

## **DUE PROCESS RIGHTS AND YOUR RIGHT TO A HEARING:**

- A. You will always be consulted regarding the home and community-based services we provide.
- B. There may be times when you disagree with a decision that we make on your behalf. These decisions can include:
- Reduction of service
  - Denial of services
  - Termination of service
  - Change in the services authorized in your plan of care, or
  - Suspension of service.

**You will receive a “Notice of Decision” that will inform you of any changes being made, and the reasons for such change.**

- A. You have the right to appeal any of the decisions listed above through the fair hearing process.
- B. You have twenty-one (21) days to request a hearing from the date of the “Notice of Decision”.
- C. If the “Notice of Decision” informs you that a decision has been made to terminate, reduce or suspend Medicaid Waiver program services that you are presently receiving, those same services can continue until the hearing is held, if you request a hearing within ten (10) days of the date of such notice.

- D. The request should be made in writing to this address:

Office of Appeal Hearings  
Bldg 5, Room 203  
1317 Winewood Boulevard  
Tallahassee, FL 32399-0700  
(850) 488-1429

A letter stating that you are requesting a hearing is sufficient; however, the BSCIP office will provide you with a form called “Request for Fair Hearing” upon request.



## **Welcome to the Brain and Spinal Cord Injury Program**

## **HOME AND COMMUNITY- BASED MEDICAID WAIVER**

### **Mission**

To provide Florida residents who are Medicaid-eligible and have sustained a traumatic brain or spinal cord injury the opportunity to obtain services through the Brain and Spinal Cord Injury Home and Community-Based Medicaid Waiver program, enabling them to live in their community.



## YOUR COMMUNITY SUPPORT COORDINATOR IS:

Print Name of Community Support Coordinator  
Here

### Telephone:

\_( ) \_\_\_\_\_  
Area Code and Number

**Your Community Support Coordinator** will oversee your care, and will visit you on a monthly basis as required by this program. As with all Medicaid waiver services, you will be permitted to choose your community support coordinator. During monthly visits with your community support coordinator, you should discuss your service needs, the quality of care you are receiving, and any other health concerns you may have.

As a participant in this program, you have some responsibilities as well. They are:

- To be available at the agreed upon time to receive your Medicaid waiver service(s).
- To **immediately** contact your community support coordinator if your services are not provided appropriately.

As a participant in this program, you will receive services based upon your assessed need. This is reviewed on a continuing basis by your support coordinator and case manager.

The following are services available under the Medicaid Waiver:

1. Adaptive Health and Wellness
2. Assistive Technologies
3. Attendant Care
4. Behavioral Programming
5. Community Support Coordination
6. Companion Services
7. Consumable Medical Supplies
8. Environmental Accessibility Adaptations
9. Life Skills Training
10. Personal Adjustment Counseling
11. Personal Care Services
12. Rehabilitation Engineering Evaluation

You will be given an opportunity to choose from a list of enrolled service providers. All providers have been screened and are qualified to provide care.

## HOW YOU ARE ASSESSED FOR CARE:

- All services are provided based upon your assessed need.
- Assessments are performed by the BSCIP case manager based on input from you, your community support coordinator, and your caregivers.
- The assessment form is kept in your case file at the local BSCIP office. BSCIP staff will provide you and/or your legal representative with a copy, if requested.
- At a minimum, you will be reassessed annually, or when changes in your condition or needs make it necessary to do so.
- You have the right to discuss any errors in the assessment with your community support coordinator. If an error can not be resolved to your satisfaction, you will be provided with a "Request for Hearing" form. This form allows you to request a hearing to review your assessment and care plan.