

## RIGHTS OF INDIVIDUALS

### Medicaid Home and Community-Based Services Developmental Disability Waivers

The following is a list of some of your rights under the Illinois Mental Health and Developmental Disabilities Code and other laws.

**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 Independent Service Coordination agency (ISC) for assistance with this. You have the right to know if the service provider is not meeting quality standards and to look at written review and survey reports describing the quality of the services. Review and survey results are posted on the Department's website for your information. Summary data about allegations of abuse, neglect, and exploitation is posted there as well. Information about allegations at specific sites is available upon request from your ISC agency.

**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. You have the right to participate in the development of your own individualized 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 agency listed on page 3 for "Filing A Complaint."

**Exploitation:** 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 appropriate agency listed on page 3 for "Filing A Complaint."

**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 the informed consent of you or your guardian.

**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.

**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.

**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. See Form IL462-1202 for Your Right to Appeal.

**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.

**Disabilities:** You Have the right to have disabilities accommodated as required by the American With Disabilities Act, section 504 of the Rehabilitation Act and the Human Rights Act [775 ILCS 5].

**Reporting:** You have a right to report any infringements of your rights to the human rights committee at your agency, the Independent Service Coordination agencies, the Department of Human Services,

the Illinois Guardianship and Advocacy Commission, or to Equip for Equality. You also have the right to report any complaints or allegations of abuse, neglect, or exploitation as outlined below..

## 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 Independent Service Coordination (ISC) agency:** If you do not have the ISC 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 ISC agency at no cost to you.
- **Contact the Division Directly:** Call toll free at 1 (888) DD-PLANS or 1 (888) 337-5267 and ask to speak to a representative in the Division of Developmental Disabilities, or call the Division at (217) 785-6171.
  
- **File a Report of Abuse or Neglect, or Exploitation:**
  - 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) 252-2873.
  - For adults age 18 and over, who reside in their own home or family's home, call the Adult Protective  
  
Services Hotline at 1 (866) 800-1409.
  - For individuals residing in a Community Integrated Living Arrangement (CILA) contact the Department of  
  
Human Services, Office of Inspector General at 1 (800) 368-1463.
  - For reporting incidents that occur at a Developmental Training site, contact the Department of Human  
  
Services, Office of Inspector General at 1 (800) 368-1463.
  - For individuals residing in a Community Living Facility (CLF), contact the Department of Public Health at

1-800-252-4343 or email at [DPH.CCR@illinois.gov](mailto:DPH.CCR@illinois.gov).

If you contact the ISC 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.

A Guardianship and Advocacy Commission is a state agency consisting of three divisions: Legal Advocacy Services, Human Rights Authority and the Office of the State Guardian. The Commission is located at the following addresses:

<b>East Central Regional Office</b> 2125 S. First Street Champaign, IL 61820 Phone: (217) 278-5577 Fax: (217) 278-5588	<b>Egyptian Regional Office #7</b> Cottage Drive Anna, Illinois 62906-1669 Phone: (618) 833-4897 Fax: (618) 833-5219	<b>North Suburban Regional Office</b> 9511 Harrison Street, Room 335 Des Plaines, Illinois 60016 Phone: (847) 294-4264 Fax: (847) 294-4263
<b>Peoria Regional Office</b> 401 N. Main Street, Suite 620 Peoria, IL 61602 Phone: (309) 671-3030 Fax: (309) 671-3060	<b>West Suburban Regional Office</b> Madden Mental Health Center 1200 S. First Street, P.O. Box 7009 Hines, IL 60141 Phone: (708) 338-7500 Fax: (708) 338-7505	<b>Chicago Regional Office</b> 160 N. La Salle Street Suite S500 Chicago, IL 60601 Phone: (312) 793-5900 Fax: (312) 793-4311
<b>Rockford Regional Office</b> 4302 N. Main Street, Suite 108 Rockford, IL 61103 Phone: (815) 987-7657 Fax: (815) 987-7227	<b>Metro East Regional Office</b> 4500 College Avenue, Suite 100 Alton, IL 62002 Phone: (618) 474-5503 Fax: (618) 474-5517	<b>Springfield Regional Office</b> 521 Stratton Building 401 S. Spring Street Springfield, IL 62706 Phone: (217) 785-1540 Fax: (217) 524-0088

Equip for Equality, Inc. is an independent, not-for-profit organization that administers the federal protection and advocacy system to people with disabilities in Illinois. Equip for Equality, Inc., provides self-advocacy assistance, legal services, education, public policy advocacy, and abuse investigations. The offices are located at:

**Main/Chicago Office** 20 N. Michigan, Suite 300 Chicago, Illinois 60602 (800) 537-2632 or (312) 341-0022 TTY: (800) 610-2779 Fax: (312) 341-0295

**Central Illinois** 1 West Old Capitol Plaza, Suite 816 Springfield, IL 62701 P.O. Box 276 (217) 544-0464 (800) 758-0464 TTY: (800) 610-2779 Fax: (217) 523-0720

**Northwestern Illinois** 1515 Fifth Avenue, Suite 420 Moline, IL 61265  
(309) 786-6868  
(800) 758-6869 TTY: (800) 610-2779 Fax: (309) 797-8710

**Southern Illinois** 300 E. Main Street, Suite 18 Carbondale, IL 62901  
(618) 457-7930  
(800) 758-0559 TTY: (800) 610-2779 Fax: (618) 457-7985

Website: [www.equipforequality.org](http://www.equipforequality.org)

I have explained these rights to the individual (or the guardian of the individual, if applicable) and have provided him or her a copy

of it. A copy of this form has been filed in the individual's clinical record.

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

Printed Name of Individual: \_\_\_\_\_

Printed Name of Guardian:(if applicable)\_\_\_\_\_

\_\_\_\_\_  
Signature of Individual or Guardian:

\_\_\_\_\_  
Date of Individual/Guardian Signature

Printed Name of Witness:\_\_\_\_\_

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date of Witness Signature

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