

PARTICIPANTS ARE EXPECTED TO:

- Explain any specific information about tasks authorized on the care plan.
- Provide supplies needed for tasks in the care plan.
- Sign a **completed** timesheet each time you receive services.
- Ensure that information on the timesheet is **accurate**.
- Notify the HCBS provider in advance when you will not be home to receive care.
- Notify the HCBS provider if you have problems with your care delivery.
- Accept or select an aide without regard to race, color, national origin, sex, age, religion, political beliefs, or disability.

PARTICIPANTS HAVE THE RIGHT TO:

- Appeal decisions regarding your person centered care plan, including the denial, reduction, or termination of services.
 - You must appeal within ninety (90) calendar days of the date of the decision.
 - You must request a hearing within ten (10) days of the date of the notice if you wish to continue receiving services pending the hearing decision.
 - If the Division's decision is upheld, you may be held responsible for the cost of any services received while the appeal is pending.
- Appeal any disagreement with decisions about my person centered care plan.
- Receive services without regard to race, color, national origin, sex, age, religion, political beliefs, or disability.

PARTICIPANTS MAY NOT:

- Threaten or abuse or allow other members of your household (or guests) to threaten or abuse provider staff (physically, verbally, or sexually). This will result in your services being terminated.
- Expect care to be provided to your pets, friends, or visitors.
- Allow services to be provided in your home when you are not at home.
- Engage in activities that would be considered fraud of the program; for example signing timesheets attesting to care (or time of care) that has not actually been provided.

PARTICIPANTS of Agency option HCBS:

You may expect your aide to:

- Act in a professional manner.
- Be on time for scheduled visits.
- Notify you if they are unable to deliver services.
- Arrange a make-up visit satisfactory to you.

Do NOT expect your aide to:

- Accept food or drink, except water.
- Accept gifts or tips.
- Give you or anyone in your household, a ride.
- Be a maid.

For your safety, Do NOT:

- Ask your aide for advice.
- Leave valuables, cash, or checkbook in plain sight.

PARTICIPANTS of CDS option HCBS:

You are responsible for:

- Selecting and hiring your aide.
- Training your aide to perform the tasks authorized on the person centered care plan.
- Supervising the work performed by your aide and ensuring the aide is able to meet your personal needs.
- Firing or terminating aides.
- Preparing and submitting timesheets biweekly to the provider that oversees reimbursement for care.
- Ensuring that timesheets are submitted for approved work and that the number of units does not exceed what is authorized on your person centered care plan.
- Receiving care only from aides registered and screened by the Missouri Family Care Safety Registry.