



Rights of Individuals

Medicaid Home and Community-Based Services DD Waivers

The following is a list of some of your rights under the Illinois Mental Health and Developmental Disabilities Code and other laws. This form uses plain English instead of the legal terms in the laws that create these rights. If you have a specific question about your rights or when your rights may be restricted, you should talk to a lawyer or contact the Illinois Guardianship and Advocacy Commission. You have other appeal rights if the agency stops providing services or reduces your services. These are listed on the Notice of Right to Appeal (IL462-1202).

- **Retention of Rights:** You maintain all of your legal and civil rights while receiving services.
- **Non-Discrimination:** You have a right to be treated fairly without regard to your sex, race, religion, ethnic background, handicapping condition, national origin, age or financial standing.
- **Selection of Providers:** You have the right to choose your own providers and change providers if necessary. You should contact your individual Service and Support Advocacy agency for assistance with this.
- **Humane Care and Services Plan:** You have a right to adequate and humane care, services in the least restrictive environment and an individual service plan.
- **Abuse or Neglect:** You have the right to be free from physical, sexual and mental abuse or neglect. If you think someone has treated you badly, or has taken advantage of you, you should tell someone you trust so that the problem can be resolved. Any incidents of abuse or neglect shall be reported to the appropriate Office of the Inspector General. See page for "Filing A Complaint."
- **Exploitation:** If you are 18 years of age or older, you have the right to be free from exploitation of your property or finances. If you think someone has taken advantage of you, you should tell someone you trust so that the problem can be resolved. Any incidents of exploitation shall be reported to the Department of Human Services, Office of Inspector General, at 1 (800) 368-1463.
- **Restraints:** Restraints may be used only to protect you from physically harming yourself or others, or as a part of a medical/ surgical procedure, and only under the supervision of a properly qualified professional.
- **Seclusion:** The use of seclusion is not permitted.
- **Confidentiality:** Personal information about you and the services you receive is private and may be shared with someone else only if allowed by the Illinois Mental Health and Developmental Disabilities Confidentiality Act, and, if applicable, by the federal Health Insurance Portability and Accountability Act.
- **Mail/Phone Calls/Visits:** You have the right to communicate with other people in private, without obstruction or censorship by the staff. Communication by these means may be reasonably restricted, but only to protect you or others from harm, harassment, or intimidation.
- **Property:** You have the right to receive, possess, and use personal property unless it is determined that certain items are harmful to you or others. When you stop receiving services from an agency, all lawful property must be returned to you.
- **Money:** You may use your money as you choose, unless you are prohibited from doing so under a court guardianship order.
- **Banking:** You may deposit your money at a bank or place it for safe-keeping with the service provider. If the service provider deposits your money, any interest earned will be yours. Neither this service provider nor any of its employees may act as payee to receive any assistance directed to you, including Social Security and pension, annuity, or trust fund payments without your informed consent.



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- **Labor:** You must be paid for work you are asked to perform which benefits the service provider; however, you may be required to do personal housekeeping chores without being paid.
- **Refusing Services:** You or your guardian (on your behalf) have the right to refuse services, including medication. In general when services are refused, they will not be given to you. However, they may be provided even if you refuse if there is a medical or other emergency or if a judge orders it.
- **Medical or Dental Services:** Except in an emergency, no medical or dental services will be provided to you without the informed consent of you or your guardian. You have the right to purchase and use the services of private physicians and other professionals of your choice. Your choice shall be documented in your service plan.
- **Service Planning:** You have a right to participate in the development of your own individualized service plan.
- **Meetings:** You have a right to participate in any team meeting about you.
- **Discharge:** You have a right to continue to receive services unless you voluntarily withdraw or you meet the criteria for discharge from the services. You have the right to terminate services at any time.
- **Grievances:** You have a right to express grievances in writing to the chief of the agency providing your services. Some decisions by the agency (denial, reduction, suspension, termination of services) are appealable to the Department of Human Services and to the Department of Healthcare and Family Services.
- **Clinical Record:** You have a right to look at your clinical record and other information about you.
- **Right to Information about the Service Provider:** You have the right to know if the service provider is not meeting quality standards and to look at written survey reports describing the quality of the services.
- **Exercising Your Rights:** You shall not be denied, suspended from or terminated from services or have services reduced for filing a grievance or for exercising any of your rights.
- **Restriction of Rights:** If your rights are restricted, the person who is responsible for your services must tell you, your parents if you are under age eighteen, and your guardian if one has been appointed. In addition, the service provider must tell all persons or agencies that you choose to have told about the restriction. Justification for any restriction of your individual rights shall be documented in your individual record.
- **Reporting:** You have a right to report any infringements of your rights to the human rights committee at your agency, the Individual Service and Support Advocacy agencies (ISSA), the Department of Human Services, the Illinois Guardianship and Advocacy Commission, or to Equip for Equality. You also have the right to report any abuse or neglect to the Office of the Inspector General, to the Department of Children and Family Services, or to the Department of Public Health.



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Filing A Complaint

People receiving services, as well as their guardians, family members, or other representatives, may file complaints about their services, using one or more of the options described below.

- **Contact your Individual Service and Support Advocacy (ISSA) agency:** If you do not have the ISSA contact information available, you can find the agency closest to you by using the DHS Office Locator at <http://www.dhs.state.il.us/page.aspx?item=32253>. Under "Type," select "Developmental Disabilities." Under "County", select your county. Or, you can call 1 (888) DD-PLANS or 1 (888) 337-5267 and punch in your zip code. You will be connected to the nearest ISSA agency at no cost to you.
- **Contact the Division Directly:** Call 1 (888) DD-PLANS or 1 (888) 337-5267 and ask to speak to a representative in the Division of Developmental Disabilities.
- **File a Report of Abuse or Neglect:** For children under the age of 18 or for anyone residing in a Child Group Home or Child Care Institution, call the Department of Children and Family Services at 1 (800) 25-ABUSE. For adults age 18 and over, call the Department of Human Services, Office of Inspector General at 1 (800) 368-1463.

If you contact the ISSA or Division of Developmental Disabilities, you may expect an initial response within two business days. In cases of reports of abuse or neglect, the initial contact will be within 24 hours.

List of Agencies you may call for assistance:

Guardianship and Advocacy 421 E. Capitol Suite 205 Springfield, IL 62701 (217) 785-1540	Guardianship and Advocacy State of Illinois Building 160 N. LaSalle Suite S-500 Chicago, IL 60601 (312) 793-5900	Equip for Equality 2150 W. Main St. Carbondale, IL 62901 (618) 457-7930 (800) 758-0559
Equip for Equality 235 S. 5th Street, P.O. Box 276 Springfield, IL 62705 (217) 544-0464 (800) 758-0464	Equip for Equality 20 N. Michigan Avenue, Ste. 300 Chicago, IL 60602 (312) 341-0022 (800) 537-2632	Equip for Equality 1617 Second Ave. Rock Island, IL 61201 (309) 786-6868 (800) 758-6869
Dept. of Children and Family Services 406 E. Monroe Street Springfield, IL 62701 (800) 252-2873	Department of Public Health 535 W. Jefferson St. Springfield, IL 62761 (800) 252-4343	

You have a right to agency staff assistance in contacting the above agencies. Please sign below:

Name of Individual: _____ Date: _____

PLEASE PRINT

Signature of Individual or Guardian: _____

Signature of Witness: _____

This summary of individual rights shall be maintained in the individual's record.