

NEW YORK STATE OFFICE FOR THE AGING

2 Empire State Plaza, Albany, NY 12223-1251

Andrew M. Cuomo, Governor

An Equal Opportunity Employer

Greg Olsen, Acting Director

PROGRAM INSTRUCTION	Number 19-PI-05
	Supersedes
	Expiration Date

DATE: March 5, 2019

TO: Area Agency on Aging Directors

SUBJECT: Expanded In-home Services for the Elderly Program and Community Services for the Elderly Program Clients Rights

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ACTION REQUESTED: Effective immediately, all Area Agencies on Aging (AAAs) and their contractors must provide the attached documents to all clients and/or authorized representative receiving or applying for services from the Expanded In-Home Services for the Elderly Program (EISEP), or to those who are receiving case management, non-institutional respite or in-home services under the Community Service for the Elderly Program (CSE). If necessary, the AAA's policies and procedures should be revised to provide that clients and or/authorized representative be given a copy of these rights at the time of admission. Case management staff must be trained accordingly.

PURPOSE: The purpose of this Program Instruction is to transmit an approved copy of the EISEP/CSE client rights which is required to be provided to each client and/or client's representative who is receiving EISEP, case management, non-institutional respite, or in-home services under Community Services for the Elderly (CSE). When using this form be sure to modify the name of your AAA in the header.

BACKGROUND: According to 9NNYCRR 6654.16 EISEP Case Management regulations, EISEP/CSE client and or authorized representative shall be informed of these rights in writing at the time of admission. All Case Management staff of the AAAs and contractors shall ensure that EISEP/CSE clients rights are protected in all aspects of the program.

PROGRAMS AFFECTED:

Title III-B Title III-C-1 Title III-C-2

Title III-D Title III-E CSE WIN Energy

EISEP NSIP Title V HIICAP LTCOP

NY Connects Other:

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Area Agency on Aging:

EXPANDED IN-HOME SERVICES FOR THE ELDERLY PROGRAM and COMMUNITY SERVICES FOR THE ELDERLY PROGRAM

CLIENT RIGHTS

As a client receiving services from the **Expanded In-Home Services for the Elderly Program** (EISEP) or if you are receiving case management, non-institutional respite or in-home services under the **Community Service for the Elderly Program** (CSE), you have the following rights:

1. to be informed of your rights in writing when you are admitted into the program;
2. to participate in the development, revision, and termination of your care plan, to be informed of all services to be provided and of when and how services will be provided;
3. to be given the name, address, telephone number, and functions of any person or agency providing care or services;
4. to be shown proper and current identification by any person providing services in the home;
5. to be given the name, address, and telephone number of your designated case manager so that you may ask questions, express complaints, report absences of workers, and seek aid in emergencies;
6. to refuse any portion of the plan, except case management, without loss of other services, after being fully informed of and understanding the consequences of refusal. Case management is a requirement for program participation and cannot be refused if other services are desired;
7. to recommend changes in policies and services to program staff, area agency on aging staff, and office staff;
8. to voice complaints and to seek protection from mental, physical, and financial abuse, mistreatment, or neglect;
9. to be informed both verbally and in writing of the agency's grievance procedures and of the right to be assisted by outside representatives of your choice to resolve complaints, free from interference, coercion, discrimination, or reprisal;
10. to review your case record;
11. to be treated with consideration, respect, and dignity in the delivery of services. This shall include:

- (a) being treated in a respectful manner compatible with your cultural and religious beliefs, practices, and preferred language;
- (b) respect for your wishes regarding your home environment, furnishings, and possessions; and
- (c) any person coming into the home will exhibit appropriate standards of behavior;

12. to have your case records kept confidential;

13. to receive EISEP services without regard to race, creed, color, national origin, gender, age, disability, sexual orientation, gender identity, marital and/or familial status, political affiliation, military status, arrest or conviction record, status as a victim of domestic violence, predisposing genetic characteristics, or any other protected characteristics under relevant Federal and New York State civil rights laws and regulations (except that all program eligibility requirements for the program are met before services can be provided);

14. to not be required to pay any money beyond the cost-sharing amount;

15. to contest your assessed cost-sharing amount; and

16. to be discharged from EISEP as follows:

(a) you shall be discharged from EISEP if you or your authorized representative requests discharge or if you:

(1) no longer meet the eligibility requirements identified in state regulations at 9 NYCRR § 6654.15;

(2) do not cooperate with the EISEP requirements, including a refusal to undergo an assessment, to agree to a care plan, to allow for in-home visits by the case manager or other staff under the direction of the case manager, to agree to validate income information if requested to do so for purposes of determining Medicaid eligibility or cost sharing, or to provide cost sharing as required pursuant to 9 NYCRR § 6654.6; or

(3) are not expected to need services within the next 90 days.

(b) You will not be discharged for failure to pay cost sharing without first receiving:

(1) written notification of your failure to pay the required cost sharing amount;

(2) an opportunity to be heard on whether the cost sharing amount was

paid, or the reasons why it was not paid;

(3) prior written notification that services may be terminated; and

(4) benefit of the procedures for discharge from the program.

(c) If you are being discharged and it appears that you have a need of services, you will be assisted in seeking appropriate care.

(d) If you are being involuntarily discharged you will be informed in writing of the reason at least five working days prior to discharge. The written explanation will include information regarding how to obtain a local hearing on the discharge.