**Section 677.200 Customer Responsibilities**

It is the responsibility of each Customer to:

a) provide information that is necessary for HSP to process the Customer's referral for HSP services;

b) provide a current valid street address;

c) provide contact information, including, but not limited to, a current telephone number and, if available, a current email address and inform the local HSP office and service providers of any updated contact information;

d) sign all required forms for a determination of eligibility to be made for HSP services;

e) assist HSP staff with gathering information that is necessary to determine eligibility, including, but not limited to, medical and financial records;

f) during the COVID-19 Gubernatorial Disaster Proclamations, subject to federal approval, and in accordance with 89 Ill. Adm. Code 676.130(a), sign all required forms that are necessary to comply with HSP requirements, applicable federal law or the provisions of the Medicaid Waiver, or that are necessary to process payment through the Comptroller's Office;

g) comply with all HSP requirements related to enrollment, employment and management of an Individual Provider. If a Customer utilizes an Individual Provider for services, the Customer must comply with all HSP requirements pertaining to Individual Provider compliance policies, all HSP requirements pertaining to Electronic Visit Verification (EVV) (see 89 Ill. Adm.Code 686, Subpart Q), and ensure all Individual Providers who are providing services to the Customer comply with HSP requirements in 89 Ill. Adm. Code 686;

h) sign the Individual Provider Payment Policies form (IL 488-2252), which is available at HSP local offices. Signing the form acknowledges the Customer's understanding of the nature of the employment relationship with the Individual Provider. The Customer, as the employer, is responsible for certain aspects of the employment relationship with the Individual Provider, such as locating, hiring and disciplining, and may, as necessary, terminate the Individual Provider;

i) report all changes in circumstances that may affect eligibility or continued eligibility for HSP services, as soon as they are known. These include changes in:

1) address;

2) living arrangement;

3) income or assets;

4) services provided to the individual at no cost to HSP;

5) service needs;

6) medical and/or psychological condition;

7) service providers;

8) absence of the individual from their home that affects service provision; and

9) residency or citizenship status;

j) apply for any and all other financial and service benefits that the Customer may be eligible to receive, including any benefits that may affect HSP, level of services required by the individual and cost of services to HSP;

k) cooperate with HSP projects conducted for the purpose of obtaining or validating general program information or operations when those projects are not related to Customer-specific eligibility;

l) cooperate with service providers, HSP staff, and representatives in complying with HSP service plans, reassessments of eligibility and other administrative rules related to HSP; and

m) cooperate with the Department of Human Services in applying for, receiving, maintaining and recertifying eligibility for Medicaid.

(Source: Amended at 46 Ill. Reg. 20850, effective December 19, 2022)