



Ohio Administrative Code

Rule 5160-43-03 Specialized recovery services program individual rights and responsibilities.

Effective: August 1, 2016

(A) Enrollment in the specialized recovery services program is voluntary. Individuals enrolled in the program in accordance with rule 5160-43-02 of the Administrative Code shall be informed of their rights and responsibilities. Individuals also have choice and control over the arrangement and provision of home and community-based services (HCBS), and the selection and control over the direction of approved services.

(B) An individual enrolled in a specialized recovery services program has the right to:

(1) Be treated with dignity and respect.

(2) Be protected from abuse, neglect, exploitation and other threats to personal health, safety and well-being.

(3) Appoint an authorized representative to act on his or her behalf in accordance with rule 5160:1-1-55.1 of the Administrative Code.

(4) Receive program services in a person-centered manner that is in accordance with an approved person-centered care plan, that is attentive to the individual's needs and maximizes personal independence.

(5) Choose his or her recovery management agency and recovery managers from among qualified and available providers; and

(a) Have the recovery manager explain the program, how it will assist the individual, and his or her rights and responsibilities;

(b) Participate with the recovery manager and the care team in the person-centered care plan development process, and when possible, lead the process;



- (c) Request assistance from the recovery manager with recruitment of providers;
 - (d) Effectively communicate with the recovery manager and care team and receive information in a manner that is easy to understand;
 - (e) Be able to meet privately with the recovery manager;
 - (f) Receive ongoing assistance from the recovery manager; and
 - (g) Be able to request a change of recovery management agency or recovery manager.
- (6) Make informed choices regarding the HCBS and supports he or she receives and from whom those services are received.
- (7) Obtain the results of criminal records checks for current agency providers or provider applicants pursuant to section 5164.34 of the Revised Code. All personal identifying information such as home address, social security number, and home phone number may be redacted to ensure the safety and security of the provider.
- (8) Access files, records or other information related to his or her health care.
- (9) Be assured of confidentiality of protected health information pursuant to relevant confidentiality and information disclosure laws.
- (10) Request assistance with problems, concerns and issues, and suggest changes without fear of repercussion.
- (11) Be fully informed about how to contact the recovery manager and the Ohio department of medicaid (ODM) or its designee, with problems, concerns, issues or inquiries.
- (12) Be informed of the right to appeal decisions made by ODM or its designee about program eligibility or services pursuant to division 5101:6 of the Administrative Code.



(C) Upon enrollment in the program, the individual must accept responsibility to:

(1) Participate in, and cooperate during assessments to determine ongoing program eligibility and service needs.

(2) Decide who, in addition to the recovery manager, will participate in the service planning process.

(3) Participate in, and cooperate with, the recovery manager and care team in the development and implementation of the person-centered care plan.

(4) Participate in the recruitment, selection and dismissal of his or her provider(s).

(5) Not direct any HCBS provider to act in a manner that is contrary to relevant ODM-administered HCBS program requirements, medicaid rules, regulations and all other applicable laws, rules and regulations.

(6) Work with the recovery manager when he or she wants to make a change in provider.

Notification to the recovery manager shall include the end date of the former provider and the start date of the new provider.

(7) Authorize the exchange of information for development of the person-centered care plan between the care team and his or her service providers, and in compliance with the "Health Insurance Portability and Accountability Act of 1996" (HIPAA) regulations set forth in 45 C.F.R. parts 160 and 164 (as in effect on February 1, 2016), confidentiality of alcohol and drug abuse patient records as set forth in 42 C.F.R part 2 (as in effect on February 1, 2016) and the medicaid safeguarding information requirements set forth in 42 C.F.R. parts 431.300 to 431.307 (as in effect on February 1, 2016) along with sections 5160.45 to 5160.481 of the Revised Code.

(8) Provide accurate and complete information including medical history.

(9) Utilize services in accordance with the approved person-centered care plan.



(10) Report to the recovery manager any service delivery issue(s) including, but not limited to, service disruption, complaints and concerns about the provider and/or health and safety issues.

(11) Keep and attend scheduled appointments and notify the provider and recovery manager if he or she is going to miss a scheduled visit or service.

(12) Treat the recovery manager, care team and providers with respect.

(13) Report to the recovery manager any significant change as defined in rule 5160-43-01 of the Administrative Code that may affect the provision of services;

(14) Report to the recovery manager and when applicable, the managed care plan care manager, in accordance with rule 5160-43-06 of the Administrative Code, incidents that may impact his or her health and welfare.

(15) Refuse to participate in dishonest or illegal activities involving providers, caregivers and care team members.