

Understanding Your Rights Under the Health & Wellness (H&W) Waiver

What Every Client and Family Should Know

The **Health & Wellness Waiver** allows eligible Indiana residents to receive care and support at home rather than in a nursing facility. It's designed to protect your independence, dignity, and choice while ensuring you receive the care you deserve.

Your Rights

As a participant in the Health & Wellness Waiver, you have the right to:

- **Choose your provider** — and change providers at any time.
- **Be treated with respect and dignity** in every interaction.
- **Live in a safe, clean, and abuse-free environment.**
- **Take an active role** in planning and approving your person-centered care plan.
- **Have your privacy protected** — all personal and medical information is confidential under HIPAA law.
- **Access your service records** and request corrections when needed.
- **Receive services without discrimination** based on race, color, national origin, sex, age, or disability.
- **Speak up without fear** — you can file a complaint or appeal without risking your care or services.

Your Responsibilities

Along with these rights, participants share in the responsibility to:

- Notify your case manager and provider of any changes in health, address, or contact information.
- Participate in creating and following your care plan.
- Treat your caregivers and support staff with courtesy and respect.
- Provide notice if you need to cancel or reschedule services.

If You Have a Concern or Complaint

1. **Talk to your provider first.** Most issues can be resolved quickly through open communication.
2. **Contact your case manager.** They can help review your care plan and resolve concerns.
3. **If needed, contact the Indiana Division of Aging:**
 - Website: in.gov/fssa/da
 - Phone: [\(888\) 673-0002](tel:8886730002)
4. **Report suspected abuse, neglect, or exploitation:**
 - Call **Adult Protective Services** at [\(800\) 992-6978](tel:8009926978)

Need Help Understanding Your Rights?

Your provider and case manager can explain your full **Participant Rights and Responsibilities** under the Health & Wellness Waiver. If you have questions, **Dream Believe Inspire Home Care** is here to help you navigate the process with confidence and care.

My phone number [\(317\) 533-3041](tel:3175333041)