

# FAMILY RIGHTS AND RESPONSIBILITIES

Your family has rights and responsibilities under the High Fidelity Wraparound program. In particular, as a member of High Fidelity Wraparound, your child or youth's rights are important. Family Care Coordinators must explain your child's rights at the first visit.

Youth Name	Date
<p><b>Your rights</b> As an enrollee in the program, your child or youth has the right to (initial each item):</p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Be treated with respect, dignity and privacy.</li> <li>• <input type="checkbox"/> Be treated fairly, whatever his/her:               <ul style="list-style-type: none"> <li>○ Race, religion, gender, sexual orientation, ethnic background and disability.</li> </ul> </li> <li>• <input type="checkbox"/> Have your child's treatment and other information kept private. The only time we may share treatment records is when required. (The Confidentiality section in the family and youth handbook provides more details).</li> <li>• <input type="checkbox"/> Have access to care.</li> <li>• <input type="checkbox"/> Learn about treatment in a way that:               <ul style="list-style-type: none"> <li>○ Respects your culture, you can understand and fits your needs.</li> </ul> </li> <li>• <input type="checkbox"/> Take part in making your child's Plan of Care.</li> <li>• <input type="checkbox"/> Get information in a language your family can understand. Also, get things translated for free.</li> <li>• <input type="checkbox"/> Get information in other ways if you ask for it.</li> <li>• Get information about Magellan and its:               <ul style="list-style-type: none"> <li>○ Providers, programs and services.</li> <li>○ Role in the treatment process.</li> </ul> </li> <li>• <input type="checkbox"/> Be informed about the clinical rules followed in your child's care.</li> <li>• <input type="checkbox"/> Ask providers and others on the Child and Family Team about their work history and training.</li> <li>• <input type="checkbox"/> Not to be forced to do something you're not comfortable with (this is based on a federal law).</li> <li>• <input type="checkbox"/> Give your thoughts on the Rights and Responsibilities policy.</li> <li>• <input type="checkbox"/> Ask for a specific certified provider in our network.</li> <li>• <input type="checkbox"/> Have your child's team make decisions based on your youths' needs.</li> <li>• <input type="checkbox"/> Get healthcare services that obey Wyoming and federal laws.</li> <li>• <input type="checkbox"/> Help make decisions about your youth's healthcare. This includes the right:               <ul style="list-style-type: none"> <li>○ To get a second medical opinion.</li> </ul> </li> </ul>	<p><b>Your responsibilities</b> As the parent or guardian of a child or youth, you have the responsibility to (initial each item):</p> <ul style="list-style-type: none"> <li>• <input type="checkbox"/> Fully participate with the Family Care Coordinator and team in developing and carrying out your Plan of Care.</li> <li>• <input type="checkbox"/> Ensure Medicaid benefits are current.</li> <li>• <input type="checkbox"/> Ensure safety of your child and anyone providing care in your home. Give Magellan the information they need. This helps support quality care and getting the right services.</li> <li>• <input type="checkbox"/> Ask questions about your child's care. This helps everyone understand your child's condition. It helps create goals and plans you agree on.</li> <li>• <input type="checkbox"/> Follow your child's Plan of Care. This plan is agreed upon by the whole team and it is the responsibility of everyone to make sure it is completed. If you encounter barriers, you can contact your Family Care Coordinator.</li> <li>• <input type="checkbox"/> Attend all team meetings. You should call the family care coordinator as soon as you know you need to reschedule a meeting.</li> <li>• <input type="checkbox"/> Tell the child and family team if the plan of care does not seem to be working.</li> <li>• <input type="checkbox"/> Complete and help your child complete a survey from Magellan about your experience in our program. This will be asked of you after you've been enrolled in High Fidelity Wraparound for six months. You will get a call from Magellan's Family Support Specialist to complete this at your convenience, but must be done.</li> <li>• <input type="checkbox"/> Share worries about the quality of your child's care.</li> <li>• <input type="checkbox"/> Tell someone if you suspect abuse or fraud. (This is someone not being honest.) If you suspect abuse or fraud, call Magellan's Corporate Compliance Hotline. You can reach this number 24 hours a day, seven days a week.               <ul style="list-style-type: none"> <li>• This hotline is run by an outside company.</li> <li>• You do not have to give your name when you call.</li> </ul> </li> </ul>

<ul style="list-style-type: none"><li><ul style="list-style-type: none"><li>○ To say no to treatment. This is your right unless the court says otherwise.</li></ul></li><li>• _____ File a complaint or grievance about:<ul style="list-style-type: none"><li>○ Magellan, a High Fidelity Wraparound provider or the care your youth receives.</li></ul></li><li>• _____ File an appeal about a Magellan action or decision.</li><li>• _____ Get a copy of your youth’s records. You can ask that they be changed or corrected.</li><li>• _____ Use your rights. This will not affect the way Magellan and its providers treat you.</li><li>• _____ Talk with your child and family team about what strategies are right for your child.</li><li>• _____ Ask for information in a way that you can get to it easily. This applies if you have a visual, hearing or physical disability. This will help you know about the benefits and services you can get.</li><li>• _____ Receive training on my rights, and understand the process for instances of abuse, neglect, and exploitation.</li></ul>	<ul style="list-style-type: none"><li>• You can also send an email.</li><li>• Magellan will look into all calls and emails. The calls and emails will stay private.</li><li>• <b>(for C Waiver only)</b> _____ I understand that I must receive Youth and Family Training at least once every 90 days</li></ul>
<b>Parent/guardian signature:</b>	<b>Date</b>