

Disclaimer: This sample policy is provided for informational purposes only. Please be aware that policies and contract standards are subject to change, and this document may not encompass all the requirements of the most current contract standards. We recommend consulting with a legal professional or the relevant regulatory authority to ensure compliance with the latest requirements and to make any necessary updates to this policy.

Sample Policy: Explanation of Rights and Responsibilities

Joining a program of [Insert Agency Name] is a choice. This form explains what participants can do and what they need to follow as members of our program.

As a program participant, you have rights. [Insert Agency Name] must make sure they follow and protect those rights. If you feel someone has not respected your rights, contact [Insert title of staff member responsible for receiving complaints] at [Insert number]. MI Choice participants can also contact an ombudsman at 1-888-746-6456.

Participant Rights:

- Always be treated with respect and dignity by people helping you.
- Be free from abuse, restraints, seclusion, and the misuse of your property.
- Be free from discrimination.
- Choose where in the community you would like to receive your services and supports.
- Choose the services and supports included in your plan and help develop that plan.
- Be supported by [Insert Agency Name] to make decisions together.
- Have your cultural and religious choices respected and addressed.
- Involve anyone in your service planning process.
- Receive a complete copy of your plan for services and supports.
- Understand the services and supports suggested in your plan and that you may refuse any of them.
- Talk about ideas to replace suggested services and supports you do not want.
- Have your health, social, and financial records kept confidential. Know who can see it and how the organization keeps it secure.
- Refuse to provide any information you do not wish to share. (Some information is required to make sure you qualify for the program. If you refuse to provide this information, you might not be able to be in the program.)
- Ask about or request copies of policies and procedures from [Insert title of staff member responsible for this]
- Ask about costs, worker credentials, and how workers are supervised.
- Look at bills for your services, regardless of how those bills are paid.
- Learn about the organization, what it does, who works there, and its agreements with others.
- Know who the staff are or who your worker is and how to ask for a different one if needed.
- Contact [Insert title of staff member responsible for this] with questions or complaints.
- File a grievance when you are unhappy with your supports and services or your workers. Learn how to use the grievance process, including the organization's rules for responding quickly and resolving issues of quality and complaints.
- Appeal adverse decisions made about the services you receive or your eligibility.

- Choose not to join or stop being part of the organization's programs and services.
- Receive information that you can understand.

As members of a program, participants must take responsibility for what happens because of their choices and actions. Participants need to do their part and take responsibility. Not upholding responsibilities could lead to your services being stopped and you no longer being part of [Insert Agency Name] programs.

Participant Responsibilities:

- Choose the services and supports included in your plan, help develop that plan, and know and follow what is in that plan.
- Tell [Insert title of staff member responsible for this] about changes in what you need.
- Tell [Insert title of staff member responsible for this] about other services and supports you may have.
- Tell [Insert title of staff member responsible for this] about any other insurance you have.
- Ask questions or let us know when you do not understand something.
- Be available so that you can receive your services.
- Take part in any needed activities to join or stay in the program (list agency activities; for example, assessments, contacts).
- Tell your helpers what they need to know to assist you with services.
- Let us know as soon as possible when you will not be available to receive service.
- Tell [Insert title of staff member responsible for this] about any changes in my home or phone number.
- Tell the organization and your regular helpers if you leave the program.
- Keep valuable things such as keepsakes, money, credit cards, jewelry, guns or other weapons in a safe place.
- Tell [Insert title of staff member responsible for this] when you are concerned about your workers.
- Make sure your home is safe and non-threatening for people who are helping you. This includes:
 - Being respectful to workers who come into your home.
 - Not verbally or physically abusing the people trying to help you.
 - Not using profane or offensive language toward the people trying to help you.
 - Keeping pets outside or otherwise secure so that your worker can give you the services and support you need.
 - Being a responsible gun or weapon owner. This means that all weapons will not pose a threat, intended or unintended, real or implied, to the people helping you.
 - Making sure there are no illegal or illicit activities happening in your home. Some of the people who come to your home will have to report these things to Adult Protective Services.

Participant / Legal Representative Signature

Date

Agency Signature

Date