

If you have any questions or need help,
please call.

Important Phone Numbers



Oahu: Case Management Unit 1 733-8379
Case Management Unit 2 692-7485
Case Management Unit 3 692-7493
Case Management Unit 4 233-5371
Case Management Unit 5 453-5925
Case Management Unit 6 453-5935
Case Management Unit 7 453-6594
Case Management Unit 8 453-5985

Hawaii: East 974-4280
West 322-1906
North 887-8142

Maui, Lanai 243-4625

Molokai 553-7898

Kauai 241-3406

DD Consumer Services Office (for concerns and complaints)

Oahu 453-6669

Neighbor Islands call toll free:

Hawaii 974-4000

Maui 984-2400

Kauai 274-3141

Molokai, Lanai 1-800-468-4644

Enter Extension: 3-6669

Hawaii Disability Rights Center (HDRC)

Voice 808-949-2922

TTY 1-800-882-1057

Legal Aid (for all legal issues)

Monday to Friday 9-11:30 am and 1-3:30 pm

Oahu 536-4302

Neighbor Islands 1-800-499-4302

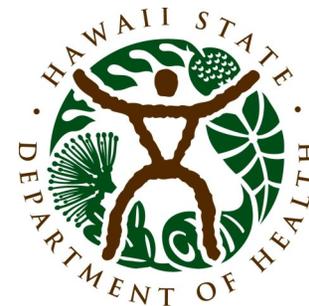
Case Manager Name:

CMU #:

Phone #:

Rights and Responsibilities

for persons with
developmental disabilities
and their families



**DEPARTMENT OF HEALTH
DEVELOPMENTAL DISABILITIES DIVISION
(DDD)**

Additional Responsibilities for Individuals (continued)

- Maintain Medicaid eligibility at all times. You must complete and return paper work needed for initial and on-going Medicaid eligibility determination. You must inform your eligibility worker of all changes (for example, changes in income, address, etc.)
- You will be financially responsible for payment of Medicaid Waiver services received when you lose your Medicaid eligibility. The state will not pay for your Medicaid Waiver services when you are not Medicaid eligible.
- Inform your case manager of any hospitalization and vacations as soon as possible.
- Pay a monthly cost share for Medicaid services determined by DHS, if applicable. (For children, pay the cost share amount for the first month only.)



Rights and Responsibilities for persons with developmental disabilities and their families

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Rights under Hawaii Revised Statutes §333F-8

The Hawaii Revised Statutes, Section 333F-8 Rights of persons with developmental or intellectual disabilities, provides all persons with developmental disabilities with the right to:

- Live in and actively participate in the community through work, community activities, and volunteering.
- A life with no restraints or minimal restraints.
- Review medical, service, and treatment records and be informed of all diagnoses.
- Develop an Individualized Service Plan (ISP), with the input of family and friends, that identifies the supports needed to reach goal(s).
- Receive services that are identified in the ISP.
- Direct the use of resources, paid and unpaid, that will help the individual achieve goals.
- Privacy and confidentiality. Your information will also be kept private according to the Health Insurance Portability and Accountability Act of 1996.



In addition, all persons shall be able to:

- Choose their services, supports, and providers. This includes the choice to receive home and community based services as an alternative to institutional placement.

- Apply for Medicaid. Individuals and families who refuse to do this will not be able to access other DDD state-only funds.
- Participate in re-evaluations. You must continue to meet the criteria for services according to HRS 333F.

Additional Responsibilities for Individuals

In addition to the General Responsibilities, individuals interested in or already receiving services from the Home and Community Based Services (Medicaid Waiver) are also responsible for the following:

- Participate in the application process for Home and Community Based Services, also known as Medicaid Waiver.
- Provide information needed to determine Level of Care Re-evaluations in a timely manner. You will need to submit verification of a physical examination/evaluation once a year.

General Responsibilities for Individuals

- Work with my case manager to complete assessments prior to the Individualized Service Plan (ISP) meeting [for example-Inventory for Client and Agency Planning (ICAP)].
- Participate in the ISP meeting to identify goals and outcomes and determine needed Services.
- Approve my ISP within 14 days of receiving a copy of my ISP.
- Inform my case manager of contact information and living arrangement changes—e.g., address and phone number changes, living situation, etc.
- Tell your case manager if you are satisfied or not satisfied with any service(s) from the DDD. You can also call the Consumer Services Office.
- Provide true and complete information about coverage, services, and any required financial information.
- Use family and community supports before state funds are used (use resources wisely and responsibly).

- Complain about their services or to ask for changes without fear that they will lose services because a complaint is made.
- Be treated with respect and dignity.
- Be free from abuse and neglect.
- Have any person with legal authority to make decisions for them.
- Be informed of all services that the DDD provides.
- Be able to discuss options for services with their case manager and providers.
- Be informed of agency policies on individual conduct.
- Be able to ask for the same agency when more than one service is received. However, there is no guarantee that the same agency will be available.
- Be able to ask for a different agency or case manager. The case manager will work with the individual to find another one in the DDD network. However, there is no guarantee that a new agency or case manager will be provided right away.
- Receive two weeks notice of any changes in services from the agency, except in emergency situations.
- Look at and have an explanation of any bills for services paid by the DDD.
- Have privacy and confidentiality in treatment and care.
- Have access to an interpreter, if needed.
- Be free from being restrained or secluded.
- Refuse being included in research projects.

Abuse, Neglect, and Exploitation (to be taken advantage of)

Physical Abuse—Signs include bruises; welts; skin discoloration; fractures; cuts, burns, etc.



Psychological Abuse—Threats; insults; harassment that humiliates, intimidates, or frightens the individual.

Sexual Abuse—Sexual contact or conduct without consent.

Neglect by others—Failure to provide adequate food, water, clothing, shelter, physical care, health care, supervision; or failure to carry out responsibilities as a caregiver.

Poor self care—Failure to care for himself or herself; exposing the individual to a situation or condition which poses an imminent risk of death or serious physical harm.

Exploitation or taking advantage of the individual—Wrongful or negligent taking, withholding, misappropriation, or use of the individual’s money or assets.



Wrongful relationships in which power and control of the relationship does not rest with the individual.

If you feel that you have been abused, neglected, or exploited (taken advantage of), contact someone who can help you.

**Department of Health
DDD Case Manager or the
Consumer Services Office at
453-6669**

**Department of Human Services (DHS)
Child Protective Services
24 Hour Child Abuse & Neglect
Reporting Line**

Oahu.....832-5300
All other islands.....1-800-494-3991

**Department of Human Services (DHS)
Adult Protective Services
Monday through Friday
Between 7:45 am and 4:30 pm**



Oahu 832-5115
Kauai 241-3432
Maui and Molokai. 243-5151
Lanai 565-7104
Kau/Kona/Kohala/Kamuela . . 327-6280
Hilo/Hamakua/Puna 933-8820

In case of emergency.....911