

## Member Rights and Responsibilities

### ***Member Responsibilities During Pre-enrollment (Admissions Phase)***

As you begin your journey toward living a healthy and more fulfilling life, it is important to understand the relationship between yourself, the Admissions Coordinator, and your Care Manager is a partnership. As a member of a CCO/HH receiving care management services, it is important for the partnership to be understood and valued, so that quality services can be maintained. In order to receive the most out of the services provided to by ACA/NY, it is imperative that you take an active role.

### ***As a prospective member going through the enrollment process, you have the responsibility to:***

1. Maintain a **minimum of monthly communication** with your assigned Admissions Coordinator at ACA/NY during the pre-enrollment process to enroll into Care Management timely.
2. Provide required documentation for enrollment including, signed **Consent Forms and Receipts of Acknowledgement within 30 days** of your initial contact with ACA/NY.
3. **Select only one (1) Care Coordinator Organization (CCO)** to enroll with for Care Management.  
*\*Please note that working with more than 1 CCO can result in enrollment issues/longer wait times.*
4. **Communicate your interests in services**, providers you have been in contact with/are receiving services from with your assigned Admissions Coordinator.
5. **Complete and submit evaluations** required for OPWDD eligibility and CCO enrollment, including (but not limited to): current psychological (within 10 years for adults over 22 y.o.), psychosocial (within 1 year) and medical evaluations (within 1 year).
6. **Inform ACA/NY of any changes** to your living situation, contact information, benefits information, and correspondence (HRA, Medicaid, Medicare, Social Security, SSI/SSDI), guardianship or changes in your providers, services and/or support system during the enrollment process.
7. **Understand that due to a variety of factors, the enrollment process takes time.** If you have any questions during the enrollment process or would like to check on the status of your enrollment, please contact ACANY Customer Care Center at 833-692-2269.

### ***Once enrolled, as a member receiving Comprehensive Care Management, you have the responsibility to:***

1. **Maintain contact with your Care Manager (CM) at a minimum of monthly** by telephone, e-mail, face-to-face, or via a method agreed upon with your CM.
2. **Work with your CM regarding scheduling of appointments** for face-to-face visits, phone calls and meetings, at mutually agreed upon times and places.
3. **Participate in at least two (2) reviews in person per year**, with the circle of support and service providers to review your/your family member's Life Plan.
4. **Review and sign all documents required by ACA/NY** and make contact if you wish to review, discuss or have explained any form/consents/documents.
5. **Share information about your services and medical providers** for your CM to assist you with advocacy and referrals, as needed.
6. Provide (at minimum) a copy of an annual medical evaluation (e.g. physical), any specialty reports, IEP (if school-aged), care and/or treatment plans which will assist your CM in coordinating your services.
7. **Understand this is a relationship you are building over time** and that the greater the trust you have in ACA/NY, the more you as partners can accomplish!

### ***Member Rights***

Advance Care Alliance of New York, Inc. (ACA/NY) believes it is both a right and a responsibility for you to be involved in all aspects of the services we provide to you. As part of your involvement, you are encouraged to express any complaints, grievances and/or suggestions regarding the quality of services we provide, and our policies and procedures. If you believe that your rights are being violated or denied, you may address your concerns through ACA/NY's Complaints and Grievance Procedures.

### ***Rights for Adults: Applies to adults ages 18 and older or a child/adolescent under the age of 18 who is pregnant, a parent, or married.***

1. You have the right to receive services without regard to age, race, creed, color, sexual orientation, marital status and political orientation or disability status. You have the right to be treated with respect and dignity.
2. You have the right to information about ACA/NY, the services we offer, how you can reach us when we are closed and what to do if you have an emergency.
3. You have the right to add and remove eligible healthcare providers and social supports from your Health Home Patient Information Sharing Consent Form (DOH-5055).
4. You have the right to have your case record and/or electronic case records treated confidentially, and the right to a full review and explanation of ACA/NY's privacy policies.
5. You have the right to view, copy, and/or provide a written response to your case record and/or electronic case record in accordance with the provisions of Mental Hygiene Law 33.16.
6. You have the right to be informed of ACA/NY's grievance procedures.
7. You have the right to recommend changes in policy and services to ACA/NY.
8. You have the right to be informed of the criteria under which you will be discharged from your CCO/HH.
9. At any time, you have the right to withdrawal consent and be discharged from ACA/NY by completing the Health Home Patient Information Withdrawal of Consent Form (DOH 5058).
10. You have the right to be an active participant in the development and execution of your Life Plan.
11. You have the right to receive a copy of your Life Plan and any copies of personal documents, such as ID and entitlement cards, assessments, etc., that you have submitted to ACA/NY.
12. You have the right to receive clear information about all CCO/HH services provided to you, including when, where and how the services will be provided.
13. You have the right to meet with your Care Manager at a time and location that is convenient to you.
14. You have the right to receive information regarding Advance Directives, which allow you to make written instructions about health care treatment if you were no longer able to make decisions for yourself. If you would like to learn more about Advance Directives, you can do so by asking a healthcare professional/primary care physician or navigating to this link: <https://www1.nyc.gov/assets/doh/downloads/pdf/public/dohmhnews7-12.pdf>.

**Rights for Minors: Applies to children/adolescents who are less than 18 years of age, not considered to be able to consent on their own behalf, and their consenting parent or legal guardian.**

1. You and the child/adolescent have the right to receive services without regard to age, race, creed, color, sexual orientation, marital status and political orientation or disability status. You have the right to be treated with respect and dignity.
2. You and the child/adolescent have the right to information about ACANY, the services we offer, how you can reach us when we are closed and what to do if you have an emergency.
3. You and the child/adolescent have the right to add and remove eligible healthcare providers and social supports from your Health Home Patient Information Sharing Consent Form, either the DOH 5201, or, under certain circumstances, the DOH-5055. The parent, guardian or legal representative also has the right to consent to share educational records with the Health Home, or revoke that consent pursuant to the DOH 5204.
4. The child/adolescent (ages 12 and up) has the right to consent to certain types of health care services without parent or legal guardian knowing. A list of the health care services are outlines on the Health Home Patient Information Sharing Consent Form (5201).
5. You and the child/adolescent have the right to withdraw consent and be discharged from ACANY by completing the Heath Home Withdrawal for Health Home Enrollment and Information Sharing Consent Form (DOH 5201), or under certain circumstance, the DOH 5058.
6. You and the child/adolescent have the right to have your case record and/or electronic case records treated confidentially, and the right to a full review and explanation of ACANY's privacy policies.
7. You have the right to view, copy, and/or provide a written response to your case record and/or electronic case record in accordance with the provisions of Mental Hygiene Law 33.16. In addition, the parent, guardian or legal representative, may not be given access to certain information in the child/adolescent's records due to laws protecting the confidentiality of certain other medical information, such as, but not limited to information regarding family planning, emergency contraception, abortion, sexually transmitted disease testing and treatment, HIV testing, prenatal care, drug and alcohol treatment, or sexual assault services.
8. If the parent, guardian, or legally authorized representative consented for these services (mentioned above) on behalf of the child/adolescent, then the parent, guardian, or legal authorized representative may have the authority to consent for the release of information for these services. However, the child/adolescent must also consent to the release of this information.
9. You and the child/adolescent have the right to be informed of ACANY's grievance procedures.
10. You and the child/adolescent have the right to recommend changes in policy and services to ACANY.
11. You and the child/adolescent have the right to be informed of the criteria under which you will be discharged from your CCO/HH.
12. You and the child/adolescent have the right to be active participants in the development and execution of
13. the child/adolescent's Life Plan.
14. You and the child/adolescent have the right to receive a copy of the Life Plan and any copies of personal documents, such as ID and entitlement cards, assessments, etc., that were submitted to ACANY.
15. You and the child/adolescent have the right to receive clear information about all CCO/HH services provided to you, including when, where and how the services will be provided.
16. You and the child/adolescent have the right to meet with your Care Manager at a time and location that is convenient to you.