don't want to;
- Be told in writing of agency decisions and receive a copy of your care plan;
- Talk with a supervisor if you and your case worker do not agree;
- Request an administrative hearing even if you have made a complaint;
- Make a complaint without fear of harm even if you have requested an administrative hearing;
- Talk with an advocate by calling 1-888-201-1014;
- Refuse any or all services;
- Have interpreter services provided to you free of charge if you cannot speak or understand English well; and
- Choose or change a DSHS qualified provider.

### Your Responsibilities

You have the responsibility to:

- Let the case worker complete your assessment and care plan at least annually in a location convenient to you;
- Let the case worker view your living environment at least annually;
- Give us enough information to complete your assessment and financial application;
- Tell your case worker if someone else makes medical or financial decisions for you (documentation may be required);
- Participate in the development of your care plan;
- Understand your provider cannot be paid for services or hours that are not authorized by your case worker;
- Choose your own health care;
- Choose a DSHS qualified provider for the services you select and are eligible to receive;
- Contact your service provider if you need to reschedule your appointment with them;
- Understand the home care agency you've chosen to provide personal care or respite care services:
  - ✓ Will start services for you when they have a home care worker available;
  - ✓ Must schedule your in-home services appointments in advance;
  - ✓ May refuse to serve you if you are not home two or more times when your home care worker shows up for a scheduled in-home appointment;
  - ✓ May provide limited transportation to you according to their transportation policy (Note: this may mean that they do not provide all of the transportation you request;
- Provide a safe work place;
- Tell your case worker if you are having problems with your provider or if you are not getting the hours claimed by your provider;
- Not act in a way that puts anyone in danger; and
- Tell your case worker if there is a change in:
  - ✓ Your medical condition;
  - ✓ The help you get from family or provider;
  - ✓ Where you live, your phone number; or
  - ✓ Your financial situation.

**Case Worker Responsibilities**

Your case worker is responsible to:

- Treat you with dignity and respect;
- Maintain your privacy;
- Tell you what AL TSA can, or cannot, do for you;
- Get information from you and others to do an assessment and develop a care plan that includes:
  - ✓ Your goals and services you've chosen that may help you;
  - ✓ The service providers you've selected to provide the services / supports you've chosen;
- Get information from you and others to update your care plan at least every year or when changes are needed;
- Help you find a DSHS qualified provider;
- Give you enough time to provide the information that is needed; and
- Respect your rights and provide more help in accessing services if you have mental, neurological, sensory, or physical impairments.

**Advance Directives**

You have the right to make advance directives. Advance directives may include a living will or durable power of attorney for your healthcare. Advance directives summarize your wishes about medical and/or mental health care, including the right to accept or refuse medical, mental health, or surgical treatment, when you do not have the mental ability to make those decisions. You can revoke your advance directives at any time.

**Voter Registration Service**

The National Voter Registration Act of 1993 requires all states to provide voter registration assistance through their public assistance offices. Applying to register or declining to register to vote will not affect the services or amount of benefits that you will be provided by this agency. If you would like help in filling out the voter registration form, we will help you. Your decision to register or to decline to register will be kept confidential and only used for voter registration purposes. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

Washington State Elections Office  
PO Box 40229  
Olympia WA 98504-0229  
1-800-448-4881

**Your Signature**

Sign on the line below if you understand your rights and responsibilities and understand the responsibilities of your case worker.

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
LEGAL REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
DATE

Notice for customers and employees (Title VI and VII) Washington State Department of Social and Health Services is an equal opportunity employer and does not discriminate in any area of employment, its programs or services on the basis of age, sex, sexual orientation, gender, gender identity/expression, marital status, race, creed, color, national origin, religion or beliefs, political affiliation, military status, honorably discharged veteran, Vietnam Era, recently separated or other protected veteran status, the presence of any sensory, mental, physical disability or the use of a trained dog guide or service animal by a person with a disability, equal pay or genetic information.

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INSTRUCTIONS

1. Present this form to the client when completing the initial screening for MAC or TSOA. If the client is already receiving services and did not previously sign this version of the form, present the form to the client at the next re-screening. Review the form with the client to answer any questions about the client's rights and responsibilities. Make sure to carefully review the information regarding home care agency providers if the client will be using that provider type.
2. Have the client or the client's representative sign two copies of the form to indicate his/her understanding of the client's rights and responsibilities when receiving services offered by Aging and Long-Term Support Administration.
3. File one copy in the CLC / GetCare client's Electronic File Cabinet and give the other copy to the client.