**Welcome to Community Health Connections!**

Community Health Connections (CHC) services are voluntary and use your Medicaid benefits, so there is no cost to you. As a member of CHC, you and your family or caregivers, will have a single contact for your medical and community service needs. This could include behavioral health service, substance abuse services and housing support, etc.

Your Care Coordinator is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Care Management Agency is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You can reach your Care Coordinator at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We hope you are happy with your services through CHC. If you have any concerns or questions about CHC you can call 518-271-3301 or 1-855-358-4482. Our office hours are Monday through Friday from 8:00am to 4:00pm.

**MEMBER RIGHTS AND RESPONSIBILITIES: Your Rights**

As a CHC Member, you have rights. Your rights are written out below.

* The right to receive language translation services or hearing or vision assistance.
* The right to have services delivered with respect and dignity and in way that is free from discrimination.
* The right to confidentiality and privacy of your health information as required by State and Federal law.
* The right to provide input in your Plan of Care which is created by you and your Care Coordinator to help you manage your needs.
* The right to receive a copy of the Plan of Care.
* The right to have your Plan of Care shared with others at your request.
* The right to take an active role in your health care treatment options with your doctor, including the right to select providers.
* The right to receive help from your Care Coordinator in accessing your records from other providers.
* The right to be notified when CHC or other services are changed or ended and why.
* The right to have others involved in your care.
* The right to allow another person to act on your behalf.
* The right to know who your Care Coordinator is and how to contact that person.
* The right to access Care Coordination services anytime by calling: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**MEMBER RIGHTS AND RESPONSIBILITIES: Your Responsibilities**

As a CHC Member, you have responsibilities. Your responsibilities are written out below.

* Return phone calls or other messages from the Care Coordinator.
* Participate in a safe and professional relationship with your Care Coordinator.
* Support a safe and trusting atmosphere when meeting with your Care Coordinator.
* Be involved in the Plan of Care development.
* Tell your Care Coordinator if you decide to stop consent to share confidential information with other specific providers or people.
* Tell your Care Coordinator if you decide to stop participating in Health Home services.
* Tell the right people if you are dissatisfied with your services. This could be your Care Coordinator, the Health Home, your Managed Care Organization (MCO), or the Department of Health.

**COMPLAINTS**

If you are unhappy with any services, we want to know about it and fix it. Many of your concerns can be addressed with your Care Coordinator directly, either in person or over the phone. If you are not comfortable talking to your Care Coordinator about it, or your Care Coordinator does not solve the problem, please follow the steps below to file a complaint. You can always ask someone you trust to help you file the complaint or file it for you. If you need our help because of a hearing or vision impairment, or if you need translation services, we can help you. We will not make things hard for you or take any action against you for filing a complaint.

How to File a Complaint:

To file by phone, call us at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If you want to speak to someone in person, please call to let us know you want to file a complaint in person.

What Happens Next:

When we get your complaint, we will work with you to fix the issue right away over the phone or in person. If we cannot find a solution right away, we will work to have one within 10 business days of when you told us about your concern.

If we are not able to come to a solution that works for everyone involved within 10 days, we will send your complaint to the Lead Health Home, Community Health Connections.

Your complaint will be reviewed by one or more qualified people. If your complaint involves clinical matters your case will be reviewed by one or more qualified health care professionals.

Community Health Connections will work with you and the Care Management Agency to come up with a solution as soon as possible, but within 10 business days.

If we are unable to make a decision about your Complaint because we don’t have enough information, we will send a letter and let you know.

**FAIR HEARINGS**

In some cases, you may ask for a Fair Hearing from New York State if you are not satisfied with a decision your local Department of Social Services (DSS) or the State Department of Health, or CHC has made.

How to Request a Fair Hearing:

1) Telephone: Call the statewide toll free number at 1-800-342-3334; OR

2) Fax: Fax the state at 518-473-6735; OR

3) On-Line: Complete and send the online request form at: http://otda.ny.gov/programs/applications/; OR

4) ­Letter: Fair Hearing Section

New York State Office of Temporary and Disability Assistance

P.O. Box 1930

Albany, New York 12201.

**IMPORTANT NUMBERS**

Some other important numbers for you to know are listed below.

|  |  |
| --- | --- |
| Your Care Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Your Care Management Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Community Health Connections, Your Health Home | 518-271-3301 |
| Your Managed Care Organization (MCO): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| New York State Medicaid Helpline | 800-541-2831 |
| New York State Department of Health (Main Number) | 518-402-0836 |
| New York State Office of Temporary Disability Assistance (OTDA) | 800-342-3334 |

We look forward to serving you!

**MEMBER RIGHTS AND RESPONSIBILITIES: Acknowledgement**

*Signed copy should remain in the Member’s file at CHC.*

**I have read the Community Health Connections Member Rights and Responsibilities, or it has been read to me. I understand the rights and responsibilities and I was given a chance to ask questions about anything that I did not understand.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Member Printed Name Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Member Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Representative Printed Name (if applicable) Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Representative Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Care Coordinator Printed Name Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Care Coordinator Signature**