

Youth Services Handbook



Updated 04.2023

Name: _____

Mission Statement:

Connect people to meaningful experiences to live the life of their choosing

Vision Statement:

ACT's vision is an inclusive community where everyone belongs, participates, and is valued.

ACT's Values:

- Honor the Individual
- Transform the Community
- Evolve to meet the need
- Do what's right

Executive Summary:

ACT is a not-for-profit, nationally accredited, private agency which provides services to individuals with disabilities. Founded in 1975, ACT is recognized as an established organization effectively meeting the needs of persons with disabilities and their families. ACT provides programs and services throughout Mid-Missouri to approximately 300 people annually. We recognize an individual's right to choose their own path and ACT's role is to support those choices.

ACT is comprised of five core programs. ACT's employment program operates as Career Services, which supports competitive integrated employment in the community. The Community Living program provides individualized support necessary for individuals to live safely in their own home and to live a fulfilling life within the community. Day Services provides community engagement in small group settings through volunteering, outings and leisure activities designed to be a part of an overall meaningful day. Community and Family Services provides support to youth and adults with disabilities to participate, engage, and integrate into the community, while fostering relationships. Youth Services provides support services specifically for youth after-school and also offers summer programming.

Overview of ACT's Youth Services Program

In Youth Services, we support individuals in developing skills that increase independence, support engagement within the community, and promote social inclusion while also targeting individual's skills, interests, and talents. Our services are designed to provide community and facility-based activities that assist individuals in acquiring, improving and retaining the self-help, socialization and adaptive skills needed to reside successfully in the community as an adult. Our goal-based services provide individuals with opportunities to develop these skills at an earlier age outside of the school environment while participating in the community.

We strive for an environment of authenticity, and believe that it shows from the bonds formed between the staff and individuals and the light heartedness in the air when you step into one of our program rooms. Our program is unique, in that while the age group we support isn't all that diverse, the kids themselves, couldn't be more different. From attitudes to interests, no two are alike. While this can make planning activities or encouraging engagement a bit of a challenge, we prefer it this way. While we wish that the world was full of places that encourage us to embrace our differences, we aren't there yet. Which is why we strive to make Youth Services a safe and judgement free zone. Here are some examples of opportunities that Youth Services provides:

- ✓ Meet new friends
- ✓ Go on adventures in the community
- ✓ Discover new hobbies
- ✓ Gain Self-Confidence
- ✓ Explore interests
- ✓ Learn Practical skills
- ✓ Improve communication that assist in getting needs met
- ✓ Develop interpersonal skills
- ✓ Practice Social Skills
- ✓ Develop Coping skills
- ✓ Volunteer
- ✓ Stay Active
- ✓ Have Fun
- ✓ And Much More

Services We Provide

Regular group- These services are at a ratio of one staff for up to six individuals while in-house or one staff for up to four individuals in the community. Our typical ratio is one staff to three to four individuals, both in house and in the community.

Medical Exception- This service provides additional monitoring by qualified Certified Nursing Assistants and oversight by our Registered Nurse. This service typically has a one staff to two to three individual ratio. This service is requested when a person has more in-depth needs, such as dietary concerns, additional mobility needs, several medical protocols such as seizure, choking, fall risk.

While we do promote socialization by providing services in a group setting, we pride ourselves on customizing services to meet the individualized needs of the people we support. We encourage each person to establish their own personal goals and then support them to reach those goals.

Eligibility

In general, people are eligible for ACT Youth Services when they have identified their need for additional services, they are between the ages of 10-18, they are able to interact with their environment, access community services and they are able to benefit from services provided in a staff/individual ratio of 1:4.

Typically, individuals are referred to ACT's Youth Services Program by their Support Coordinator from Boone County Family Resources, Central Missouri Regional Office or Center for Human Services and have a Community Support Waiver.

Funding

Department of Mental Health, Local SB40 Board or other contracted funding sources must have a complete authorization on file prior to the service being provided. If a completed authorization is not on file, a private pay contract must be signed prior to the onset of services.

Private pay or third- party funders will be charged the same fee as governmental funding sources.

If, at any time, a funding source changes the arrangements without approval of the Individual Planning Team, options for continuation of services will be discussed with the family/guardian.

Activity fees are provided by ACT and are included in our service rate.

Tours

In order for a person to have a successful experience in youth services, we recommend that you tour to see how our program would be able to meet your needs.

Take note of what you see. Do you like how the staff and individuals talk to each other? Do they look friendly? Are staff on their phone or are they paying attention to the people they are supporting. Ask questions. Things to ask can include:

- What types of activities do you offer “in house?”
- Can you give me examples of places you go in the community?
- How are those places chosen?
- Can you tell me about how the program is “set up?”

We strongly believe that the mark of an excellent Youth Service program is the ability to evolve according to the needs of the people being supported.

After touring, if you’d like to continue to the next step of intake with ACT, we’d be happy to assist you with that process.

Intake

After a tour has been scheduled, we will follow up if we haven’t had any feedback from the tour. If you are interested in joining us, we will ask you to fill out and return an Intake Application.

Youth Service management will review your application and goals and determine whether ACT Youth Services would be able to meet your wants and needs. If it is determined that ACT has the capacity to support you an intake meeting will be scheduled, pending a wait list consideration and funding approval.

At the intake meeting, we will discuss your goals for our services and

discuss how and when you will begin services. We will also ask several questions that will help us get to know you and what support needs you might have. This is also an opportunity for you to ask any questions you might still have. This will also be the time for you or your guardian, to sign permission forms to participate in our program and to make sure that you understand our policies.

Wait List Procedure

If there is a current wait list, you and the party who referred you will be notified. Individuals referred to the wait list will be placed on the list and removed from the list in the order they were referred. Wait times will vary based on the needs of the individual, identified goals of services and staff availability. You will be informed of the average wait times at intake and we will maintain regular contact with you, either directly or through your referral agency, to update you on the wait list status.

Medication Monitoring & Management

Youth Services does not currently provide medication monitoring and does not administer medications while individuals are in services. Specific accommodations are made on an individual basis and are determined during intake as a part of the service planning process.

Hours Services are Available

Regular Youth Services hours are: Monday-Friday from the time the youth ends their school day til 5:30p. Extended hours til 6:30p are available if appropriate.

Extended hours (11:30a-5:30p) are available during teacher work days, Spring break, holidays that ACT is open and Summer breaks.

If you are not going to come at your scheduled time, please be sure to tell your Program Manager.

Please do not come to Youth Services when you are sick! Illness spreads very rapidly in Day Programs. We want to keep everyone healthy!

We are closed on weekends and the following 11 holidays:

New Year's Eve AND New Year's Day
Martin Luther King Day
Memorial Day
Juneteenth
Independence Day
Labor Day
Thanksgiving AND the Day after
Christmas Eve AND Christmas Day

Transportation:

Transportation to and from community-based activities is provided as part of our services and are included in our service rate.

Transportation to and from services (home to ACT and then back home or school to ACT and then to home) is available with approved funding as an additional service.

Youth not receiving transportation services/funding must provide their own transportation to and from services. Our drop off location is 2200 Burlington St.

Those who you will be working with:

Our Direct Support Professionals must meet minimum training requirements to work with the individuals who ACT supports. These trainings include:

- Abuse/Neglect Prevention Training
- Positive Behavior Supports (also called PBS)
- Non-violent Crisis Intervention (also called NCI)
- CPR and First Aid Training
- Defensive Driving
- Reporting and documentation training
- Health and Safety Training
- Training in communication skills, understanding and respecting

personal choice

- Diversity, Equity and Inclusion
- Training on assisting with activities of daily living
- Training on the expectations of Youth Services
- Training on the individuals they will specifically support

Safety Regulations

Our first priority is the health and safety of everyone at ACT.

Emergency procedures and evacuation plans are posted through ACT buildings.

Drills are run regularly to identify and address any areas of concern when responding to emergency situations.

Alcoholic beverages, marijuana, and illegal drugs are not permitted on ACT's premises.

Smoking, vaping, and chewing tobacco may only occur in designated areas by those who are of legal age.

In order for you to be successful in ACT's Youth Services program we believe that we both need to understand our responsibilities while you are here.

Youth Service's Responsibilities:

- Respect you and your rights
- Provide staff who are compassionate and competent
- Get to know you personally and how to best communicate with you.
- Encourage you to make meaningful and safe choices
- Support your participation in the community
- Ensure you are in a safe environment
- Provide a variety of opportunities for you to experience new and purposeful activities
- Work closely with you to develop your goals and identify the supports you will need to succeed
- Promptly address any questions or concerns that you may have about your services

Your Responsibilities:

- Communicate your wants and needs
- Have your Planning Team communicate any changes that may impact your services (moving, med changes, etc.)
- Please do not come to services when you are feeling sick
- Participate in developing your goals and identifying the supports you will need to succeed
- Cooperate with your staff
- Respect our space (be gentle with items, clean up after yourself)
- Be kind to your peers (You don't have to like everyone, but don't be a bully or namecall)
- Be safe (Do not bring any weapons, do not fight, follow rules, stay with your group)
- Arrive on time and communicate when you won't be here.
- Participate in activities

Service Discharge

Individuals receiving services through ACT Youth Services may be discharged from the program in one of four ways:

1. You may reach the point of independence wherein the services of ACT Youth Services are no longer necessary.
2. You may “age out” of the program, graduating high school.
3. Youth Services may become inappropriate to meet your needs. Examples include: if you no longer express a need or desire to work on targeted goals, when you have support needs ACT is unable to address, if you relocate to an area not served by ACT’s Youth Service Program, or if you do not actively follow your service plan, are not participating in services, or if you no longer wish to receive services.
4. Funding is no longer available for your services.

In the event that ACT believes that a discharge from services should occur, you and the funding agency will be contacted and the reasons for discharge discussed. If it is determined that discharge is appropriate, referrals will be made for other services or supports as needed. All members of your Support Team will be informed of the intended discharge and the reasons given for the discharge.

Home and Community Based Services (HCBS) Information

If you receive Medicaid Home and Community Based waiver services (HCBS), you have the right to make choices about your life. You may make decisions about how, when, and where you get your services. You may come and go when and where you want. You should have the choice to work and be involved in your community.

ACT's Objectives:

1. ACT will make sure you have choice and full access to be part of your community.
2. ACT will make sure your services meet the HCBS requirements.

HCBS Requirements

1. **Access to the Community**—The setting is integrated in and supports full access to the greater community and engagement in community life.

Which means...

ACT will make sure you have choices about events and have full access to your community. If you want to go to an event, staff will help you see if you have enough money and transportation. ACT will help you find local events, parades, etc. and provide options for you to choose from. You will be encouraged to go to public events, such as clubs, groups, parades or fairs, etc.

2. **Employment**--The setting provides the opportunity to seek employment and work in competitive, integrated settings.

Which means...

If you want a job, you may talk with ACT and/or ask for a meeting to talk about your employment options. Your planning team will help you with your employment service options.

3. **Community Resources**—The setting supports individuals to receive services in the community to the same degree of access as person's not receiving Medicaid HCB services.

Which means...

ACT will talk to you about what you like and your choices in accessing services in your community, such as: medical, social and recreational activities, or those services that apply.

4. **Choice of Settings**--The setting is selected by the individual from among setting options including non-disability specific settings.

Which means...

ACT will work with you to learn about your likes and dislikes. This means you have choice of where you live, work, and the things you do in your community, including doing things with people who do not have disabilities.

5. **Restrictions/Modifications**--The setting options identified for an individual are supported by an assessed need and documented in the person centered service plans based on the individual's needs and preferences.

Which means...

You will not have your rights limited, unless it is in your individual support plan. Any limits must be approved by you, your guardian, and your team. It must also be reviewed by the Due Process Committee.

6. **Code of Conduct**—The setting ensures the individuals rights of dignity and respect.

Which means...

ACT and all staff will treat you with dignity and respect. You should always be treated the way you want. You should be talked to in a nice manner and helped in a positive way.

7. **Grievance Policy**--The setting ensures freedom from coercion and/or restraint.

Which means...

You can talk to staff any time you are unhappy with your services, and ACT will try to fix the issue. ACT will help you contact your guardian or your support coordinator, if needed. If the issues have not been fixed, you and/or your guardian can file a verbal or written complaint.

ACT will have the Division's Constituent Services Office phone number so you or your guardian/family can call with a complaint. You do not have to give your name. The phone number is included in your rights handbook.

8. **Freedom of Choice**--The setting optimized, but does not regiment, individual initiative, autonomy, and independence in making life choices.

Which means...

ACT will make sure you have choices in your life. You will make choices about how you spend your free time. You can do things you like at your home, such as play video games, watch TV or listen to the radio. You may do your laundry and other household activities at times you choose.

9. **Services and Supports**--The setting facilitates choice regarding services and supports and who provides them.

Which means...

You get to choose your services and who you want to provide them. ACT will ask you about what you want or which staff are the best fit. ACT will offer options so you and your guardian may make a choice.

10.Privacy—The setting ensures the individual’s right to privacy.

Which means...

You can talk to other people privately. ACT will be mindful of your privacy if you need assistance with personal care. Information about you will be kept private and shared on an as-needed basis.

11.Person-Centered Planning Process and Individual Support Plan-The individual will lead the person-centered planning process where possible. The Individual Support Plan must reflect the services and supports that are important for the individual to meet the needs identified through an assessment of functional need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports.

Which means...

This plan process should include people that you choose. The plan needs to be easy for you to understand. The process should take place at times and locations that work for you and your family. Your plan should identify your needs and support you are receiving for them.

ACT Youth Service Procedures

Please review procedures of how Youth Services will handle the treatment of routine illnesses, behavior crises, mobile technology, seizure care, weather, and substance use/abuse by individuals.

Procedure #1

Date Adopted: October 19, 2022

Subject: Treatment of Routine Illnesses in Youth Services

Procedure: Youth Service staff will document and monitor any health changes noted with individuals supported and will secure medical intervention when indicated.

1. Staff will document any apparent changes in an individual's health status in the Therap. Details should include the individual's temperature, obvious symptoms such as runny nose, frequent sneezing or coughing, diarrhea, vomiting, etc., and the frequency of occurrence of symptoms, i.e., the number of episodes of diarrhea or vomiting.
2. Staff should consult DS nurse (if available) and monitor individual.
3. Staff cannot provide individuals with over-the-counter medicines to treat symptoms unless it is a medication prescribed by the physician and the medication is packaged through the pharmacy. Youth Services does not administer medications at this time. If meds are needed, Director will need to arrange with parents
4. If an individual has PRN medications available. Director may give a PRN if it is requested by the individual or if symptoms seem to indicate. They should document the administration of PRN medications on the back of the Medication Administration Record and provide follow up on the results of the use of the PRN.
5. If symptoms persist and the individual is not engaging in activities, home staff/family will be called to pick up ill individuals so they can rest at home.
6. If an individual has an episode of vomiting or diarrhea (that is not already noted in their file as a side effect of medication or condition) they will be sent home from services.
7. Youth Services requires that individuals be free of fever (without the use of fever-reducing medications) and free of vomiting or diarrhea episodes for 24 hours before returning to the program.
8. For the safety of everyone in Youth Services, all individuals displaying symptoms of a contagious or infectious condition will be asked to leave the facility until the individual is asymptomatic for 24 hours and/or cleared by a medical provider.

REVIEWED BY: Youth Services Management Team- October 19, 2023

APPROVED BY: Director of Youth Services – October 19, 2023

Procedure #2

Date Adopted: October 19, 2022

Subject: Behavior Crisis – Youth Services

Procedure: In the case of severe behavior crises and when less intrusive behavior support techniques have unsuccessfully been implemented, the following procedures should be implemented to assist an individual in calming as quickly as possible.

Staff in the Youth Service Program should always be aware of and implement any existing strategies to try to defuse a situation prior to the behavior reaching a crisis level.

1. Standard positive behavior support techniques as outlined in the ACT Behavior Management Policy should be implemented to the best of the staff person's ability who is on duty. Any specific behavioral interventions identified in an individual's IP or Behavior Plan should be implemented. If that person determines that the crisis is more than they can support, or if the crisis has been going on for an extended period of time, the person on duty should reach out to their Program Manager.
2. If the person who is displaying the crisis behavior is destroying property or attempting to injure others in the area, assistance should be called immediately.
3. If the person who is displaying the crisis behavior immediately injures someone or is seriously destroying property, the Assistant Program Director or Program Director may call 911 immediately and ask for assistance from the Columbia Police Department to control the situation. Once assistance has arrived, staff should allow emergency personnel to take the lead and stand by in a support capacity.
4. Staff should focus on ensuring the safety of other individuals in the program. This includes closing doors to remove the audience and decrease the probability that a bystander will be brought into the crisis behavior. Staff should redirect others away from the person in crisis.
5. Following the PBS techniques taught at ACT, individuals who are in crisis should be given their space. Staff should assume a supportive stance and tone while interacting with the person in crisis.
6. Once the crisis is over, the staff person on duty should fill out the GER Form in Therap outlining the incident and the course of action taken. The Program Director will review the GER and approve and follow the Incident Notification and Reporting Policy B-500.

REVIEWED BY: Youth Services Management Team- October 19, 2022

APPROVED BY: Director of Youth Services – October 19, 2022

Procedure #3

Date Adopted: October 19, 2022

Subject: Mobile Technology

Procedure: ACT's Youth Services is committed to a "People First, not Phones" philosophy. Staff are expected to engage in active support while providing services.

1. Employees driving a vehicle, either agency or personal, for work related purposes will not use their cell phone (including hands free devices), either agency or personal, while the vehicle is moving. Employees must safely pull off of the road before engaging in cell phone use. This includes texting.
2. While providing active support to an individual, staff's phone, tablet or personal laptop should not be visible. This means that it should not be in staff's hand, lap, or sitting on the table.
3. Cell phones should be set to silent or vibrate while working.
4. Staff should not use their phones, personal laptops or tablets (taking calls, texting, reading, researching, or participating on social media) while "on a group" or interacting with an individual in our services. If staff are researching opportunities for community integration they may use the laptops or the computers located in the media room.
5. Phones and tablets should not be used to entertain individuals in lieu of providing active support. The media room is available for movies, researching outings, videos, games, etc.
6. Employees are prohibited from taking photographs and/or videos of individuals participating in ACT services on their personal devices.
7. If staff has an emergency situation that requires them to use a phone, they must find another staff person to "cover" their group and take the call outside of a program area such as in the break room, office hallway, or outside of the building.
8. Staff will receive two (1) verbal reminder to put their phone out of sight if the management team sees staff not following procedure. If there are further infractions the disciplinary process will be followed up to and including termination. If an external stakeholder reports seeing a staff on their phone and not engaging with individuals it will result in an immediate written coaching note.

REVIEWED BY: Youth Services Management Team- October 19, 2022
APPROVED BY: Director of Youth Services – October 19, 2022

Procedure #4

Date Adopted: October 19, 2022

Subject: Seizure Care – Youth Services

Procedure: Youth Services staff will be trained in the proper techniques to provide care for persons who have seizures while receiving services in the program.

1. Staff will review and have access to seizure protocols in each room that detail the type and frequency of seizures an individual displays. Youth Service Manager will review protocols with staff annually and upon any new individuals joining services.
2. Staff will be trained in the proper techniques of treatment, by following the specific seizure protocol for the Individual supported. This will include timing the length of the seizure.
3. Staff will correctly administer any medications prescribed by the Individual's physician. The Day Service nurse will communicate with families and residential providers to ensure that an adequate supply of correctly labeled medications both scheduled and prn will be maintained at day services.
4. Staff will record any seizure activity and any prn medication given in their daily documentation. They will also on the Individual's daily note home so that home staff/ family are aware.
5. If the individual wishes to go home after having a seizure, Program Manager will make arrangements.
6. The Program Manager will document the number of seizures during the month on the Monthly Report.
7. The Program Manager, Registered Nurse, Program Director or their designate will call 9-1-1 anytime seizure activity varies significantly from the individual's normal seizure activity as outlined in their Individual Plan. 9-1-1 should also be called if the seizure lasts for an extended period of time beyond that which is identified in the individual's seizure protocol (or five minutes if there is no time period described), if it is the first time a person has a seizure, if the person having the seizure is pregnant, or if the individual stops breathing. If the EMS (9-1-1) system is activated, the Program Director should be contacted immediately afterwards. The Program Director will notify the Regional Office of the Critical Event. A GER will need to be completed by the staff on duty and submitted to their manager immediately. The GER will then be transferred to an EMT that will need to be submitted in to CIMOR the same day of the event.

REVIEWED BY: Day Services Management Team- August 19, 2020

APPROVED BY: Director of Day Services – August 19, 2020

Procedure #5

Date Adopted: October 19, 2022

Subject: Weather – Youth Services

Procedure: Youth Services is prepared to ensure the safety of individuals during extreme weather.

1. If an individual has any additional behavioral or medical supports needed due to weather (ex: fear of thunderstorms, fall concerns with snow, sensitivity to sunlight because of medications) they should be noted in their individual plan or in their individual file so that staff can take necessary precautions.
2. ACT Youth Services does not automatically close when Columbia Public Schools close for inclement weather.
3. ACT will post closures on social media and local television networks. It is important to ensure that contact information for each individual is kept up to date so that staff are able to notify providers/family about closures quickly.
4. ACT Youth Services may close early in anticipation of poor weather or if road conditions appear to be deteriorating to allow for safe transport.
5. In the event of an early closure, individuals who receive ACT transportation will be transported home after coordinating with the family/provider.
6. In poor weather conditions, family/providers are welcome to pick up individuals earlier than usual. Calls to inform of early pick up times will allow for individuals to be ready when their ride arrives and escorted to their vehicle.
7. The daily forecast is taken into consideration in the morning so that individuals may plan their activities based on the temperature and weather.
8. In extreme heat, Youth Services provides many options for indoor activities. If individuals go on an outdoor outing, staff are trained to monitor individuals for heat related conditions and to treat if necessary. Staff arrange the schedule to allow for more rest periods and to ensure water is available at all times.
9. In extreme cold, individuals must be wearing appropriate winter wear during outings.
10. Regular drills occur during program to prepare individuals and staff for severe weather. Staff are trained to assist individuals to shelter in place in the event of a real emergency.

REVIEWED BY: Youth Services Management Team- October 19, 2022

APPROVED BY: Director of Youth Services – October 19, 2022

Procedure #6

Date Adopted: March 7, 2023

Subject: Youth Services- Substance Use/ Abuse Guidelines for Individuals Receiving Services.

1. All medications taken while in ACT's Youth Services Program must be administered according to Policy E-300- Medication Administration. This is to ensure that all medications are prescribed by a physician and are used in accordance with their intended use. Typically Youth Services does not administer medication.
2. Individuals who make the choice to smoke traditional tobacco, vapor products, and chewing tobacco are expected to follow all guidelines in Policy B-240- Tobacco Use at ACT and may only utilize these items in the designated locations at ACT and if they are of a legal age to do so.
3. Alcohol, marijuana, and illegal drugs are not permitted on ACT premises or in ACT vehicles.
4. Individuals may not use alcohol, marijuana, or illegal drugs while in the community with ACT Youth Services.
5. If staff are aware of individuals obtaining any substances that are not on their MAR, documented in their IP, are illegal, or not permitted during Youth Services, they should report it in writing to their supervisor within 24 hours, and immediately if it is on the premises.
6. If an individual discusses the use of an illegal substance or the potential abuse of any legal substance, the following guidelines will be followed:
 - a. ACT Youth Services staff will discuss the impact that this behavior can have on their health and safety, and can affect the relationships they have with those around them.
 - b. ACT Youth Services will remind the individual of this procedure, and that they could be suspended or discharged for bringing those items to ACT.
 - c. ACT Youth Services will encourage the individual to stop utilizing the substance and will provide possible resources to help them.
 - d. ACT Youth Services will notify IP Team of conversation to be addressed in a broader scope.
7. If an individual's use of a substance away from ACT leads to concerns, including, but not limited to poor attendance, grooming/hygiene concerns, disengagement during services, personality changes that impact services, increased risk such as falls, or concerning engagement with the community the concerns will be addressed as they occur. If the concerns can not be addressed in a way which

allows the individual to participate in services there will be a possibility of discharge from the program.

8. All sharing with or selling to individuals receiving services or employees is not permitted. This includes all medications, alcohol, tobacco & nicotine products, and any form of marijuana.

PROCEDURES FOR COVID-19 YOUTH SERVICES



WHAT DO I NEED TO KNOW ABOUT MY SERVICES AT ACT DURING COVID-19?

Before you come to Youth Services at ACT you should monitor your **symptoms and potential exposure to COVID-19**.

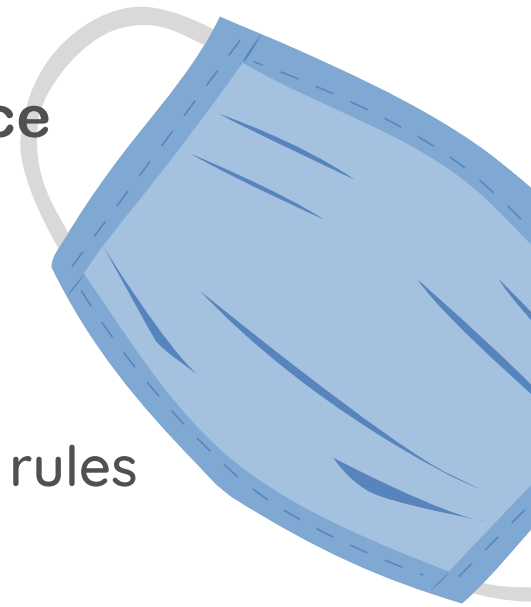


Call ACT if you have a fever, are feeling ill, or have been exposed to COVID-19.

If you have fever, cough, or difficulty breathing, **seek care early**. Call beforehand and follow medical advice

You **may** need to wear a mask.

When you go to **other community locations**, you will need to follow their rules about COVID-19.



Services may need to be provided virtually or may be cancelled at various times based on current COVID-19 cases in the community or at ACT.



Youth Services

2022 PROGRAM PERFORMANCE HIGHLIGHTS

14 Days



Average number of business days from notification of funding to first day services are provided, *surpassing goal of 20 days!*

This supported the individual *and the family*, as all 2022 program participants lived in their natural homes.



A CLOSER LOOK AT YOUTH SERVICES

- Open to youth ages 10-18 with a developmental disability
- Hours of Service: Monday-Friday from 11:30 a.m. - 6:30 p.m.
- 3 vehicles maintained in fleet
- 1,875 rides provided (transportation)
- 5 fun and enriching "all day" trips: Central Dairy, Berlin Wall Memorial, Stark Caverns, Bass Pro, etc.
- 89 community outings: the library, mall, Forum movie theater, Pottery Island, Level Up, fishing at Phillips Lake, The ARC, Museum of Art, Midway Games, Bonkers, Fulton Bowling Center, etc.
- 13 planned, organized onsite events: Holiday Party, Ugly T-shirt Contest, National Cookie Day Cookie Competition, Science Fair, etc.

Program has low 1:4 ratio to maximize access to community, recreational activities, and social skill learning opportunities to foster friendships.



13

Number of People Supported in **Youth Services** Program

100%

Parent/Guardian **Satisfaction** Rating

83%

Percentage of accomplished ISP objectives/goals, exceeding goal of 50%.

Initial and Annual Releases & ACT Policies



Authorization of Disclosure of Individual Medical/Health Information
Publicity Release Form
Permission Form
Medical Permissions
Telehealth Consent
Human Rights of Individuals Served Policy
Individual/Family Complaint and Grievance Procedure
Notice of Privacy Practices

Updated 03.03.2023



Alternative Community Training

Authorization for Disclosure of Individual Medical/Health Information

I, _____ authorize and request
(Name of Individual, Parent, Guardian/Legal Representative)

Check all that apply:

ACT Boone County Family Resources Missouri Division of Vocational Rehabilitation
Missouri DMH, Division of Developmental Disabilities Missouri DMH, Division of Behavioral Health
Missouri Department of Social Services

Other _____
(Name of person, agency)

To use and **disclose/release** the below specified information of:

Name:	Date of Birth	Case Record Number
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To: (check all that apply)

ACT Boone County Family Resources Missouri Division of Vocational Rehabilitation
Missouri DMH, Division of Developmental Disabilities Missouri DMH, Division of Behavioral Health
Missouri Department of Social Services

Other _____
(Name of person, agency)

(Address, including City, State, and Zip)

The Purpose of this Disclosure is (Check all that apply):

Eligibility Determination Placement Continuity of Services/Care
Assessment Transfer/Treatment Treatment Planning
Aftercare At individual's request

To share information with the agencies listed above to facilitate the receipt of services at ACT.

Other (specify) _____

The Specific Information to be Disclosed is (Check all that apply):

Discharge Summary Progress Notes Treatment Plan or Review
Monthly Summaries Social Services Assessment Medical/Psychiatric Assessments
Educational testing, IEP, transcript, and/or other grading reports protected by 34 CFR Part 99.

For Developmental Disabilities testing: psychometric, neurological, IQ results, or other developmental test results

Other _____

1. **READ CAREFULLY:** I understand that my medical/health information records are confidential. I understand that by signing this authorization, I am allowing the release of my medical/health information whether past, present or created in the future up to the expiration or revocation date of this authorization, unless otherwise indicated. The protected health information (PHI) in my medical record includes mental/behavioral health information. In addition, it may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV), and/or other communicable diseases, or environmental diseases or conditions.
2. This authorization includes both information presently compiled and information to be compiled during the course of treatment at the above-named facilities during the specified time frame.
3. Unless otherwise indicated, this authorization becomes effective on the date of signature below and will expire on the following date, event, or special condition
If I fail to specify an expiration date, this authorization will expire 18 months after the date of the signature.
4. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so **in writing** and present my written revocation to the Privacy Officer or designee for this covered entity. I further understand that actions already taken based on this authorization, prior to revocation, will **not** be affected.
5. I understand that I have the right to receive a copy of this authorization. **A photographic copy of this authorization is as valid as the original.**
6. I understand that authorizing the disclosure of this medical/health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand that I may request to inspect or request a copy of information to be used or disclosed, as provided in ~~45 CFR Section 164.524~~. I understand that any disclosure of information carries with the potential for an unauthorized redisclosure and the information may not be protected by federal confidentiality rules. If I have questions about disclosure of my medical/health information, I can contact the Privacy Officer or designee for this covered entity.

MY SIGNATURE BELOW ACKNOWLEDGES THAT I HAVE READ, UNDERSTAND, AND AUTHORIZE THE RELEASE OF MY PHI.

Signature of Individual:

Date:

Signature of Witness:

Date:

Signature of Parent/ Legal
Guardian/Representative:

Date:

(Please include a Description of Authority to Act on Individual's Behalf):

AUTHORIZATION TO DISCLOSE SUBSTANCE ABUSE TREATMENT INFORMATION

Alcohol and drug abuse treatment records are specifically protected by federal regulations (42 CFR Part 2) and by signing in the block below, I am allowing the release of any alcohol and/or drug information records (if any) that I may have to the agency or persons specified on this form. Prohibition from Redisclosure: Federal regulations (42 CFR Part 2) prohibit the recipient of substance abuse treatment records from making further disclosure of those records without the specific written authorization of the person to whom those records pertain, or as otherwise specified by such regulation. A general authorization for disclosure of medical or other information is NOT sufficient for this purpose. Sign below **if you wish to authorize** the release of **alcohol and drug abuse information**.

Signature of Individual
or Guardian/Legal Rep:

Date:

NOTICE OF REVOCATION

Date:

I, _____ (individual or authorized rep) hereby revoke my authorization of this disclosure of information to the Agency/person(s) listed above. This revocation effectively makes null and void any permission for disclosure of information expressly given by the above authorization. I understand that any actions based on this authorization, prior to revocation, will not be affected.

Signature of Individual:

Date:

Signature of Witness:

Date:

Signature of Parent/ Legal
Guardian/Representative:

Date:

If you choose to revoke your authorization, please provide a copy of the completed revocation to the Privacy Officer of this agency.



Media (Photo and Video) Release and Consent Form

ACT likes to promote programs and services by showcasing staff and individuals/program participants. First and foremost, our goal is to respect privacy and provide choice. We will not publish your photo/video/promotional content unless you give us permission to do so.

Please assist us by indicating your approval or disapproval for your photo/video to be used for promotional purposes, i.e., website, newsletter, social media, etc. Please know that by giving your approval for release, you waive the right to inspect the content (photos/video/promotional copy) prior to publication.

Please check ONE:

_____ **Yes**, I *agree* to releasing my photo/video for promotional purposes.

_____ **No**, I *do not agree* to releasing my photo/video for promotional purposes.

By signing this form, you are verifying that this media release consent form has been explained to you and that you understand it. If you checked no, your services will not be impacted in any way. You may revoke this authorization at any time by contacting program management, at which time you will be provided a new form to complete. This consent form will be updated on an annual basis (within an 18-month time period). By signing and giving consent, you are releasing ACT from any and all claims in connection with the media, including any and all cases of libel.

Do you give ACT consent to release your first name for promotional purposes? Please check ONE:

_____ **Yes**, I *agree* to releasing my first name to be used for promotional purposes.

_____ **No**, I *do not agree* to releasing my first name for promotional purposes.

Please check ONE:

_____ I am over the age of 18 and *do not* have a guardian.

_____ I am under the age of 18, **or** I am over the age of 18 and have a guardian.

Please fully complete this section:

Printed Name of Individual: _____ Date: _____

Signature of Individual: _____ Case Number: _____

Signature of Guardian: _____ Relationship: _____

Phone Number: _____ Email: _____



Permissions

Individual Name: _____

Date of Birth: _____

Agreement to Participate

_____(initial) I hereby agree to participate in the ACT _____ Program.

Community Access Permission

_____(initial) I hereby give my permission for _____(individual name) to participate in activities in the community, which may include volunteer activities, under the supervision of ACT staff.

ACT Program Handbook(s)

_____(initial) I have read or had explained to me the information in the ACT program handbook(s) and grievance procedure. Information concerning my rights, complaint procedures, program descriptions, and guidelines and policies are contained within the handbook.

Human Rights of Persons Served

_____(initial) I have received a copy of the Human Rights of Person Served Policy and the information has been reviewed with me. I understand that if I feel my rights have been violated, I can file a grievance either directly or anonymously.

Notice of Privacy Practices Acknowledgement

_____(initial) I, _____(individual name), hereby acknowledge that I have received ACT's Notice of Privacy Practices. I understand that, with certain exceptions detailed in the policy, I have the right to inspect and copy my medical/health information maintained by ACT. To do so, I must submit a request in writing to this facility's Privacy Officer or designee.

Individual signature

Date

Parent/Guardian signature (if necessary)

Date

NOTE: This authorization will expire 18 months from the date of signature unless revoked in writing.



Medical Permissions

Individual Name: _____

Date of Birth: _____

All Programs:

Medical Information Release

_____ **(initial)** I hereby give my permission to ACT to obtain copies of the medical records of
 _____ **(individual name)** for the purpose of maintaining an up-to-date
 medical history in the event of an emergency.

All Program Requiring Medication Administration:

Medication Administration

_____ **(initial)** I authorize _____ **(individual's name)** to receive all
 medications as prescribed by their attending physician.

Community Living Only

Treatment Authorization

_____ **(initial)** I authorize _____ **(individual name)** to receive treatment
 through _____ (clinic or hospital name). I also authorize ACT personnel who
 accompany _____ (individual name) to approve immediate/emergency treatments and may
 complete medical forms and provide current information to clinic/hospital personnel as needed.

Individual mark/signature

Date

Parent/Guardian signature

Date

NOTE: This authorization will expire 18 months from the date of signature unless revoked in writing.

ACT
TELEHEALTH INFORMED CONSENT



Name: _____

Date of Birth: _____

I agree to participate, as an individual receiving services at ACT, in the telehealth delivery system. I will be receiving services through interactive videoconferencing or other electronic means. I understand the use of these electronic means is an alternative method of service delivery and that my staff from ACT will not be physically in the same room with me.

I understand that although ACT makes every effort to protect my privacy by using a secure server, they cannot guarantee the security of any information I transmit to them over the internet. By using telehealth services, I recognize that transmissions over the internet are at my own risk and that third parties may unlawfully intercept or access the transmissions. I also understand that despite reasonable efforts on the part of ACT employees, there are risks and consequences in using telehealth services. The risks include, but are not limited to the possibility that the transmission of sessions could be disrupted or distorted by technical failures. In case of technical failures, ACT will make every effort to re-connect with me. If I find that I do not have the technological capabilities to receive services in this manner, I will notify ACT.

I also understand that telehealth services may not be as complete as services provided face-to-face, although, several benefits of telehealth services have been identified including increased access to services in remote areas, during pandemics and natural disasters, and when the need for services may not be easily predicted. I understand that my participation in this is voluntary and I may decide to terminate my services at any time. My privacy and confidentiality will be protected.

I understand that there will be no recordings (audio, video, or still pictures) of the telehealth I receive, without my consent. I also agree to not record (audio, video, or still pictures) my own sessions. I understand that if I am receiving group services, other individuals may also be involved in the telehealth delivery.

I understand that the telehealth services will be provided to me utilizing my regular funding mechanisms.

I give my consent to ACT to provide services through the telehealth system or other electronic means. I understand that the services I receive will become part of record at ACT.

VERBAL CONSENT (only permitted when written consent cannot be obtained):

Name of Individual Providing Verbal Consent		Date	
Signature of Staff Obtaining Verbal Consent		Date	
Name of Guardian Providing Verbal Consent		Date	

WRITTEN CONSENT:

Signature of Individual		Date	
Signature of Witness		Date	
Signature of Guardian (if applicable)		Date	

Policy Title: Human Rights of Individuals Served
Policy Number: A-310
Date Adopted: July 17, 1989



Policy Statement: To ensure that each individual has the same rights and protection under the law as does any U.S. citizen residing in the state of Missouri, as described under 9 CSR 45-3.030, Individual Rights. These rights are ensured regardless of race, creed, marital status, national origin, disability, religion, gender, gender identity, sexual orientation or age.

Comments:

1. All individuals served shall be entitled to the following rights and privileges without limitation, unless otherwise provided by law:
 - A. To be treated with respect and dignity as a human being;
 - B. To have the same legal rights and responsibilities as any other citizen;
 - C. To receive services regardless of race, creed, marital status, national origin, disability, religion, sexual orientation, gender, or age;
 - D. To be free from physical, emotional, sexual, and verbal abuse, financial exploitation, humiliation, and neglect;
 - E. To receive services and supports to achieve the maximum level of independence;
 - F. To have access to rules, policies, and procedures governing the operations of the Division of DD in an accessible format, and to have those rules, policies, and procedures explained in a manner that is easily understood;
 - G. Within one's financial means, to have a choice where to live and whether or not to share a home with other people;
 - H. To direct one's own person-centered planning process and to choose others to be included in that process;
 - I. To participate fully in the community;
 - J. To communicate in any form and to have privacy of communications;
 - K. To accept or decline supports and services;
 - L. To have freedom of choice among Division of DD approved providers;
 - M. To seek employment and work in competitive integrated settings;
 - N. To participate or decline participation in any study or experiment;
 - O. To choose where to go to church or place of worship, or to refuse to go to a church or place of worship;
 - P. To have rights, services, supports, and clinical records regarding services explained in a manner that is easily understood and in an accessible format;
 - Q. To have all of an individual's records maintained in a confidential manner;
 - R. To report any violation of one's rights free from retaliation and without fear of retaliation; and

Policy Title: Human Rights of Individuals Served
Policy Number: A-310
Date Adopted: July 17, 1989



- S. To be informed on how to make an inquiry, file a complaint or report a violation of one's rights, and to be assisted in these processes, if requested.
- 2. Adults who do not have a legal guardian have the right to designate a representative to act on one's behalf for purposes of receiving services from the Division of Developmental Disabilities.
- 3. HCBS Restrictions/Modifications
 - A. Individuals shall be in full control of their daily lives. An individual's rights as outlined in section one (1) may not be restricted, including, but not limited to, by a provider of targeted case management or home and community-based services, without due process (as indicated below).
 - B. No individual will have their rights restricted by ACT except if detailed in their ISP or BSP and approved by the planning team. Any modification or restriction of a "right" must meet the following requirements, be reviewed by the Due Process Committee and be documented in the ISP or BSP:
 - i. Specific assessed need and justified,
 - ii. Positive interventions and supports used prior to any modifications,
 - iii. Less intrusive methods tried, but did not work,
 - iv. Clear description of the condition that is directly proportionate to the specific assessed need,
 - v. Regular collection and review of data to measure the ongoing effectiveness,
 - vi. Informed consent of the individual,
 - vii. Assurance that interventions and supports will cause no harm to the individual.
 - viii. If an individual has a rights restriction indicated in his or her ISP, ACT will collaborate with the support coordinator and other providers to collect data, attempt alternative strategies, and work toward reinstating the restriction over time.
 - ix. Due process under this provision includes the right to be notified and heard on the limitation or restriction, the right to be assisted through external advocacy if an individual disagrees with the limitation or restriction, and the right to be informed of available options to restore the individual's rights.
(refer to DMH DD Division Directive Number 4.200, Due Process Review Committee for Limitations and Restrictions of Individual Rights, for more information)
 - C. Information regarding human rights of individuals served shall be posted in a place that is accessible to all individuals.

Policy Title: Human Rights of Individuals Served
Policy Number: A-310
Date Adopted: July 17, 1989



- D. Each individual shall be fully informed of their rights, prior to or at time of admission and while receiving services and annually thereafter
- E. Each individual shall be fully informed, prior to or at time of admission and while receiving services, of the services available at ACT and of related charges including any charges for services not covered by Medicare, Medicaid, Department of Mental Health contract or other funding source. Each individual will receive an Individual Handbook prior to or at time of admission and annually thereafter.

If a person receiving services has complaints of abuse, neglect or violation or limitation of rights, the person, the person's parents, guardian or authorized representative may contact their Program Supervisor, Program Manager, Program Director or Service Coordinator, Regional Office, Habilitation Center representative or they may contact the Department's consumer rights monitor (Constituent Services) at 800-364-9687 or TT 573-526-1201 for assistance. (refer to policy A-200 and A-410).

Policy Title: Individual/Family Complaint and Grievance Procedure
Policy Number: A-200
Date Adopted: February 8, 1991



Policy Statement: ACT is committed to a culture of continuous improvement and the provision of the highest quality of individualized services. In order to ensure responsiveness to feedback and individualized needs, ACT provides a process for documenting and resolving complaints or grievances made by an individual/parent or guardian. ACT's goal is to resolve any perceived and potential complaints as early and effectively as possible to ensure the highest quality of services are provided.

Definitions:

1. **“Complaint”** means an oral or written expression of concern that can be resolved at the staff, first supervisor, or second supervisor level.
2. **“Grievance”** or formal complaint means an oral or written complaint that cannot be resolved at the second supervisor level.

Guidelines:

1. Individuals can talk to staff any time they are unhappy with staff or the services provided, and ACT will try to resolve the issue. ACT will help the individual contact their guardian or case manager if needed.
2. Verbal complaints received by staff do not need to be submitted as a formal complaint or grievance if a resolution can be achieved that satisfies the individual or the person acting on the individual's behalf.
3. If an individual or their advocate feels that their rights have been violated (refer to Policy A-310), or they have concerns that were not adequately addressed at the staff level, they are encouraged to inform their first level supervisor of the complaint.
4. The first level supervisor will take efforts to resolve the complaint. If the complaint is not resolved to the satisfaction of the individual or the person acting on the individual's behalf at this level, the complaint will be routed to second level supervisor. If the complaint is not resolved to the satisfaction of the individual or the person acting on the individual's behalf at this level, the supervisor will assist the individual in lodging a grievance in writing to the next level supervisor (see grievance form).
 - a. If the grievance is resolved at this level, the third level supervisor will document the resolution and submit the grievance form and summary of resolution to the Chair of the Human Rights Committee.
 - b. If the grievance is not resolved at this level, the third level supervisor will forward the grievance to the Human Rights Committee Chair (refer to Policy A-300). The Human Rights Committee will review unresolved grievances within five (5) working days.

Policy Title: Individual/Family Complaint and Grievance Procedure

Policy Number: A-200

Date Adopted: February 8, 1991



5. The Human Rights Committee shall notify all individuals involved of the nature of the grievance and the meeting date in which the grievance will be addressed.
6. Minutes will be recorded at all meetings, and include, but not be limited to the following:

Date
Persons in Attendance
Grievance or Complaint
Recommended Actions with Time Frames

Committee minutes will be forwarded to the Executive Director for review.

7. The Committee Chairperson shall inform the individual or their advocate of the committee's recommendations regarding the grievance within five (5) working days of reviewing the grievance.
8. All individuals involved in the grievance shall be notified of the Committee's recommended action and actions taken. Any recommended limitations or restrictions of an individual's rights will not occur without due process (see Policy A-310).
9. If a grievance cannot be resolved at this level in the opinion of the committee members, individual, or their guardian, the Executive Director may be requested to arrange an additional meeting that consists of the Executive Director, member of the Human Rights Committee, parent/guardian and an identified professional (medical, behavioral, and/or legal professional) depending on the nature of the complaint within five (5) working days. Minutes will be recorded as previously stated, and recommendations will be provided to all individuals involved from the initiation of the complaint.
10. If the decision rendered from this meeting is not satisfactory; the individual or guardian will be promptly assisted in contacting The Department of Mental Health and/or Missouri Protection and Advocacy Services. An individual or their advocate has the right to contact these agencies about a grievance without following this Grievance Procedure and without telling his/her name (anonymously).

Missouri Protection and Advocacy Services

www.moadvocacy.org

925 South Country Club Dr.

Jefferson City MO 65109

Administration:

573-893-3333/866-777-7199/Fax 573-893-4231

Application Unit

573-659-0678/ 800-392-8667/ Fax 573-659-0677

Policy Title: Individual/Family Complaint and Grievance Procedure
Policy Number: A-200
Date Adopted: February 8, 1991



MO Relay (TDD) 800-735-2966
mopasic@embargmail.com

Office of Constituent Services
Department of Mental Health
P.O. Box 687
Jefferson City, MO 65102
800-364-9687
constituentsvcs@dmh.mo.gov

11. The grievance process is a mechanism for resolving concerns. If a complaint is made or a formal grievance filed, the individual/guardian will not be subject to retaliation or barriers to services as a result.
12. Any complaint or grievance that does not fall within the authority of the agency shall be forwarded to the state regulatory agency which is most appropriate.
13. Any complaint or grievance regarding abuse neglect will be addressed in accordance with Policy A-410.

Policy Title: Individual/Family Complaint and Grievance Procedure
Policy Number: A-200
Date Adopted: February 8, 1991



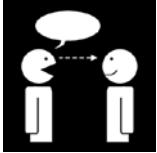






GRIEVANCE REPORT


Individual Name	Date
Person Initiating Grievance:	
Relationship to Individual:	
Summary of Grievance:	
Signature and Date of Person Submitting Grievance:	



Alternative Community Training

Steps To Take If You Have Questions or Concerns or If you Think your Rights have Been Violated

	<p>You can talk to your staff any time you are unhappy with your staff or the services provided.</p> <p>Let them know what is bothering you and together you can see if you can solve the problem.</p> <p>If you want help getting in touch with your guardian or Service Coordinator, let us know.</p>
	<p>If this doesn't work or you think your rights have been violated, contact management staff for your program.</p> <p>**you can find their phone numbers in the first part of your handbook**</p> <p>Management staff will try to help solve the problem with you.</p> <p>If this still doesn't work, a formal grievance (formal complaint) will be filed with the Program Director.</p> <p>The Program Director will try to resolve the problem.</p>
	<p>If the Program Director cannot resolve the problem, the Program Director will notify the Human Rights Committee. The Director will work with the committee to review the grievance within 5 days.</p>
	<p>The Human Rights Committee will invite everyone involved in your grievance and members of the committee will make recommendations as to what needs to be done next. The committee will make sure this happens as quickly as possible.</p>
	<p>The Committee chairperson will inform you and your advocate of the recommendations within 5 working days.</p>
	<p>If you have any rights restrictions or limitations they will be addressed in your IP and Due Process (discussed in your other handbook) will be followed.</p>
	<p>If your grievance is still not resolved the Executive Director, a member of the Human Rights Committee, parent/guardian, and an identified professional such as a doctor or lawyer will meet to try to solve the problem within 5 days.</p>

	<p>If the grievance is not resolved at this point, you will be assisted in contacting the Department of Mental Health and/or Missouri Protection and Advocacy Services for help.</p> <p>You also have the right to contact them about a complaint without following this Grievance Procedure and without telling your name (anonymously). Contact information is below.</p>
	<p>The grievance process is a mechanism for resolving concerns. If a formal complaint is made the you will not be subject to retaliation or barriers to services as a result of making a complaint.</p>

Missouri Protection and Advocacy Services

www.moadvocacy.org

925 South Country Club Dr.

Jefferson City MO 65109

Administration:

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MO Relay (TDD) 800-735-2966

mopasic@embargmail.com

Office of Constituent Services

Department of Mental Health

P.O. Box 687

Jefferson City, MO 65102

800-364-9687

constituentsvcs@dmh.mo.gov

ACT (ALTERNATIVE COMMUNITY TRAINING, INC.)

NOTICE OF PRIVACY PRACTICES

Effective: March 1, 2014

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED
AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.
PLEASE REVIEW IT CAREFULLY.**

This notice will tell you how we may use and disclose protected health information about you. Protected health information means any health information about you that identifies you or for which there is a reasonable basis to believe the information can be used to identify you. In this notice, we call all of that protected health information, "medical information."

This notice also will tell you about your rights and our duties with respect to medical information about you. In addition, it will tell you how to complain to us if you believe we have violated your privacy rights.

How We May Use and Disclose Medical Information About You

We use and disclose medical information about you for a number of different purposes. Each of those purposes is described below.

- **For Treatment.**

We may use medical information about you to provide, coordinate or manage your health care and related services by both us and other health care providers. We may disclose medical information about you to doctors, nurses, hospitals and other health facilities who become involved in your care. We may consult with other health care providers concerning you and as part of the consultation share your medical information with them. Similarly, we may refer you to another health care provider and as part of the referral share medical information about you with that provider. For example, we may conclude you need to receive services from a physician with a particular specialty. When we refer you to that physician, we also will contact that physician's office and provide medical information about you to them so they have information they need to provide services for you.

- **For Payment.**

We may use and disclose medical information about you so we can be paid for the services we provide to you. This can include billing a third party payor or other state agency, or your insurance company. For example, we may need to provide the state Medicaid program information about the services we provide to you so we will be reimbursed for those services. We also may need to provide the state Medicaid program with information to ensure you are eligible for the medical assistance program.

- **For Health Care Operations.**

We may use and disclose medical information about you for our own health care operations. These are necessary for us to operate ACT and to maintain quality for the individuals for whom we provide supports and services. For example, we may use medical information about you to review the services we provide and the performance of our employees supporting you. We may disclose medical information about you to train our staff and volunteers. We also may use the information to study ways to more efficiently manage our organization, for accreditation or licensing activities, or for our compliance program.

- **How We Will Contact You.**

Unless you tell us otherwise in writing, we may contact you by either telephone or by mail at either your home or your workplace. At either location, we may leave messages for you on the answering machine or voice mail. If you want to request that we communicate to you in a certain way or at a certain location, see, "Right to Receive Confidential Communications" elsewhere in this Notice.

- **ACT Directory**

We may include your name, your location in our facility, your condition described in general terms, and your religious affiliation, in our directory while you receive services. This information, except for your religious affiliation may be released to people who ask for you by name. Your religious affiliation may be given to members of the clergy, such as a minister, priest or rabbi. If you do not want included in our facility directory, or you want to restrict the information we include in the directory, you must notify your Program Director of your objection.

- **Individuals Involved in Your Care.**

We may disclose to a family member, other relative, a close personal friend, or any other person identified by you, medical information about you that is directly relevant to that person's involvement with the services and supports you receive or payment for those services and supports. We also may use or disclose medical information about you to notify, or assist in notifying, those persons of your location, general condition, or death. In the event of your death, we may disclose to any of those persons who were involved in your care for payment for health care prior to your death, medical information about you that is relevant to that person's involvement, unless doing so is inconsistent with any prior expressed preference of you that is known to us.

If there is a family member, other relative, or close personal friend that you do not want us to disclose medical information about you to, please notify your Program Director or tell our staff member who is providing care to you.

- **Disaster Relief.**

We may use or disclose medical information about you to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. This will be done to coordinate with those entities in notifying a family member, other relative, close personal friend, or other person identified by you, of your location, general condition or death.

- **Required by Law.**

We may use or disclose medical information about you when we are required to do so by law.

- **Public Health Activities.**

We may use or disclose medical information about you for public health activities and purposes. This includes reporting medical information to a public health authority that is authorized by law to collect or receive the information for purposes of preventing or controlling disease. Or, one that is authorized to receive reports of child abuse and neglect. It also includes reporting for purposes of activities related to the quality, safety or effectiveness of a United States Food and Drug administration regulated product or activity.

- **To an Employer.**

We may use or disclose medical information to your employer if: (a) we provide health care to you at the request of your employer to conduct an evaluation relating to medical surveillance of the workplace or to evaluate if you have a work related illness or injury; (b) the information disclosed will consist of findings concerning a work related illness or injury or a workplace related medical surveillance; (c) the employer needs the findings in order to comply with its legal obligations to record the illness or injury or to carry out its responsibilities for workplace medical surveillance. We will provide written notice to you that the information is being disclosed to your employer. The written notice may be given at the time the health care is provided or, if the health care is provided at your employer's work site, by posting the notice at the location where the health care is provided.

- **Proof of Immunization.**

We may use or disclose immunization information to a school about you: (a) if you are a student or prospective student of the school; (b) the information is limited to proof of immunization; (c) the school is required by State or other law to have the proof of immunization prior to admitting you; and, (d) we obtain and document the agreement to the disclosure from either: (1) your parent, guardian, or other person standing *in loco parentis* of you if you are an unemancipated minor, or (2) from you if you are an adult or an emancipated minor.

- **Victims of Abuse, Neglect or Domestic Violence.**

We may disclose medical information about you to a government authority authorized by law to receive reports of abuse, neglect, or domestic violence, if we believe you are a victim of abuse, neglect, or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; or, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.

- **Health Oversight Activities.**

We may disclose medical information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These and similar types of activities are necessary for appropriate oversight of the health care system, government benefit programs, and entities subject to various government regulations.

- **Judicial and Administrative Proceedings.**

We may disclose medical information about you in the course of any judicial or administrative proceeding in response to an order of the court or administrative tribunal. We also may disclose medical information about you in response to a subpoena, discovery request, or other legal process but only if efforts have been made to tell you about the request or to obtain an order protecting the information to be disclosed.

- **Disclosures for Law Enforcement Purposes.**

We may disclose medical information about you to a law enforcement official for law enforcement purposes:

- a. As required by law.
- b. In response to a court, grand jury or administrative order, warrant or subpoena.
- c. To identify or locate a suspect, fugitive, material witness or missing person.
- d. About an actual or suspected victim of a crime and that person agrees to the disclosure. If we are unable to obtain that person's agreement, in limited circumstances, the information may still be disclosed.
- e. To alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct.
- f. About crimes that occur at our facility.
- g. To report a crime in emergency circumstances.

- **Coroners and Medical Examiners.**

We may disclose medical information about you to a coroner or medical examiner for purposes such as identifying a deceased person and determining cause of death.

- **Funeral Directors.**

We may disclose medical information about you to funeral directors as necessary for them to carry out their duties.

- **Organ, Eye or Tissue Donation.**

To facilitate organ, eye or tissue donation and transplantation, we may disclose medical information about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation of organs, eyes or tissue.

- **Research.**

Under certain circumstances, we may use or disclose medical information about you for research. Before we disclose medical information for research, the research will have been approved through an approval process that evaluates the needs of the research project with your needs for privacy of your medical information. We may, however, disclose medical information about you to a person who is preparing to conduct research to permit them to prepare for the project, but no medical information will leave ACT during that person's review of the information.

- **To Avert Serious Threat to Health or Safety.**

We may use or disclose protected health information about you if we believe the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public. We also may release information about you if we believe the disclosure is necessary for law enforcement authorities to identify or apprehend an individual who admitted participation in a violent crime or who is an escapee from a correctional institution or from lawful custody.

- **Military.**

If you are a member of the Armed Forces, we may use and disclose medical information about you for activities deemed necessary by the appropriate military command authorities to assure the proper execution of the military mission. We may also release information about foreign military personnel to the appropriate foreign military authority for the same purposes.

- **National Security and Intelligence.**

We may disclose medical information about you to authorized federal officials for the conduct of intelligence, counter-intelligence, and other national security activities authorized by law.

- **Protective Services for the President.**

We may disclose medical information about you to authorized federal officials so they can provide protection to the President of the United States, certain other federal officials, or foreign heads of State, or to conduct investigations authorized by certain federal laws.

- **Security Clearances.**

We may use medical information about you to make medical suitability determinations and may disclose the results to officials in the United States Department of State for purposes of a required security clearance or service abroad.

- **Inmates; Persons in Custody.**

We may disclose medical information about an inmate or other individual to a correctional institution or law enforcement official having custody of the inmate or other individual. The disclosure will be made if the disclosure is necessary: (a) to provide health care to such individuals; (b) for the health and safety of such individual or other inmates; (c) the health and safety of the officers or employees of or others at the correctional institution; (d) the health and safety of such individuals and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another; (e) law enforcement on the premises of the correctional institution; or, (f) the administration and maintenance of the safety, security, and good order of the correctional institution.

- **Workers Compensation.**

We may disclose medical information about you to the extent necessary to comply with workers' compensation and similar laws that provide benefits for work-related injuries or illness without regard to fault.

- **Fundraising.**

We may use and disclose medical information about you to contact you to raise funds for ACT. We may disclose medical information to a business associate of ACT or a foundation related to ACT so that business associate or foundation may contact you to raise money for the benefit of ACT. We will only release: (a) demographic information relating to you, including your name, address, other contact information, age, gender, and date of birth; (b) dates of health care provided to you; (c) department of service information; (d) treating physician; (e) outcome information; and, (f) health insurance status.

You have the right to opt out of receiving fundraising communications. If you do not want ACT or its foundation to contact you for fundraising, you must notify your Program Director.

Certain Uses and Disclosures that Require Your Written Authorization

- **Psychotherapy Notes.** Your authorization is required before we may use or disclose psychotherapy notes unless the use or disclosure is: (a) by the originator of the psychotherapy notes for treatment; (b) for our own training programs for students, trainees, or practitioners in

mental health; (c) to defend ourselves in a legal action or other proceeding brought by you; (d) when required by law; or, (e) permitted by law for oversight of the originator of the psychotherapy notes.

- **Marketing.** We may use and disclose medical information about you to communicate with you about a product or service to encourage you to purchase the product or service. Generally, this may occur without your authorization. However, your authorization is required if: (a) the communication is to provide refill reminders or otherwise communicate about a drug or biologic that is, at the time, being prescribed for you and we receive any financial remuneration in exchange for making the communication which is not reasonably related to our cost in making the communication; or, (b) except as stated in (a), we use or disclose your medical information for marketing purposes and we receive direct or indirect financial remuneration from a third party for doing so. When an authorization is required to communicate with you about a product or service to encourage you to purchase the product or service, the authorization will state that financial remuneration to ACT is involved.
- **Sale of Information.** Your authorization is required for any disclosure of your medical information when the disclosure is in exchange for direct or indirect remuneration from or on behalf of the recipient of the medical information. However, your authorization may not be required under certain conditions if the disclosure is: (a) for public health purposes; (b) for research purposes; (c) for treatment and payment; (d) if we are being sold, transferred, merged or consolidated; (e) to a business associate of ours for activities undertaken on our behalf; (f) to you when requested by you; (g) required by law; (h) when permitted by applicable law where the only remuneration received by us is a fee permitted by law.

Other Uses and Disclosures.

Other uses and disclosures will be made only with your written authorization. You may revoke such an authorization at any time by notifying your Program Director in writing of your desire to revoke it. However, if you revoke such an authorization, it will not have any effect on actions taken by us in reliance on it.

Your Rights With Respect to Medical Information About You.

You have the following rights with respect to medical information that we maintain about you.

- **Right to Request Restrictions.**

You have the right to request that we restrict the uses or disclosures of medical information about you to carry out treatment, payment, or health care operations. You also have the right to request that we restrict the uses or disclosures we make to: (a) a family member, other relative, a close personal friend or any other person identified by you; or, (b) for to public or private entities for disaster relief efforts. For example, you could ask that we not disclose medical information about you to your brother or sister.

To request a restriction, you may do so at any time. If you request a restriction, you should do so in writing to your Program Director and tell us: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and, (c) to whom you want the limits to apply (for example, disclosures to your spouse).

With one exception, we are not required to agree to any requested restriction. The exception is that we will always agree to a request to restrict disclosures to a health plan if: (a) the disclosure is for the purpose of carrying out payment or health care operations and is not otherwise required by law; and, (b) the information relates solely to a health care item or service for which you, or someone on your behalf (other than the health plan), has paid us in full.

If we agree to a restriction, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or we can later terminate the restriction. However, we will not terminate a restriction that falls into the exception stated in the previous paragraph.

- **Right to Receive Confidential Communications.**

You have the right to request that we communicate medical information about you to you in a certain way or at a certain location. For example, you can ask that we only contact you by mail or at work. We will not require you to tell us why you are asking for the confidential communication.

If you want to request confidential communication, you must do so in writing to your Program Director. Your request must state how or where you can be contacted.

We will accommodate your request. However, we may, when appropriate, require information from you concerning how payment will be handled. We also may require an alternate address or other method to contact you.

- **Right to Inspect and Copy.**

With a few very limited exceptions, such as psychotherapy notes, you have the right to inspect and obtain a copy of medical information about you.

To inspect or copy medical information about you, you must submit your request in writing to your Program Director. Your request should state specifically what medical information you want to inspect or copy. Your request should state the form of access and copy you desire, such as in paper or in electronic media. If you request a copy of the information, we may charge a fee for the costs of copying and, if you ask that it be mailed, the cost of mailing.

We usually will act on your request within thirty (30) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copies.

We may deny your request to inspect and copy medical information if the medical information involved is:

- a. Psychotherapy notes;
- b. Information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding;

If we deny your request, we will inform you of the basis for the denial, how you may have our denial reviewed, and how you may complain. If you request a review of our denial, it will be conducted by a licensed health care professional designated by us who was not directly involved in the denial. We will comply with the outcome of that review.

- **Right to Amend.**

You have the right to ask us to amend medical information about you. You have this right for so long as the medical information is maintained by us.

To request an amendment, you must submit your request in writing to your Program Director. Your request must state the amendment desired and provide a reason in support of that amendment.

We will act on your request within sixty (60) calendar days after we receive your request. If we grant your request, in whole or in part, we will inform you of our acceptance of your request and provide access and copying.

If we grant the request, in whole or in part, we will seek your identification of and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the medical information by appending or otherwise providing a link to the amendment.

We may deny your request to amend medical information about you. We may deny your request if it is not in writing and does not provide a reason in support of the amendment. In addition, we may deny your request to amend medical information if we determine that the information:

- a. Was not created by us, unless the person or entity that created the information is no longer available to act on the requested amendment;
- b. Is not part of the medical information maintained by us;
- c. Would not be available for you to inspect or copy; or,
- d. Is accurate and complete.

If we deny your request, we will inform you of the basis for the denial. You will have the right to submit a statement of disagreeing with our denial. Your statement may not exceed 2 pages. We may prepare a rebuttal to that statement. Your request for amendment, our denial of the request, your statement of disagreement, if any, and our rebuttal, if any, will then be appended to the medical information involved or otherwise linked to it. All of that will then be included with any subsequent disclosure of the information, or, at our election, we may include a summary of any of that information.

If you do not submit a statement of disagreement, you may ask that we include your request for amendment and our denial with any future disclosures of the information. We will include your request for amendment and our denial (or a summary of that information) with any subsequent disclosure of the medical information involved.

You also will have the right to complain about our denial of your request.

- **Right to an Accounting of Disclosures.**

You have the right to receive an accounting of disclosures of medical information about you. The accounting may be for up to six (6) years prior to the date on which you request the accounting but not before April 14, 2003.

Certain types of disclosures are not included in such an accounting:

- a. Disclosures to carry out treatment, payment and health care operations;
- b. Disclosures of your medical information made to you;
- c. Disclosures that are incident to another use or disclosure;
- d. Disclosures that you have authorized;
- e. Disclosures for our facility directory or to persons involved in your care;
- f. Disclosures for disaster relief purposes;
- g. Disclosures for national security or intelligence purposes;
- h. Disclosures to correctional institutions or law enforcement officials having custody of you;
- i. Disclosures that are part of a limited data set for purposes of research, public health, or health care operations (a limited data set is where things that would directly identify you have been removed).
- j. Disclosures made prior to April 14, 2003.

Under certain circumstances your right to an accounting of disclosures to a law enforcement official or a health oversight agency may be suspended. Should you request an accounting during the period of time your right is suspended, the accounting would not include the disclosure or disclosures to a law enforcement official to a health oversight agency.

To request an accounting of disclosures, you must submit your request in writing to your Program Director. Your request must state a time period for the disclosures. It may not be longer than six (6) years from the date we receive your request and may not include dates before April 14, 2003.

Usually, we will act on your request within sixty (60) calendar days after we receive your request. Within that time, we will either provide the accounting of disclosures to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

There is no charge for the first accounting we provide to you in any twelve (12) month period. For additional accountings, we may charge you for the cost of providing the list. If there will be a charge, we will notify you of the cost involved and give you an opportunity to withdraw or modify your request to avoid or reduce the fee.

- **Right to Copy of this Notice.**

You have the right to obtain a paper copy of our Notice of Privacy Practices. You may obtain a paper copy even if you agreed to receive the notice electronically. You may request a copy of our Notice of Privacy Practices at any time.

You may obtain a copy of our Notice of Privacy Practices over the Internet at our web site, www.actservices.org. To obtain a paper copy of this notice, contact your Program Director.

Our Duties

- **Generally.**

We are required by law to maintain the privacy of medical information about you, to provide individuals with notice of our legal duties and privacy practices with respect to medical information, and to notify affected individuals following a breach of unsecured protected health information.

We are required to abide by the terms of our Notice of Privacy Practices in effect at the time.

- **Our Right to Change Notice of Privacy Practices.**

We reserve the right to change this Notice of Privacy Practices. We reserve the right to make the new notice's provisions effective for all medical information that we maintain, including that created or received by us prior to the effective date of the new notice.

- **Availability of Notice of Privacy Practices.**

A copy of our current Notice of Privacy Practices will be posted in the break rooms maintained in ACT office facilities at 2200, 2205, and 2207 Burlington and any future locations in which we offer services. A copy of the current notice also will be posted on our web site, www.actservices.org

At any time, you may obtain a copy of the current Notice of Privacy Practices by contacting your Program Director.

- **Effective Date of Notice.**

The effective date of the notice is stated on the first page of this notice.

- **Complaints.**

You may complain to us and to the United States Secretary of Health and Human Services if you believe your privacy rights have been violated by us.

To file a complaint with us, contact your Program Director. All complaints should be submitted in writing.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint to him or her in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201. Complaints also may be filed online. Go to: <http://www.hhs.gov/ocr>

You will not be retaliated against for filing a complaint.

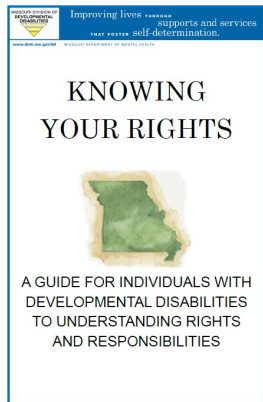
- **Questions and Information.**

If you have any questions or want more information concerning this Notice of Privacy Practices, please contact your Program Director.

My Rights have been
reviewed with me
by:

My Name:

My Signature:



Improving lives THROUGH supports and services
THAT FOSTER self-determination.

www.dmh.mo.gov/dd

MISSOURI DEPARTMENT OF MENTAL HEALTH

KNOWING YOUR RIGHTS



A GUIDE FOR INDIVIDUALS WITH
DEVELOPMENTAL DISABILITIES
TO UNDERSTANDING RIGHTS
AND RESPONSIBILITIES

About this Guide

This booklet is a guide to help you and those who support you to understand your individual rights and responsibilities.

For more information about your rights visit:
dmh.mo.gov/constituentservices/rights.html

Rights and protections for people who receive services from the Missouri Division of Developmental Disabilities can be found in the following laws, rules and regulations:

- [Missouri Revised Statue 630.115.1](#)
Patient's entitlements
- [Missouri Revised Statue 475.361](#)
Rights of Wards
- Missouri Code of State Regulations
Rules of the Department of Mental Health
Division of Developmental Disabilities
[9 CSR 45-3.030](#) Individual Rights
- Code of Federal Regulations [42CFR 441.301\(c\)\(1\)](#) Home and Community-Based Waiver Services (**HCBS**)

Authority for each right and protection can be found in a blue box like this.

If you believe any of these rights have been violated, you may file a grievance with the agency providing your supports.

In addition to filing a complaint or grievance with the agency providing support you may file an complaint to:

**Office of Constituent Services
Department of Mental Health**

P.O. Box 687

Jefferson City, Mo 65102

Call toll-free at 1-800-364-9687

Email: constituentsvcs@dmh.mo.gov



Improving lives THROUGH supports and services
THAT FOSTER self-determination.

DUE PROCESS... Cont.

- Before your rights and services can be limited or taken away, you have the right to be heard or to have someone you choose speak for you.
- Any proposed limitations of rights must be reviewed by DMH Regional Office or State Operated Programs Due Process Committee to ensure that a person's rights are adequately protected.

Authority

9 CSR 45-3.030(3) An individual's rights as outlined in section one (1) may not be restricted, including, but not limited to, by a provider of targeted case management or home and community based services, without due process. Due process under this provision includes the right to be notified and heard on the limitation or restriction, the right to be assisted through external advocacy if an individual disagrees with the limitation or restriction, and the right to be informed of available options to restore the individual's rights.

42CFR 441.301(c)(2)(xiii)(F) *Any modification of the additional conditions, under §441.301(c)(4)(vi)(A) through (D), must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan: (1) Identify a specific and individualized assessed need.(2) Document the positive interventions and supports used prior to any modifications to the person-centered service plan.(3) Document less intrusive methods of meeting the need that have been tried but did not work.(4) Include a clear description of the condition that is directly proportionate to the specific assessed need.(5) Include regular collection and review of data to measure the ongoing effectiveness of the modification.(6) Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.(7) Include the informed consent of the individual.(8) Include an assurance that interventions and supports will cause no harm to the individual..*

The “Missouri Quality Outcomes” make sure people are supported to have a good life. This guide is organized by the following Missouri Quality Outcomes:



Daily Life

People Participate in Meaningful Daily Activities of Their Choice



Community Living

People Live in Communities They Choose, with Whom They Choose and in Homes and Environments Designed to Meet Their Needs



Social & Spirituality

People Are Active Members of Their Communities While Determining Valued Roles and Relationships through Self-Determination



Healthy Living

People Are Able to Choose Health/ Mental Health Resources and Are Supported in Making Informed Decisions regarding their Health and Well-Being



Safety & Security

People are Educated about Their Rights and Practice Strategies to Promote Their Safety and Security



Citizenship & Advocacy

People Have Opportunities to Advocate for Themselves, Others and Causes They Believe In, including Personal Goals and Dreams

*Icons taken from www.lifecoursetools.com, a free online resource from Missouri Family to Family © UMKC Institute for Human Development, UCEDD 2012-2017

In August of 2018 new guardianship laws were passed in Missouri. The laws now include rights of wards. You are a 'ward' if there is a court order for someone to be your guardian. Along with the other rights in this book you also have the following rights under [Missouri Revised Statute 475.361](#)

Wards, rights of. —

1. The provisions of section 475.078 notwithstanding to the contrary, in every guardianship, the ward has the right to:

- (1) A guardian who acts in the best interests of the ward;*
 - (2) A guardian who is reasonably accessible to the ward;*
 - (3) Communicate freely and privately with family, friends, and other persons other than the guardian; except that, such right may be limited by the guardian for good cause but only as necessary to ensure the ward's condition, safety, habilitation, or sound therapeutic treatment;*
 - (4) Individually or through the ward's representative or legal counsel, bring an action relating to the guardianship, including the right to file a petition alleging that the ward is being unjustly denied a right or privilege granted by this chapter, including the right to bring an action to modify or terminate the guardianship under the provisions of section 475.083;*
 - (5) The least restrictive form of guardianship assistance, taking into consideration the ward's functional limitations, personal needs, and preferences;*
 - (6) Be restored to capacity at the earliest possible time;*
 - (7) Receive information from the court that describes the ward's rights, including rights the ward may seek by petitioning the court; and*
 - (8) Participate in any health care decision-making process.*
- 2. An adult ward may petition the court to grant the ward the right to:*
- (1) Contract to marry or to petition for dissolution of marriage;*
 - (2) Make, modify, or terminate other contracts or ratify contracts made by the ward;*
 - (3) Consent to medical treatment;*
 - (4) Establish a residence or dwelling place;*
 - (5) Change domicile;*
 - (6) Bring or defend any action at law or equity, except an action relating to the guardianship; or*
 - (7) Drive a motor vehicle if the ward can pass the required driving test.*

3. The appointment of a guardian shall revoke the powers of an agent who was previously appointed by the ward to act as an agent under a durable power of attorney for health care, unless the court so orders.

4. The appointment of a guardian is not a determination that the ward lacks testamentary capacity.

(L. 2018 S.B. 806)

DUE PROCESS...

- When you apply for services, you will receive a copy of your rights. If any changes in your services are made, you will receive a new copy of your rights.
- The agencies that have staff who work with you have rules to provide you with quality help. They have rules to make sure you learn and understand your rights, and that no one takes your rights away before you have a chance to speak for yourself or have someone you choose speak for you.
- You have the same legal rights and responsibilities as any other person unless the court says you do not.
- You have the right to get help. You cannot be denied help because of your race, religion, disability, or age. It does not matter if you are a man or woman, married or single.

RIGHT...

You can choose someone to help you make decisions or act in your behalf

RESPONSIBILITY...



To choose someone who knows you well and you can trust



Authority

9 CSR 45-3.030(2) Adults who do not have a legal guardian have the right to designate a representative to act on one's behalf for purposes of receiving services from the Division of DD.

9 CSR 45-3.040(1)(A) Designated representative—a parent, relative, or other person designated by an adult who does not have a guardian. The designated representative may participate in the person-centered planning process and development of the individual support plan, at the request of, and as directed by, the individual.

9 CSR 45-3.040 (4) Adults who have not been declared legally incapacitated may give their written consent for parents, relatives, or other persons to serve as their designated representative to advocate for and advise, guide, and encourage the individual and members of the individual support plan team in developing and implementing individual support plans. Written consent for designated representatives shall include written authorization to disclose protected health information.

9 CSR 45-3.040(4)(C) Individuals may revoke their consent in writing at any time and the Division of DD and all parties responsible for the implementation of the ISP shall recognize the revocations immediately.



Daily Life & Employment

What a person does as part of everyday life – school, employment, volunteering, communication, routines, life skills.

RIGHTS...



Control your
personal money



RESPONSIBILITY...



Pay your bills
and manage
your
money

Authority

630.110. 1. (2) To keep and be allowed to spend a reasonable sum of his own money for canteen expenses and small purchases;

42 C.F.R. § 441.301(c)(4)(i)-Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan: (i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

RIGHT...



To be told how to
make a complaint
and be helped to do
so without being
afraid some will be
upset with you.

RESPONSIBILITY...

To make a
complaint to
the right
people



Authority

9 CSR 45-3.030(1)(R) To report any violation of one's rights free from retaliation and without fear of retaliation; and

9 CSR 45-3.030(1)(S) To be informed on how to make an inquiry, file a complaint or report a violation of one's rights, and to be assisted in these processes, if requested



RIGHT...



To receive services regardless of race, creed, marital status, national origin, disability, religion, sexual orientation, gender, or age.

RESPONSIBILITY...



To contact the Office Constituent Services if you have a complaint.

Authority

9 CSR 45-3.030(1)(C) To receive services regardless of race, creed, marital status, national origin, disability, religion, sexual orientation, gender, or age;

RIGHT...

To have a job and make money



RESPONSIBILITY...

To keep a job, so you can live the way you want



Authority

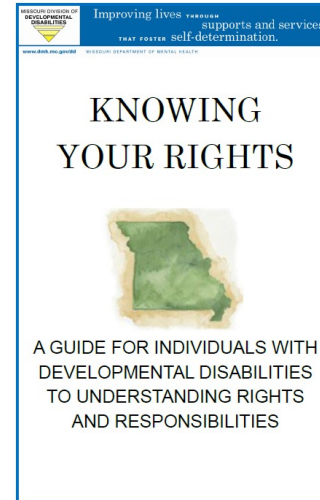
630.115. 1.(4) To not participate in nontherapeutic labor;
9 CSR 45-3.030(1)(M) To seek employment and work in competitive integrated settings;
42 C.F.R. § 441.301(c)(4)(i)-Home and community-based settings must have all of the following qualities, and such other qualities as the Secretary determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan: (i) The setting is integrated in and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.

RIGHT...



To keep
things of
your own

RIGHT...



To have rules and
policies in an
accessible format and
explained to you in a
way you can
understand

RESPONSIBILITY...

To take care
of your
things



RESPONSIBILITY...



To ask for the
information in a
format that best
meets your needs



Authority

630.110. 1. (1) To wear his own clothes and to keep and use his own personal possessions;

Authority

9 CSR 45-3.030(1)(F) To have access to all rules, policies, and procedures governing the operations of the Division of DD in an accessible format, and to have those rules, policies, and procedures explained in a manner that is easily understood;

RIGHT...

To see information about you in a way you can understand and for information about you to be kept private



RIGHT...

To have privacy spending time alone, to talk to who you want to privately.



RESPONSIBILITY...

To ask for information in a way you can understand



Authority

630.110. 1.(6) To have access to his mental and medical records;

9 CSR 45-3.030(1)(P) To have rights, services, supports, and clinical records regarding services explained in a manner that is easily understood and in an accessible format;

9 CSR 45-3.030(1)(Q) To have all of an individual's records maintained in a confidential manner;

RESPONSIBILITY...

To speak up when you want to be alone.



Authority

630.110.1. (3) To communicate by sealed mail or otherwise with persons including agencies inside or outside the facility;

630.110.1. (5) To have reasonable access to a telephone both to make and receive confidential calls;

9 CSR 45-3.030(1)(J) To communicate in any form and to have privacy of communications;

RIGHT...



To be able to see
current news
and media

RESPONSIBILITY...

To inform
yourself of what
is going on in the
world around
you



Authority

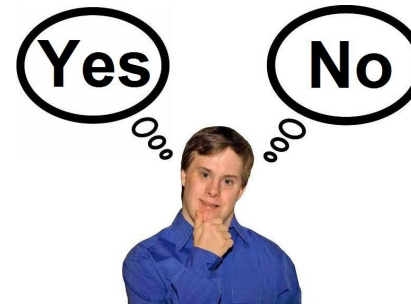
630.110.1. (8) To have reasonable, prompt access to current newspapers, magazines and radio and television programming.

RIGHT...



To choose who
helps you and to
say yes or no to
help and training

RESPONSIBILITY...



To educate
yourself about
services
available and
those who
provide services

Authority

630.115. 1.(6) To receive prompt evaluation and care, treatment, habilitation or rehabilitation about which he is informed insofar as he is capable of understanding;

9 CSR 45-3.030(1)(K) To accept or decline supports and services;

9 CSR 45-3.030(1)(L) To have freedom of choice among Division of DD approved providers;

RIGHT...

To lead my ISP
and invite
those who are
important to
me

**My
Plan**



RESPONSIBILITY...

To ask for the help
I need in order to
direct my planning
process and meet
timelines



Authority

9 CSR 45-3.030(1)(H) To direct one's own person-centered planning process and to choose others to be included in that process;



Community Living

Where you live and
how you get around town



RIGHT...

To have a safe,
clean home and
to choose where
you want to live
and with who.

RESPONSIBILITY...



To keep your
house safe and
clean. To choose
a home that you
can afford and be
a good
housemate.

Authority

630.115. 1.(3) To safe and sanitary housing;

9 CSR 45-3.030(1)(G) Within one's financial means, to have a choice where to live and whether or not to share a home with other people;

RIGHT...

To be treated with
respect at all times
and treated as a
person like everyone
else under the law.



RESPONSIBILITY...

To treat others the
same way you want
to be treated, to be
responsible, not
breaking any laws



Authority

630.115.1.(1) To humane care and treatment;

9 CSR 45-3.030(1)(A) To be treated with respect and dignity as a human being;

630.115. 1.(7) To be treated with dignity as a human being;

9 CSR 45-3.030(1)(B) To have the same legal rights and responsibilities as any other citizen;



Vote



Citizenship & Advocacy

Building valued roles, making choices, setting goals, assuming responsibility, driving how one's own life is lived and supported decision-making.

RIGHT...



To reach my maximum independence and be part of the community

RESPONSIBILITY...

To ask for the help that you need



Authority

630.115. 1.(11) To be evaluated, treated or habilitated in the least restrictive environment;

9 CSR 45-3.030(1)(E) To receive services and supports to achieve the maximum level of independence;

9 CSR 45-3.030(1)(I) To participate fully in the community;



Social & Spirituality
 Friendships and relationships,
 leisure activities, personal networks,
 faith community.

RIGHT...



To be free from
 people hitting you,
 hurting you,
 yelling at you,
 saying hurtful
 things or
 restricting your
 movement

RESPONSIBILITY...

To tell someone if
 you feel you are



being hurt



Authority

630.115. 1.(15) To be free from verbal and physical abuse.

9 CSR 45-3.030(1)(D) To be free from physical, emotional, sexual, and verbal abuse, and financial exploitation;

9 CSR 45-5.010(3)(C)2.E Individuals have freedom of movement



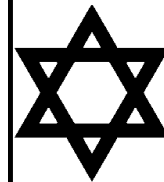
Safety & Security
Staying safe and secure—
emergencies, well-being,
legal rights and issues.

RIGHT...



To go to church or place
of worship of your
choice, or not to go to
church or place of
worship

RESPONSIBILITY...



To respect others
choice of worship



Authority

630.115. 1.(5) To attend or not attend religious services;

9 CSR 45-3.030(1)(O) To choose where to go to church or place of worship, or to refuse to go to a church or place of worship;

RIGHT...

To join in
groups and
activities
that you
choose



RIGHT...

To get meals
that are healthy
and good for you



RESPONSIBILITY...

To be a good
team player



RESPONSIBILITY...

To choose
foods that
help keep
you
healthy



Authority

630.110. 1.(7) To have opportunities for physical exercise and outdoor recreation;

Authority

630.115. 1.(14) To a nourishing, well-balanced and varied diet;

RIGHT...



To say “NO” to
being part of any
study, experiment
or medical
treatment

RESPONSIBILITY...

To ask for help to
make choices and
understanding
consequences



Authority

630.115. 1.(8) To not be the subject of experimental research without his prior written and informed consent or that of his parent, if a minor, or his guardian; except that no involuntary patient shall be subject to experimental research, except as provided within this chapter;

630.115. 1.(9) To decide not to participate or may withdraw from any research at any time for any reason*;

9 CSR 45-3.030(1)(N) To participate or decline participation in any study or experiment;

630.115. 1.(12) To not be subjected to any hazardous treatment or surgical procedure unless he, his parent, if he is a minor, or his guardian consents; or unless such treatment or surgical procedure is ordered by a court of competent jurisdiction;

630.115. 1.(13) In the case of hazardous treatment or irreversible surgical procedures, to have, upon request, an impartial review prior to implementation, except in case of emergency procedures required for the preservation of his life;

RIGHT...



To be friends
with both men
and women



RESPONSIBILITY...

To be respectful
of your friends
and choose
friends who will
respect you



Authority

630.110.1.(4) To receive visitors of his own choosing at reasonable times .



Healthy Living

Health care and staying well—
medical, mental health,
behavior, developmental, wellness,
and nutrition.

RIGHT...

To go to the
doctor, or hospital
when you need to,
as soon as you
need to



RESPONSIBILITY...

To listen to your
doctor and follow
their suggestions
or get a 2nd
opinion



Authority

630.115. 1.(2) To the extent that the facilities, equipment and personnel are available, to medical care and treatment in accordance with the highest standards accepted in medical practice;

630.115. 1.(10) To have access to consultation with a private physician at his own expense;