DIVISION OF HEALTH CARE FINANCING AND POLICY and AGING AND DISABILTY SERVICES DIVISION HOME AND COMMUNITY BASED WAIVER (HCBW) MONEY FOLLOWS THE PERSON (MFP) RECIPIENT RIGHTS

Program Origin:	🗌 HCBW - PD 🔲 HCBW -FE 🔲 HCBW - IID 🗌 MFP 🗌 PA	S
	☐ COPE ☐ HM ☐ OTHER	

GENERAL:

You have the right to:

- Individualized services without regard to race, color, religion, national origin, gender identity, sexual orientation, age, or disability.
- Be treated with consideration and full recognition of your dignity and individuality.
- Have your home environment and possessions be respected.
- Inquire and receive prompt response to any questions pertaining to any aspect of your service.
- Receive a written explanation of the hearing process.

FREEDOM FROM ABUSE AND NEGLECT: (Nevada Revised Statute 200.5092)

You have the right:

- Not to be physically, sexually, or otherwise abused.
- Not to be neglected.
- Not to be exploited.
- Not to be isolated.

If you feel you have been abused, neglected, exploited or isolated you should report it right away to law enforcement (9-1-1) or the State of Nevada's Elder Rights Unit or Child Protective Services.

For individuals 18 years of age and younger:

Clark County Hotline number is (702) 399-0081 Statewide Crisis Call Hotline ((800) 992-5757 for Northern and Rural Nevada Washoe County Crisis Call Hotline (775) 784-8090

For individuals Age 60 years and older:

State of Nevada Aging and Disability Services Division Elder Rights Unit Las Vegas/Clark County – (702) 486-6930 Statewide/All other Areas – (888) 729-0571

For individuals between 19 and 59 years of age: DIAL 9-1-1

See Reverse Side

Page 1 of 2 NMO - 7070 () TBD

PLAN OF CARE DEVELOPMENT:

You have the right to:

- Participate in the development of the Plan of Care and receive an explanation of services proposed.
- Receive a copy of the Plan of Care and a list of alternative resources.
- Receive the names and phone numbers of your assigned Case Manager and their Supervisor.
- Know that all communications and records will be treated confidentially.
- Receive information upon request on Nevada's Medicaid Policies and Procedures, including information on charges, reimbursements and Plan of Care development.
- Participate in the plan when requesting to discontinue services.
- Receive in writing the name and contact number of an official of Nevada Medicaid and the state Advocate's telephone number.
- Contact your Case Manager for issues relating to your care provider or to change your provider agency.

PREVENTATIVE CARE INITIATIVES

Preventative Care is an important part of maintaining good health.

- Obtain an annual physical with your doctor.
- Keep up with immunizations and vaccines such as the annual Flu Shot.
- Participate in cancer screenings such as mammograms and colonoscopies.

CONTACT INFORMATION:

You may contact your case manager or their supervisor for an	ny issues that you feel need a resolution.
Case Manager Name:	Phone Number:
Supervisor Name:	Phone Number:
Date Given to Recipient:	

See Reverse Side

Page 2 of 2 NMO – 7070 () TBD