



## Member Rights and Responsibilities for Adults

**To be completed with adults ages 18 and older or a child/adolescent under the age of 18 who is pregnant, a parent or married.**

Advance Care Alliance of New York, Inc. (ACANY) 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.

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 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 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 ACANY'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 ACANY's grievance procedures.
7. You have the right to recommend changes in policy and services to ACANY.
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 ACANY 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 ACANY.
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>.
- If you are enrolled in ACANY CCO/HH and you believe that your rights are being violated or denied, you may address your concerns through ACANY's Complaints and Grievance Procedures.



## **Member Rights and Responsibilities for Minors**

**To be completed with a child/adolescent who is less than 18 years of age, not considered to be able to consent on their own behalf, and their consenting parent or legal guardian. adults ages 18 and older or a child/adolescent under the age of 18 who is pregnant, a parent or married.**

Advance Care Alliance of New York, Inc. (ACANY) believes it is both a right and a responsibility for you and the child/adolescent for whom you are consents 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.

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 the child/adolescent's Life Plan.
13. 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.
14. 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.
15. You and the child/adolescent have the right to meet with your Care Manager at a time and location that is convenient to you.

If you are enrolled in ACANY CCO/HH and you believe that your rights are being violated or denied, you may address your concerns through ACANY's Complaints and Grievance Procedures.



## Complaints and Grievance Procedures

While Advance Care Alliance of New York (ACA/NY) strives to provide high quality, comprehensive and person-centered services, we recognize that at times members and/or their families may have questions, complaints, or grievances. These may be focused on the services you receive from ACA/NY or regarding your Care Manager. We encourage you to discuss these issues directly with your Care Manager when the problem first arises. Early, open communication can often clear up issues that may be minor, unless left unresolved.

Should your discussions with your Care Manager not leave you satisfied or does not resolve the problem, we encourage you to escalate your concern by following our grievance procedure. If your Care Manager is unable to resolve your complaint, or your complaint is regarding dissatisfaction of services provided to you by your Care Manager, you should contact your Care Manager's supervisor (Assistant Director) or the Regional Director of Care Management to discuss your concern. They will make every reasonable attempt to speak with you at a mutually convenient time, but within five (5) business days. The Regional Director will further investigate your complaint. The Regional Director will notify you in writing or over the phone of any action taken within 5 business days.

If you remain dissatisfied with the resolution following a discussion with the Regional Director, you should continue to go up the chain of command to address your concern. Please feel free to contact our Customer Service Center during regular business hours (Monday through Friday, 9:00 a.m. – 5:00 p.m.) at 833 – MYACANY (692- 2269) to be directed to the appropriate person or by emailing [questions@myacany.org](mailto:questions@myacany.org). The chain of command is as follows:

- i. Regional Director of Care Management
- ii. Vice President of Care Management
- iii. Senior Vice President of Care Management
- iv. Chief Operating Officer
- v. Chief Executive Officer

Members and/or their families are also welcomed to speak to ACA/NY's Vice President of Member Relations, who can also assist with hearing and addressing concerns.

The chain of command will make every attempt to resolve your complaint or grievance to a satisfactory level. It is also your right to request an in-person meeting. If you would like to request a meeting to resolve your concern, a meeting will be arranged with the appropriate parties present.

We would like to assure you that all complaints and grievances are handled in an expedient and resolution focused manner to ensure that you are receiving the highest quality services from ACA/NY. Your satisfaction with our services is paramount in allowing us to provide you with high quality and person-centered care coordination. In the event you have a concern regarding your service planning or a provider from which you are receiving services, including any objection to service provision, please also refer to our "Notice of Rights to Object to Services" in accordance with 14 NYCRR 633.12 and 633.5(b)(2)(ii) regulations.



## **NOTICE OF RIGHT TO OBJECT TO SERVICES**

Advance Care Alliance of New York (ACA/NY) is dedicated to providing you the support and services you need to lead an active, healthy, and fulfilling life. ACA/NY is providing you (and your family) a notice of rights to object to services so that you and your family have the information you need to make informed decisions about your services. ACA/NY ensures that you and your parents, guardians, representative (correspondent or advocate), providers, or Mental Hygiene Legal Service (MHLS) have the right to object and/or appeal any service process in accordance with **14 NYCRR 633.12** regulations and relative to a member's right and responsibilities, upon admission and as changes occur [633.4(b)(2)(ii)]. This includes rights regarding Home and Community Based (HCBS) waiver services, objections regarding your plan of services (including a Life Plan), proposed changes to your plan of services, or any plans for placement or discharge from services. In the event you disagree with any active or proposed changes in your services, including proposals related to reduction, suspension or discontinuance of your HCBS waiver services, you should first contact your Care Manager. He or she will answer any questions or concerns you have and will assist you with initiating an informal objection. If your Care Manager is unable to resolve your concern, ACA/NY provides a formal mechanism for registering an informal objection and will assist you with your right to object and/or appeal any service process in accordance with the above stated regulations.

If your Care Manager is unable to resolve your concern, you should contact your Care Manager's supervisor (Assistant Director) or the Regional Director of Care Management to discuss the issue further. The Regional Director will further investigate your concern/objection. The Regional Director will notify you in writing or over the phone of any action taken within five (5) business days.

If you remain dissatisfied with the resolution following a discussion with the Regional Director, it is your right to continue to go up the chain of command to address your concern. Please feel free to contact our Customer Service Center during regular business hours (Monday through Friday, 9:00 a.m. – 5:00 p.m.) at 833 – MYACANY (692- 2269) to be directed to the appropriate person or by emailing [questions@myacany.org](mailto:questions@myacany.org). The chain of command is as follows:

- i. Regional Director of Care Management
- ii. Vice President of Care Management
- iii. Senior Vice President of Care Management
- iv. Chief Operating Officer
- v. Chief Executive Officer

Members and/or their families are also welcomed to speak to ACA/NY's Vice President of Member Relations, who can also assist with hearing and addressing concerns related to your right to object to services.

The chain of command will make every attempt to resolve your informal objection to a satisfactory level. It is also your right to request an in-person meeting. If you would like to request a meeting to resolve your concern, a meeting will be arranged with the appropriate parties present.

In accordance with **14 NYCRR 633.12** and **633.4(b)(2)(ii)** regulations, if at any time you have objections, concerns or grievances regarding your services or rights as outlined above, you also have the right to contact any of the agencies or individuals listed below. If your informal objection was not able to be resolved to your satisfaction, you may also submit a written objection to the Developmental Disabilities Services Office (DDSO) director to request an administrative review of the reduction, suspension, or discontinuance of HCBS waiver services.

DDSO Director

Hudson Valley (845) 947-6100  
Brooklyn (718) 642-6000  
Manhattan (646) 766-3471  
Bronx (718) 430-0885  
Staten Island (718) 983-5321  
Queens (718) 217-5890  
Long Island (631) 493-1701

Commissioner of OPWDD

Office for People with Developmental Disabilities  
44 Holland Avenue  
Albany, NY 12229  
(518) 473-1997

Justice Center for the Protection of People with Special Needs

161 Delaware Avenue  
Delmar, NY 12054  
(518) 549-0200

Mental Hygiene Legal Services

*Brooklyn/Queens/Staten Island:*  
c/o Creedmoor Psychiatric Center  
Winchester Blvd  
Building 73, 1<sup>st</sup> Floor, CBU #25  
Queens Village, NY 11427  
(718) 264-6070

*Bronx/Manhattan:*  
41 Madison Avenue, 26<sup>th</sup> Floor  
New York, NY 10010  
(212) 779-1734

*Nassau:*  
600 Old Country Road, Suite 22480-45  
Garden City, NY 11530  
(516) 493-3976

*Lower Hudson Valley:*  
140 Old Orangeburg Road  
Building #1, Second Floor  
Orangeburg, NY 10962  
(845) 476-3681

*Suffolk:*  
One Court Street  
Riverhead, NY 11901  
(516) 493-3963



**NOTICE OF PRIVACY PRACTICES  
FOR  
Advance Care Alliance of NY, Inc.**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

**Uses and Disclosures of Health Information:**

By law, Advance Care Alliance of NY, Inc. ("Organization") is required to:

- Maintain the privacy and security of your Protected Health Information (including Medicaid Confidential Data);
- Provide you with notice of our legal duties and privacy practices with respect to Protected Health Information;
- Notify you following a breach of your Protected Health Information; and
- Follow the terms of the Notice that is currently in effect.

With your consent, we may use and disclose your Protected Health Information for the purposes of treatment, payment and health care operations as described below.

**Treatment:** We can use and share your information with other professionals who are treating you.  
Example: Our care coordinator may speak to a nurse about your medications.

**Payment:** We can use and share your health information to bill for services and receive payment.  
Example: We may include your health information when we bill Medicaid for our services.

**Health Care Operations:** We may use and disclose your information to others for our business operations.  
Example: We may use your health information to improve the quality of our services.

The Organization may also use and disclose your Protected Health Information for other specific purposes that are required or permitted by law. These include for the purposes of: (1) Promoting public health and safety (e.g; preventing disease, adverse reactions to medications, reporting suspected abuse); (2) complying with the law (e.g.; if state or federal law requires it); (3) assisting coroners, medical examiners, funeral directors, organ procurement agencies (e.g.; assisting in autopsies or organ donations); and (4) complying with government requests (e.g.; for workers compensation claims, law enforcement purposes, health oversight agencies).

**Authorization:** We may use and disclose your Protected Health Information for purposes other than as described in this Notice or required by law only with your written authorization. You may revoke your authorization to use or disclose Protected Health Information in writing at any time.

**Rights:** You have certain rights concerning the use and disclosure of your Protected Health Information. The law describes them in more detail, but generally they are:

- The right to request restrictions on certain uses and disclosures of your Protected Health Information (although we do not have to agree with them);
- The right to request confidential communications (such as designating a certain telephone number or email address) if your request is reasonable;
- The right to inspect or obtain an electronic or paper copy of your Protected Health Information. We may charge a reasonable, cost-based fee;
- The right to amend your Protected Health Information under limited circumstances specified by law;
- The right to receive an accounting of disclosures of Protected Health Information for six years prior to the date you ask for all disclosures except those made for purposes of treatment, payment or health care operations; and
- The right to receive a paper copy of this Notice at any time.
- If you have designated someone as your Health Care Proxy or if someone is your legal guardian or surrogate, that person can exercise your rights and make choices about your health information, if the person has the required authority.

**Complaints:** You may complain if you feel we have violated your rights by contacting us using the contact information listed in this Notice. You may also file a complaint with the Secretary of the United States Department of Health and Human Services if you believe your privacy rights have been violated. We will not retaliate against you for filing a complaint.

**Amendments:** We reserve the right to amend this Notice and to make the new Notice provisions effective for all of your Protected Health Information maintained by us.

**Effective Date of this Notice:** July 1, 2018

**Contact Information:** For more information about Provider's privacy practices, please contact the Privacy Officer at 646-755-7610.

## Person-Centered Planning

This NOTICE is for people who receive OPWDD funded Home and Community Based Services (HCBS) or OPWDD funded service coordination services.

### 1) You have a right to participate in a Person-Centered Planning Process

Person-centered planning is a process that can help you to learn more about what personal goals are important to you. This includes information about how and where you want to live and how you want to participate in your community. Person Centered Planning also helps you and others determine what supports and services are needed to help you move toward your goals. This information will help you work with your service coordinator and others to develop an Individualized Service Plan (ISP) that is specific to your needs and goals.

#### This means that

- the person centered planning process is all about you;
- you are in charge of the planning process;
- you choose who works with you to develop your person centered ISP and you can choose who you want to assist you in making decisions; and
- you will be supported to make informed choices about what supports and services you want and need. This support may come from family, friends, staff, or someone who has legal decision making authority in your life.
- If you have someone who has legal decision making authority, he or she may choose to be a part of the process and may choose to make decisions on your behalf.

It also means that the person centered planning process

- takes place at times and places that are convenient for you; and
- will share information with you in a way that you can understand it, for example, people speak to you or materials are provided to you in the same language that you speak or using other ways of communication that work for you.

If there is conflict or disagreement when you are planning your services and supports, there are ways to resolve them and you will be told about them.

### 2) You have a right to a Person Centered Plan of Services

Usually this will be your Individualized Service Plan (ISP) and it will include

- your goals and desired outcomes;
- your strengths and preferences;
- your needs based on an assessment;
- the services and supports you need and who you have chosen to provide them;

- the services that you choose to self-direct;
- where you live and that you chose to live there or that you choose to move;
- the things that might cause a risk of harm to you and what will be done to make the risk smaller, including having a plan about what to do if something goes wrong; and
- the name of the person or agency you have chosen to watch over your plan to make sure that everything in the plan happens as it should.

Your person-centered plan/ISP must be clear to you and your circle of support. It must be written so that you understand it.

You must sign your person-centered plan/ISP to show that you agree with what the plan says. The person or agency you have chosen to watch over your plan to make sure that everything in the plan happens will also sign the plan. You will get a copy of the plan.

You will review the plan with your service coordinator at least twice a year, when something changes or when you want to change something in your plan.

### 3) **You have a right to object to your Plan of Services**

If you are 18 years old or older, **you may object to your plan of services**, including your person-centered service plan/ISP. In addition, the following people may object on your behalf: someone you choose, your legal guardian, someone you have given a power-of-attorney to make decisions for you, or the Consumer Advisory Board if they represent you. If you are capable of making your own decisions and you do not have a legal guardian, you may refuse to let someone else object on your behalf.

If you are under 18 years old, your parent(s) may also object to any plan of services for you. If you don't agree with them, you may choose someone to represent you, including legal counsel, to help you resolve the objection.

You must tell your service coordinator or your service provider that you object to something about the plan. Providers must have policies and procedures to resolve your objection and must tell you what they are and let you follow those policies and procedures. If you are unable to resolve your objection with the provider you can request a hearing with OPWDD.