



DEPARTMENT OF HEALTH AND SENIOR SERVICES
SPECIAL HEALTH CARE NEEDS
MEDICALLY COMPLEX CHILDREN AND YOUTH - MEDICALLY COMPLEX ADULT WAIVER
EXPECTATIONS FOR IN-HOME SERVICES

NAME OF SERVICE COORDINATOR		SERVICE COORDINATOR PHONE NUMBER	
You may expect the caregiver to:		You may not expect the caregiver to:	
• Act in a professional manner • Be on time for scheduled shifts at a time satisfactory to you and the provider • Notify you if they are unable to deliver services • Do work allowed on the care plan		• Share information about other participants • Accept meals • Provide transportation for participant or family members • Service your pets, friends or visitors • Be a maid • Bring friends or family into your home • Provide care for anyone other than participant	
You are expected to:			
• Respond to requests to meet with your SHCN Service Coordinator as indicated by the required home visit schedule • Provide a clean and safe environment • Call your provider or your SHCN Service Coordinator if you have complaints/concerns regarding your services • Notify your provider at least one day in advance if the scheduled services will not be needed • Provide supplies • Be prepared to explain tasks that you want completed • Accept the caregiver regardless of race, color, national origin, sex, age, religion, political beliefs, veteran or disability status • Participate in the care of your family member • Provide care when the agency staff is not available			
The following definitions are provided to help with the recognition of incidents of abuse, neglect and exploitation			
Abuse	Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment resulting physical harm, pain or mental anguish.	Injury of Unknown Source	Injury of unknown source is defined as an injury that meets both of the following conditions: 1) The source of the injury was not observed by any person or the source of the injury could not be explained by the participant; and 2) The injury is suspicious because of: a. The extent of the injury; or b. The location of the injury (e.g., the injury is located in an area not generally vulnerable to trauma); or c. The number of injuries observed at a particular point in time; or d. The incidence of injuries over time.
Mental Abuse	Mental abuse is defined as, but is not limited to, humiliation, harassment, threats of punishment, or withholding of treatment or services.		
Sexual Abuse	Sexual abuse is defined as, but is not limited to, sexual harassment, sexual coercion or sexual assault.		
Verbal Abuse	Verbal abuse is defined as any use of oral, written or gestured language that willfully includes disparaging and derogatory terms to a participant or their families or within their hearing distance, to describe participant, regardless of their age, ability to comprehend or disability.	Neglect	Neglect is defined as failure to provide care and services necessary to avoid physical harm or mental anguish.
Involuntary Seclusion	Involuntary seclusion is defined as separation of a participant from his or her family, friends, or community by confinement to his or her room against the participant's will.	Misappropriation of Participant Property	Misappropriation of participant property is defined as the deliberate displacement, exploitation, or wrongful, temporary, or permanent use of a participant's belongings or money without the participant's consent.
<i>Adapted from: Abuse Prevention Policy and Procedure Manual 2001 MED-PASS, Inc. (Revised December 2006)</i>			
If you feel that your rights have been violated or if you or your family have been abused, neglected or exploited, contact: Child Abuse or Neglect Hotline 1-800-392-3738 Elder Abuse or Neglect Hotline 1-800-392-0210			



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EXPECTATIONS FOR IN-HOME SERVICES ACKNOWLEDGMENT FORM

NAME OF PARTICIPANT		DCN
PROGRAM ☐ Medically Complex Children and Youth ☐ Medically Complex Adult Waiver		
AS A PARTICIPANT/RESPONSIBLE PARTY, I ACKNOWLEDGE BY SIGNING THIS FORM THAT: 1) I HAVE BEEN INCLUDED IN THE DISCUSSION OF THE EXPECTATIONS FOR IN-HOME SERVICES. 2) I HAVE RECEIVED A COPY OF THE EXPECTATIONS FOR IN-HOME SERVICES. 3) I HAVE RECEIVED DEFINITIONS TO HELP WITH THE RECOGNITIONS OF ABUSE, NEGLECT, AND EXPLOITATION. 4) I HAVE BEEN PROVIDED THE HOTLINE NUMBER TO CALL TO REPORT ABUSE, NEGLECT, AND EXPLOITATION.		
PARTICIPANT/RESPONSIBLE PARTY/GUARDIAN SIGNATURE		SERVICE COORDINATOR/WITNESS SIGNATURE
DATE OF PARTICIPANT/RESPONSIBLE PARTY/GUARDIAN SIGNATURE		DATE OF SERVICE COORDINATOR/WITNESS SIGNATURE