



MISSISSIPPI DIVISION OF  
**MEDICAID**

# CTS Bill of Rights

Fax To: (601) 359-6294 Attn: CTS

or

Mail to: Division of Medicaid Attn: CBS

550 High Street, Suite 1000

Jackson, MS 39201

Participant Name: \_\_\_\_\_ Medicaid#: \_\_\_\_\_

## **I have been informed that I have the right to:**

- Be treated with dignity and respect.
- Participate in the development, change, and termination of my Discovery Profile as well as Risk and Transition Worksheet.
- Participate in my transition planning.
- Decide who is on my transition planning team.
- Be regularly informed about the status of my transition planning.
- Request accommodations, such as an interpreter and meeting places, allowing me to participate fully in my transition planning and to the best of my ability.
- Have my privacy respected, to include deciding who participates in my transition planning, who receives information about me, and what information they receive.
- Change CTS service providers or decline CTS at any time during the process.
- Be informed of all CTS services for which I am eligible, and when and how the services will be provided.
- Access the name, address, telephone number, and role of any person or agency providing care or services to me or my family.
- Access to the name, address, and telephone number of my Community Navigator to ask questions, express complaints, report absences, and ask for help.
- Voice complaints and to seek protection from mental, physical, and financial abuse, as well as mistreatment and neglect.
- Be informed both verbally and in writing of complaint procedures.
- Review my case record, as well as any written materials that are shared with my person-centered planning team such as a profile.
- Ask for and be shown proper and current identification of anyone providing me services.
- Have my wishes respected regarding my home environment and possessions.
- Expect persons coming into my home will act appropriately and respectfully.

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CTS Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CTS Personal Representative/Guardian Signature (if applicable): \_\_\_\_\_

Date: \_\_\_\_\_

Community Navigator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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