



CAP REVIVAL CARE
Your Best Health Is Our Greatest Achievement

Consumer's Rights and Responsibilities

Discussed monthly in quarter review by the agency and weekly by the agency worker and documented on progress notes.

Consumer's Rights

As a consumer (or authorized representative) of CAP REVIVAL CARE LLC under APD and/or private homemaker/companion services, you have the following rights:

1. Freedom from discrimination/ civil rights protection

- You shall not be discriminated against based on race, color, national origin, age, disability, sex, or religion, in accordance with AHCA's civil rights compliance obligations. ([Florida Health Care Agency](#))
- You are entitled to communication support or accommodation (e.g., large print, interpreter) to ensure meaningful access to services. ([Florida Health Care Agency](#))

2. Dignity, respect, and privacy

- You have the right to be treated with dignity, courtesy, respect, and with full recognition of your individuality.
- You have the right to privacy in all aspects of your care (e.g., during bathing, dressing, toileting).
- You may refuse services or parts of services (unless otherwise specified by court order) while still receiving other authorized services.

3. Right to dignity choice and consent

- You shall receive clear, written, and verbal explanations of services available under your iBudget plan (or private care plan), including benefits, limitations, risks, and alternatives.
- You have the right to participate in the development, review, and revision of your service plan, and to choose your provider whenever permissible under APD / AHCA rules.
- You have the right to refuse or discontinue any service, unless legally required, with knowledge of any consequences of that refusal.

- You may request a change in provider if a conflict arises or you are dissatisfied (subject to approval and network constraints).

4. Access to grievance, appeal, and complaint mechanisms

- You are entitled to file grievances or appeals without retaliation.
- You may request a fair hearing when services are reduced, denied, or terminated under the waiver or Medicaid programs.
- You may file complaints with AHCA's Consumer Complaint Call Center: (888) 419-3456 or (800) 955-8771. ([Florida Health Care Agency](#))

5. Quality services and continuity of care

- You have the right to choose your healthcare provider.
- You have the right to receive services according to professional standards delivered by a qualified, trained worker who meets background screening and licensing requirements. ([APD Florida](#)).
- You shall be informed, orally and in writing, before care is initiated, of the extent to which payment for agency services may be expected from CAP REVIVAL CARE LLC or other sources.
- You have the right to timely initiation of services as specified in your service plan.
- You shall be informed in advance of changes or termination of services and given appropriate notice consistent with AHCA/ APD policy.
- You have the right to continuity of care, including transition planning if your provider changes or your service plan changes.

6. Safety and protection from abuse, neglect, and exploitation

- You have the right to be safe and free from abuse, neglect, exploitation, coercion, restraint (unless medically necessary), and unnecessary isolation.
- You must be educated on how to report any suspected abuse, neglect, or exploitation (including mandatory reporter rules). ([The Florida Senate](#))
- Your provider must have policies and procedures to prevent and respond to incidents, including incident reporting in compliance with APD/AHCA rules and the iBudget Handbook.

7. Access to records and confidentiality

- You have the right to inspect and obtain a copy of your service plan, notes, and records, subject to confidentiality and privacy laws (e.g., HIPAA).
- Your personal information and records will be kept confidential and disclosed only as required by law or with your consent.

8. Right to use available resources before waiver funds

- Under APD / Florida statute, before waiver funds are used, you must first use all available services under the state Medicaid plan, school-based services, private insurance, or other benefits. ([The Florida Senate](#))

9. Right to training and education about the iBudget / waiver system

- You have the right to receive training and explanation about how the iBudget waiver system works, your roles and responsibilities, how decisions are made, and how to make choices. ([The Florida Senate](#))

10. Right to audit and Medicaid integrity protections

- You are protected from fraudulent billing or false claims. Providers must comply with Medicaid program integrity rules. ([APD Florida](#))
- You have the right to question charges or service provisions that appear incorrect.

Consumer's Responsibilities

To help ensure quality, safety, efficient care, as a consumer (or your representative) you are expected to:

1. Participate actively in planning and implementing services

- Participate in the planning and revising of your home program and update it as your condition changes.
- Work cooperatively with your support coordinator and provider to develop, review, and update your service plan.
- Remain under a doctor's care while receiving agency services.
- Share relevant information about your health, preferences, changes in condition, or risk factors.
- Be present or accessible when services are scheduled (or give notice if not).

2. Respect the worker and follow rules

- Treat workers with respect and competence, and refrain from abusive or violent behavior.
- Comply with CAP REVIVAL CARE LLC's policies (e.g., safety, visitation, infection control).
- Allow necessary access to your residence or care space to perform services under an agreed schedule (when safe and appropriate).

3. Report changes or issues promptly

- Alert the provider and support coordinator about changes in your medical condition, living circumstances, or coverage status.
- Inform the agency of the existence of any changes made to the Advance Directive.
- Report dissatisfaction, grievances, or potential abuse promptly through proper channels.
- To report abuse, neglect, or exploitation, call the Hotline Toll-Free number 1-800-962-2873 Monday - Friday, 24 hours a day.
- Notify the agency about how satisfied you are with the service.
- Advise the agency of any problems or dissatisfaction with our care without being subject to discrimination or reprisal.
- Notify providers in advance of cancellations or changes in scheduling.

4. Provide accurate information

- Supply truthful and complete information about your medical history, diagnoses, medications, and other relevant facts.
- Inform providers if you receive services elsewhere (e.g., from school, private insurance, other waiver services).
- Ensure that authorizations, consents, and documents are up to date.

5. Use services responsibly and within the approved plan

- Do not request, demand, or use services beyond those authorized in your waiver or private care plan.
- Cooperate with assessment, monitoring, documentation, and auditing requirements.
- Use waiver funds or services only for your allowable needs; do not attempt to misuse or divert them.

6. Comply with provider and program rules

- Cooperate with your doctor, agency worker, and other caregivers.
- Follow safety instructions or guidelines provided by the worker and other caregivers (e.g., safe mobility, fall prevention).
- Provide a safe home environment in which your care can be provided appropriately and adequately.
- Respect agreed schedules and notify providers timely of needed adjustments.
- If you receive private homemaker/companion services, ensure your behavior does not endanger the worker.
- Sign the required consents and releases for insurance billing.

7. Maintain eligibility and report status changes

- Provide the agency with all requested insurance and financial information, including any changes in coverage.
- Notify APD, AHCA, or Medicaid of any changes in financial, residential, or insurance status that may affect waiver eligibility.
- Cooperate with required assessments, audits, or recertification processes under the waiver.
- Maintain compliance with Medicaid and waiver program rules (e.g., not engaging in fraud).

8. Exercise rights responsibly

- Exercise your rights (if the client has been judged incompetent, the family or legal guardian may exercise the client's rights).
- Use grievance and appeal rights in good faith.
- Request further information concerning anything you do not understand.
- Request information about your medical conditions, including alternative treatments and associated risks.
- Request a copy of your Plan of Care established and maintained by the agency.
- Respect confidentiality and property rights of others in shared living arrangements.
Expect confidentiality of all records, communications, and personal information related to your care in accordance with HIPAA and federal and State Laws.
- If you request a change in provider or services, do so courteously and through proper procedures.
- Accept the consequences for any refusal of treatment or choice of noncompliance.
- You have the right to call +1 (813) 244-5520 and talk to an agency representative during normal business hours.
- You have the right to be advised in advance of the worker who will provide care, the proposed frequency of visits, and/or any changes in the care plan due to changes in your health or available resources.
- To obtain a paper copy of the "Notice of Privacy Practice."
- To request restrictions on your PHI (Protected Health Information).
- To request confidential communications of your PHI.
- To request access to your PHI.
- To request an amendment to your PHI.
- To request an accounting of disclosures of your PHI.
- To lodge a complaint concerning your PHI.
- You have the right to request a copy of the [consumer handbook](#)

Additional Notes & Disclaimers for CAP REVIVAL CARE LLC

1. CAP REVIVAL CARE LLC shall comply with **Florida Administrative Code Rule 59G-13.070**, meaning all providers of iBudget waiver services must follow the *Coverage & Limitations Handbook* incorporated by reference. ([Legal Information Institute](#))
2. CAP REVIVAL CARE must ensure that all workers meet **background screening/licensure requirements** under APD / AHCA rules. ([APD Florida](#))
3. CAP REVIVAL CARE will educate consumers and families about **mandatory reporting** of abuse, neglect, or exploitation, consistent with APD rules and state law. ([The Florida Senate](#))
4. CAP REVIVAL CARE must maintain documentation that consumers first used non-waiver resources before billing waiver funds (when applicable). ([The Florida Senate](#))
5. CAP REVIVAL CARE will provide consumers or representatives with a copy of these Consumers' Rights & Responsibilities and maintain acknowledgment of receipt in your file.
6. This Rights & Responsibilities Policy may be revised at any time to reflect changes in federal, state, or APD/AHCA regulations. Consumers will be notified of any significant updates to this policy. For the most current version of the Rights & Responsibilities Policy, please visit our official website at caprevivalcare.com. You can locate updated information by scrolling to the website footer, under "**LEGAL & POLICY INFORMATION**," and clicking on "**Privacy Policy**" > "**Your Rights**."

Important Note:

Understanding your rights and responsibilities is essential to receiving quality care and ensuring mutual respect and transparency between you and our agency. We encourage all consumers and their representatives to review this information carefully and reach out to us with any questions or concerns.