

CCMP Network Member Rights and Responsibilities

1. Receipt of information, if requested, from any CMA about ownership and control.
2. Receipt of information, if requested, from any CMA, about the organization's grievance procedures which include contact names, phone numbers, hours of operation and how to communicate problems.
3. Information about services/products and equipment available directly or by contract.
4. Information about names and responsibilities of the staff that will provide care and the proposed frequency of visits/service.
5. Participate in the plan for care and/or any change in the plan before it is made.
6. Receive information about the scope of services that will be provided and specific limitations on those services.
7. Receive services without regard to race, creed, gender, age, handicap, national origin, sexual orientation, veteran status, or lifestyle.
8. Refuse care or treatment and explore alternative health care options after learning the potential results and/or risks.
9. Be free from mistreatment, neglect or verbal, mental, sexual, and physical abuse, including injuries of unknown source.
10. Be free from misappropriation of property.
11. Be treated with consideration, respect and full recognition of individuality and dignity.
12. Receive service without regard to whether any advance directive has been executed.
13. Make independent informed decisions about care and treatment plans and to receive information in a way that is understandable.
14. Be notified in advance of treatment options, transfers of care to other programs, when and why care would be discontinued.
15. Receive adequate, appropriate, and timely services.
16. Education, instruction, and recommendations for continuing care if the services of the Health Home program are discontinued.
17. Participate in the selection of options for alternative levels of care or referral to other organizations, as indicated by the need for continuing care.
18. Receive disclosure information regarding any beneficial relationships the organization has that may result in profit for the referring organization.
19. Be referred to another agency if the CMA is unable to meet member needs or if there is dissatisfaction with the care received.
20. Be advised of the availability, purpose and appropriate use of State and Medicaid hotline numbers.
21. Express complaints free from interference, coercion, discrimination or reprisal to staff at any organization within the Health Home network, the New York State Department of Health, or any outside representative of the member's choice.
22. Receive a written response from the agency regarding investigation and resolution of a complaint about the care and services provided including notification that if not satisfied by the response, a complaint to the Department of Health's Office of Health Systems Management may be made.
23. Appeal a grievance. A grievance appeal is a continuation of the complaint process that offers a second level of recourse to the member. It begins when a member expresses dissatisfaction with the disposition of a complaint or if the complaint is not resolved within the specified period.
24. Not to participate in or receive any experimental research or treatment without specific agreement and full understanding.
25. Have a confidential clinical record.
26. Information regarding the organization's liability insurance upon request.

If a member has a complaint about the Health Home services they receive from their CMA, or feels their rights have been violated, they should first file a complaint with their CMA.

How to file a complaint with my CMA:

Complaint Management and Escalation Process

1. Any CMA staff who receives a complaint from a member, a member's consented family member, or another consented provider must attempt to resolve the concern directly with the person filing the complaint within 48 hours. If the complaint is from a family member or provider for whom the member has not provided consent, the CMA may follow up with the member directly to attempt to get consent and/or address the complaint.
2. Members may communicate their complaints verbally or writing and cannot be required to use official complaint or grievance forms. CMAs must document receipt of and response to complaints in the case record.
3. CCMP recommends that CMA supervisors provide oversight of the complaint management and response process.
4. CMAs should escalate any complaints that they do not feel capable of resolving to CCMP for additional assistance.
5. Complaints that are made directly to CCMP, or that are escalated to CCMP after they could not be resolved at the level of the CMA, will be documented on the [CCMP Grievance Form](#).
 - 5.1. The [CCMP Grievance Form](#) may be completed by the member, CCMP staff, or someone assisting the member, and includes an opportunity for CCMP to document their proposed resolution to the grievance, and the members agreement or disagreement with the resolution.
 - 5.2. Regardless of how the member communicated the grievance to CCMP, CCMP will document it using the [CCMP Grievance Form](#), and offer to share a copy of the completed form with the member for their records.
6. Serious concerns relating to financial reporting, unethical or illegal conduct at CCMP Health Home should be reported to Lighthouse/Syntrio in either of the following ways:
 - Phone: 844-970-0008 or 800-216-1288
 - Online Form: www.lighthouse-services.com/ccmphealthhome
 - Email: reports@lighthouse-services.com (must specify CCMP)
 - Fax: 215-689-3885 (must specify CCMP)
7. Many CMAs are part of larger agencies that provide other services besides Health Home Care Management. Any complaints about these other services, or issues outside of the Health Home Care Management services, are not managed by CCMP and should be made to the applicable agency.
 - 7.1. Most social services agencies have their complaint procedures posted on their website – if not they may have contact information for their compliance department, who can process complaints.