There is more to me than my disability.
Community Connections

www.CommunityConnectionsCO.org
281 Sawyer Dr., Ste. 200, Durango, CO 81303
Main office phone: 970.259.2464
Main office fax: 970.259.2618
cci@cci-colorado.org

Thank you for your interest in acquiring a determination of developmental disability in Colorado. As the Community Centered Board for Archuleta, Dolores, La Plata, Montezuma and San Juan counties, Community Connections will serve as your entry point for developmental disabilities services.

Please complete the Request for Developmental Disability Determination and collect the necessary documentation. Required documents can be found on the last page of the Request for Developmental Disability Determination Application. It is the applicant's responsibility to provide all required documentation and obtain assessments of intellectual functioning or adaptive behavior. Upon your request, Community Connections can provide information on where testing can be acquired.

Once a Request for Developmental Disability Determination is sent to Community Connections, you have 90 days in which to provide all required documentation or the case will be closed. You may request an additional 90 day extension to this deadline.

When a completed and signed application packet is received and all required documentation is received, Community Connections will make a determination of developmental disability within 30 days. You will receive your written determination at that time.

A determination of developmental disability does not constitute a determination of eligibility for services and supports. Additional eligibility criteria may be required, dependent on the requested program. More information on eligibility for Medicaid and State General Fund supported programs will be provided to you with your determination of disability.

Please feel free to call us with questions or concerns. Contact Hannah Zorn, Intake Case Manager at 970-335-2071 or intake@cci-colorado.org.

** More information on Developmental Disability services in the State of Colorado can be found at*
https://www.colorado.gov/pacific/hcpf/programs-individuals-physical-or-developmental-disabilities

COLORADO
Department of Health Care Policy & Financing

Request for Determination of Developmental Disability

This request form should be completed with assistance from your local Community Centered Board (CCB)

View a list of all Community Centered Boards online - www.colorado.gov/hcpf/community-centered-boards

Community Centered Board Information	
Community Centered Board: Community Connections	
Address: 281 Sawyer Drive, Suite 200, Durango, CO, 81303	
Phone: (970) 259-2464	Fax: (970) 259-2618
Website: www.communityconnectionsco.org	

Applicant Information		
First Name:	Middle Name:	Last Name:
Date of Birth:	Age:	Gender:
Address:		County:
Home Phone:	Cell Phone:	Work Phone/Other:
Email Address:		
Preferred Method of Communication:		Marital Status:
Primary Language:	Ethnicity:	
Person Making Referral:	Current Living Arrangements:	

Primary Contact(s) Information		
Primary Contact		
Name:	Address:	
Home Phone:	Cell Phone:	Work Phone:
Email Address:	Relationship to Applicant:	
Additional Contact		
Name:	Address:	
Home Phone:	Cell Phone:	Work Phone:
Email Address:	Relationship to Applicant:	
Guardian Information		
Is there a Court Appointed Guardian? ☐ Yes ☐ No		
Guardian Name:	Relationship to Applicant:	

Financial and Medical Benefits Information *(complete all that apply)*		
SSN:	Medicaid State ID:	Medicare ID:
Supplemental Security Income (SSI) Amount:		

Financial and Medical Benefits Information *(complete all that apply)*
Social Security Income (SSDI) Amount:
Other Benefits *(e.g. HCBS-EBD, Children's HCBS, Trusts, etc.):*
Private Medical Insurance:

School Information	
Please list schools beginning with most recent attended:	
School District:	School Name:
Dates of Attendance:	Special Education Program? ☐ Yes ☐ No
School District:	School Name:
Dates of Attendance:	Special Education Program? ☐ Yes ☐ No
School District:	School Name:
Dates of Attendance:	Special Education Program? ☐ Yes ☐ No

Medical Information	
List medical and health needs:	
Name of Medical Provider/Medical Facility:	
Address:	Phone:
Name of Medical Provider/Medical Facility:	
Address:	Phone:

Services and Supports Information

List services and supports received by the applicant such as mental health services, therapies, early intervention, etc.:

Acknowledgements and Signatures

I understand this application is intended to solely determine whether I meet criteria for a Developmental Disability as defined by Colorado Revised Statutes C.R.S. 25.5-10-202.

I have received and included with the request form, pursuant to 10 CCR 2505-10 Section 8.600 et seq and Sections 25.5-10-202, C.R.S. the following information:

1. a copy of the Confidentiality/Privacy Notice
2. a copy of the Dispute Resolution procedure
3. a copy of the Grievance procedure,
4. a copy of my rights under Colorado Revised Statutes
5. a copy of the current Colorado DD Definition

_____ Initial I understand that I have (90) calendar days from the date of submission of my completed application, to submit the necessary documents and information needed to make this determination of a Developmental Disability.

_____ Initial I understand that I have the right to request a ninety (90) calendar day extension if necessary.

Applicant Signature: *(if 18 or older)*	Date:
Parent/Guardian Signature:	Date:
Authorized Representative Signature:	Date:

For CCB Completion Only	
Developmental Disabilities Professional receiving the request	
Name:	Title:
Date completed and signed request received by CCB (Request Date):	
Date all documents needed for determination received (Determination Date):	

Needed Documents for Determining a Developmental Disability

Any information that documents a disability is needed to make a determination. Examples of the kinds of documents needed that would provide this information are: intellectual functioning assessments, psychological evaluations, medical examinations, mental health assessments and adaptive behavior assessments.

1a. Types of Possible Documentation of an Intellectual Impairment:

- Intelligence/IQ testing, using instruments that are comparable to a Wechsler or Stanford-Binet,

OR

1b. Types of Possible Documentation of Adaptive Behavior Impairments:

- Adaptive Behavior testing, using instruments that are comparable to a Vineland-II

2. Types of Possible Documentation of Neurological Condition:

- Neurological or neuropsychological evaluation
- Psychiatric or psychological evaluations
- Medical examinations/Records
- Professional Medical Information Page

3. Types of Possible Documentation for ruling out physical or sensory impairments or mental illness as sole contributors to a disability:

- School assessments and records
- Records of specialized service provision
- Medical evaluations
- Therapy assessments and provision
- Mental health services and assessments
- Psychiatric or psychological evaluations
- Hospitalizations
- Medication history
- Therapy evaluations

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NOTICE OF PRIVACY PRACTICES
NOTICE OF RECEIPT

I, _____ have received a copy of Community
(Print Name)
Connections' Notice of Privacy Practices. I have read or have had another party read the information to me, and I understand my rights.

_____ _____
Client or Guardian Signature Date

_____ _____
Signature of Witness (as required) Date

I agree, and request to receive copies of Community Connections Notice of Privacy Practices and any subsequent revisions via electronic means.

_____ _____
Client or Guardian Signature Date

_____ _____
Signature of Witness (as required) Date

Email address:

_____

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NOTICE OF PRIVACY PRACTICES

Effective: April 14, 2003

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 Community Connections, Inc. (CCI) may use and disclose or share protected health information about you (individual receiving services). 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 the header above, that information is referred to as "medical information." In this notice, we simply call all of that protected health information, "protected information." Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization as permitted the Health Insurance Portability and Accountability Act of 1996.

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

Your Rights Regarding Your Protected Information

Right to Request Restrictions

You have the right to request that we restrict the use or release of protected 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 releases 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 share protected information about you with your brother or sister.

CCI is not required to agree to any requested restriction. However, if we do agree, we will follow that restriction unless the information is needed to provide emergency treatment. Even if we agree to a restriction, either you or CCI can later terminate the restriction. We cannot agree to limit uses and releases that are required by law.

You may request a restriction at any time. Requests must be made in writing and include (a) what information you want to limit; (b) whether you want to limit use or release or both; and, (c) to whom you want the limits to apply (for example, release of information to your brother). For assistance in completing the request form, contact your CCI Case Manager at 970-259-2464.

Right to Receive Confidential Communications

You have the right to request that we communicate protected 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, phone or at home. We will not require you to tell us why you are asking for the confidential communication. CCI will accommodate your request; however, we may also require an alternate address or other method to contact you.

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If you want to request confidential communication, you must do so in writing to Community Connections, 281 Sawyer Drive Suite 200, Durango, Colorado, 81303, 970-259-2464. Your request must specify how, where or when you can be contacted.

Right to Inspect and Copy Your Protected Information

You have the right to inspect and obtain a copy of protected information about you. To inspect or copy protected information about you, you must submit your request in writing to Community Connections, 281 Sawyer Drive Suite 200, Durango, Colorado, 81303, 970-259-2464. Your request should state specifically what protected information you want to inspect or copy.

CCI will act on your request within seven working 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. Copying and mailing charges may be assessed.

CCI may deny your request to inspect and copy protected information if the protected information involved is psychotherapy notes or information compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding. If CCI denies your request, we will inform you of the basis for the denial, how you may have the denial reviewed, and how you may complain. An impartial decision-maker designated by CCI who was not directly involved in the denial will hear reviews.

Right to Amend

You have the right to request that CCI amend any protected information that you feel may be incorrect or missing, as long as this protected information about you is maintained by CCI. To request an amendment, you must submit your request in writing to Community Connections, 281 Sawyer Drive Suite 200, Durango, Colorado, 81303, 970-259-2464. Your request must state the amendment desired and provide a reason of that amendment. We will act on your request within sixty (60) calendar days after we receive your request. If CCI grants the request, in whole or in part, we will inform you of our acceptance and seek your identification of and agreement to share the amendment with relevant other persons. We also will make the appropriate amendment to the protected information by appending the information.

CCI may deny your request to amend protected information about you. We may deny your request if it is not in writing or if it does not provide a reason in support of the amendment. In addition, we may deny your request if you ask us to amend protected information that: (a) was not created by CCI; (b) is not part of the protected information maintained by CCI; (c) would not be available for you to inspect or copy; or (d) is shown to be accurate and complete.

If CCI denies 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. 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 protected information involved. 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 protected information involved.

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Right to an Accounting of Protected Information Releases

You have the right to receive an accounting of releases of protected 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 releases are not included in such an accounting; (a) releases to carry out treatment, payment and health care operations; (b) releases of your protected information made to you; (c) incidental releases; (d) releases that you have authorized; (e) releases to persons involved in your care; (f) releases for disaster relief, national security or intelligence purposes; (g) releases to correctional institutions or law enforcement officials when in custody; (h) releases 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).

To request an accounting of releases, you must submit your request in writing to Community Connections, 281 Sawyer Drive Suite 200, Durango, Colorado, 81303, 970-259-2464. Your request must state a time period for the releases.

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 releases to you or give you a written statement of when we will provide the accounting and why the delay is necessary.

There will be no charge for the first list we provide to you in any twelve (12) month period. For additional lists in a twelve (12) month period, we may charge you for the cost of providing the list. CCI will notify you of the cost involved and give you an opportunity to withdraw or modify your request before you are charged.

Right to Obtain a Copy of this Notice

You have the right to obtain a paper copy of CCI's Notice of Privacy Practices, even if you may have agreed to receive the notice electronically. You may request a copy of our Notice of Privacy Practices at any time. To obtain a paper copy of this notice, contact CCI, 281 Sawyer Drive Suite 200, Durango, Colorado, 81303, 970-259-2464.

How We May Use and Share Protected Information About You

Determination of Eligibility

CCI has the responsibility for determining eligibility for developmental disability funded services. The CCI eligibility committee and/or external review groups or individuals may review this information in order to determine eligibility.

Treatment

CCI may use protected information about you to obtain, provide, coordinate or manage the services, supports, and health care you receive from us and other providers. We may share protected information about you to doctors, nurses, developmental disability professionals, psychologists, social workers, direct support staff and other agency staff, volunteers and other persons who are involved in supporting you or providing care. This includes CCI administrative committees such as Human Rights Committee (HRC), Family Support Council or, Resource Allocation Committee (RAC). These groups may include individuals not employed by CCI.

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We may consult with other health care providers concerning you and, as part of the consultation, share your protected information with them. For example, staff may discuss your information to develop and carry out your Service Plan (SP). Staff may share information to coordinate needed services, such as medical tests, transportation to a doctor's visit, physical therapy, etc. Staff may need to share protected information to entities outside of our organization (for example, another provider or a state/local agency) to access benefits or obtain new services for you.

Payment

CCI may use and share protected information about you so that we can be paid for services we provide for you or purchase on your behalf. This can include billing a third party payer, such as Medicaid or Colorado Division for Developmental Disabilities. For example, we may need to provide information about the services provided to you so we will be reimbursed for those services.

Health Care Operations

CCI may use and share protected information about you for our own operations to ensure services are appropriate and high quality. For example, this information may be used to monitor the performance of staff providing services, quality improvement of services being provided, to train staff and/or volunteers, or for external audits and reviews including accreditation and licensing.

Communication With You

Unless you tell us otherwise in writing, we may contact you by telephone, e-mail 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 the "Right to Receive Confidential Communications" section of this notice.

Appointment Reminders

CCI may use and share protected information about you to contact you about upcoming appointments for meetings, treatment or services.

Alternative Treatment and Service Options

CCI may use and share protected information about you so that you may be contacted about alternative treatment and service options that may be of interest to you. We will not provide protected information to alternative treatment or service providers without your express written authorization outside of emergency situations.

News and Information Purposes

CCI may produce newsletters or other communications that we deem important for you to have. Your protected information may have been used to put you on the list to receive such a communication. CCI only uses demographic information, such as your name, address, and phone number, and will not release this to any other outside organization. **If you DO NOT want CCI to contact you in this manner, you must notify us in writing at Community Connections, 281 Sawyer Drive Suite 200, Durango, Colorado, 81303.**

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Fundraising

CCI may use and share protected information about you to raise funds for CCI. We will only use demographic information, such as your name, address, and phone number, and will not release this to any other outside organization. **If you DO NOT want CCI to contact you for fundraising, you must notify us in writing at Community Connections, 281 Sawyer Drive Suite 200, Durango, Colorado, 81303.**

Sharing Information with Family and Others

CCI may release to a parent/guardian, personal representative, family member, other relative, a close personal friend, or any other person identified by you, protected 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 share protected information about you to notify, or assist in notifying, those persons of your location, general condition, or death. If there is anyone that we may contact in the above situations that you DO NOT want us to contact, please notify your assigned Case Manager or Program Manager at Community Connections, 281 Sawyer Drive Suite 200, Durango, Colorado, 81303, 970-259-2464.

Additional Uses and Releases of Protected Information that DO NOT Require Your Permission

CCI may be required to use and share protected information about you for several other reasons not identified in the previous section. **Only the minimum necessary protected information will be shared.** Each of those disclosures is described below.

Disaster Relief

CCI may use or share protected 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 parent/guardian, personal representative, family member, other relative, close personal friend, or other person identified by you of your location, general condition or death.

Required by Law

CCI may use or share protected information about you when a law requires that we report information regarding a crime that has been committed or in response to a court order or subpoena.

Public Health Activities

CCI may share your protected information to public health authorities for purposes including but not limited to: preventing or controlling disease, injury or disability; reporting disease or infection exposure; reporting to the United States Food and Drug administration problems with products and reactions to medications.

Mistreatment, Abuse, Neglect or Exploitation

CCI may share protected information about you to a government and/or regulatory authority authorized by law to receive reports of mistreatment, abuse, neglect, or exploitation, if we believe you are a victim, perpetrator, or witness of mistreatment, abuse, neglect, or exploitation. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you or your personal

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representative; or, (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, and we are informed by law enforcement or other public official that immediate enforcement activity depends on the disclosure of your protected information.

Health Oversight Activities

CCI may share protected information about you to a health oversight agency for activities authorized by law, including audits, investigations, inspections, licensure or disciplinary actions. These include agencies responsible for the Medicaid program, U.S. Department of Health and Human Services, State of Colorado Department of Human Services and the Office of Civil Rights.

Judicial and Administrative Proceedings

CCI may share specific protected 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 share protected 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 shared. Only the specific information requested from the subpoena, discovery request, court or administrative order will be disclosed.

For Law Enforcement Purposes

CCI may share specific protected information about you to a law enforcement official for law enforcement purposes such as: as required by law; in response to a court, grand jury or administrative order, warrant or subpoena; to identify or locate a suspect, fugitive, material witness or missing person; about an actual or suspected victim of a crime when that person agrees to the disclosure; to alert law enforcement officials to a death if we suspect the death may have resulted from criminal conduct; about crimes that occur in our programs and contracted services; to report a crime in emergency circumstances.

Coroners, Medical Examiners and Funeral Directors

CCI may share protected information about you to a coroner, medical examiner or funeral director when necessary to perform their duties such as identifying a deceased person and determining cause of death.

Organ, Eye or Tissue Donation

If CCI has a written record of your intent to be an organ, eye or tissue donor, we may share protected information about you to organ procurement organizations or other entities engaged in the procurement, banking or transplantation or organs, eyes or tissue. If you are incapacitated, we will share protected information only as authorized by your personal representative.

Research

In rare situations, CCI may use or share protected information about you for research, but only with your written authorization. Any research will have been reviewed and approved by the CCI Human Rights Committee.

To Avert Serious Threat to Health or Safety

CCI may use or share protected 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.

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Specialized Government Functions

CCI may share protected information about you to authorized federal officials for the conduct of intelligence, counter-intelligence, national security activities authorized by law or protection to the President of the United States, certain other federal officials, or foreign heads of state.

Correctional Institutions

CCI may share protected information about you to a correctional institution or law enforcement official having custody of you. The disclosure will be made if the disclosure is necessary: (a) to provide health care to you; (b) for the health and safety of others; or (c) the safety, security and good order of the correctional institution.

Workers Compensation

CCI may share protected 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 regarded to fault.

Our Right to Change Notice of Privacy Practices

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

Complaints

To file a complaint with CCI on these privacy practices, contact the HIPAA Privacy Officer at Community Connections, 281 Sawyer Drive Suite 200, Durango, Colorado, 81303, 970-385-3450. All complaints should be submitted in writing.

To file a complaint with the United States Secretary of Health and Human Services, send your complaint in care of: Office for Civil Rights, U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C. 20201.

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 CCI's HIPAA Privacy Officer, 281 Sawyer Drive Suite 200, Durango, Colorado, 81303, 970-259-2464.

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DISPUTE RESOLUTION PROCEDURE- CONSUMER AND REPRESENTATIVE
10 CCR 2505-10 8.605.2

Community Connections, Inc. wants you to know what to do if you disagree with certain decisions the Agency may make, and that you have a right to try to challenge that decision. We will help you in any way we can in using the following steps.

These are the decisions you can use this procedure for:

1. You were told by the Agency that you are not eligible, and you disagree or want to be looked at again.
2. You were told that the Agency would no longer give you services or supports, and you don't like the decision.
3. You are told that the services listed on your Service Plan are to be changed, reduced, or denied, and you disagree with the change.

According to 10 CCR 2505-10 8.600.4, you must receive written notice of any of the above actions at least 15 days prior to the date of the action being effective.

Here is what you need to do:

1. Let your Case Manager know you (as the individual receiving or requesting services, parent of a minor, guardian, or authorized representative) want to protest the decision and they can help you set up a meeting; and will help you put your request in writing.
2. Case Management will set up a meeting within 15 working days from the time you contact them.
3. At the meeting, you will have a chance to say what you disagree with or do not like. The parties making the decision will also be there. This meeting will be informal to see if everyone can agree on a solution. Mediation may be considered as a means to informal negotiations if both you and the Agency agree. If this does not work out and you still have a complaint, Case Management can help you arrange for a formal meeting.
4. At this step, Case Management will help you put in writing what you disagree with or do not like. When that has been received by the Agency, Case Management will schedule a meeting with the President/CEO of the Agency or someone else that the Director chooses who is not involved with your complaint.
5. You may have persons there to represent you, including your authorized representative, counsel, or others who can help you. You may also request a mediator to be present. You and your representatives will be given notification in writing about the date, time, and location of the meeting, at least 10 days prior to the meeting.

At the Meeting:

You and the person or people who made the decision you disagree with can ask questions of each other. What you say can be written down or tape recorded.

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After the Meeting:
The President/CEO of the Agency, or the person he or she sends to the meeting, will decide what needs to be done, or if your problem can be solved.

You will get that decision in writing within 15 working days of the meeting. It will tell you what the reasons are for the decision.

If you still disagree, you or your representatives can ask the Executive Director of the State Department of Health Care Policy and Finance or designee to review the problem. You must ask for that review within 15 working days of the Agency decision. Case Management can assist you in completing this request.

Note:
Your decision to file a complaint or dispute shall not prejudice your future receipt of appropriate services from Community Connections, Inc., nor shall you in any way be retaliated against because of your decision to exercise your right to dispute a decision made by the agency. Furthermore, no actions being disputed may take place during the dispute process.

RESOURCES TO ASSIST IN SUBMITTING A DISPUTE

Your Case Manager will be the primary resource in assisting you through the dispute procedure. To contact the President/CEO of Community Connections, write:

Tara Kiene
tara@cci-colorado.org
281 Sawyer Dr., Ste 200
Durango, CO 81303

Other resources are as follows:

1. Southwest Center for Independence
   835 E 2nd Ave Suite 200
   Durango, CO 81301
   970-259-1672
   Fax 970-259-0947

2. The ARC of Colorado
   1580 Logan St, Suite 730
   Denver, CO 80203
   303-864-9334
   Fax 303-864-9330
   www.thearcofco.org

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3. Disability Law Colorado

322 North 8th St	455 Sherman St, Ste 130
Grand Junction, CO 81501-3406	Denver, CO 80203
970-241-6371	303-722-0300
800-531-2105	800-288-1376
Fax 970-241-5324	Fax 303-722-0720

www.disabilitylawco.org

4. Colorado Department of Health Care Policy and Financing
1570 Grant Street
Denver, CO 80203
303-866-2993
www.colorado.gov/hcpf

5. Colorado Rural Legal Services
1474 Main Ave.
Durango, CO 81301
970-247-0266

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GRIEVANCE RESOLUTION PROCEDURE- CONSUMER AND REPRESENTATIVE

Community Connections, Inc. believes that you have the right to make a complaint if there is something the Agency does, or wants you to do, that you do not like. We will work with you to see if we can fix the problem. This document gives you the steps to follow if you've made a complaint and have not been able to solve it through informal discussion.

Procedures:

What a grievance is: If someone in the Agency does something or makes a choice for you and you don't like it; if there is something that you really want for yourself and the Agency does not agree or work with you to get it; or, if you are treated by someone in the Agency in a way that you do not like.

No one at the Agency will get angry with you or hold it against you or stop services because you file a grievance.

How to file a grievance:

You should contact your Case Manager to help you through the process. This person will help make sure the steps are done correctly and on time. If your problem is with the Case Manager, contact the Vice-President of Case Management or the Agency's President/CEO, who can be reached at 970-259-2464.

1. You may tell a staff person, Case Manager, or Manager directly of your complaint.
2. Within 10 days, a meeting will be scheduled by your Case Manager or Manager with your input as to who should attend. You may invite anyone
3. If you are not happy with the results of the meeting, you may have the President/CEO review your grievance or complaint. To do this, you must provide, in writing, the following: (with assistance, if necessary, from your Case Manager or anyone else who supports you).
    A. What the complaint is;
    B. Any facts about your complaint;
    C. What has been done so far to resolve the problem or complaint;
    D. Your suggestions for fixing the problem.
4. You or the President/CEO may request a meeting. After this meeting, or if you decide not to have one, the President/CEO will have 10 working days to provide you a written decision on your complaint/grievance.
5. If you are not satisfied with the response of the President/CEO, you may ask that the Board of Directors review your complaint/grievance. You have 10 working days after your receipt of the President/CEO's decision to inform your case manager of your desire to present your grievance or complaint to the Board. You may be asked to present your case in person or by writing at the next regularly scheduled Board meeting. The decision of the Board shall be considered the final decision of the Agency.

There is more to me than my disability.
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RIGHTS OF PERSONS RECEIVING SERVICES

You Have Rights! You have the same legal rights and responsibilities guaranteed to all other individuals under the federal and state constitutions and federal and state laws.

As a person receiving services, you are granted specific additional rights under Colorado State Law. These rights may only be modified by a court order or persons operating under the delegated authority of the court.

In limited circumstances, officials of Community Connections, Inc. hold delegated legal authority to modify the rights of persons receiving services. Community Connections takes our responsibility seriously and commits to use this authority sparingly, transparently, only under circumstances of last resort, and only in a manner consistent with protecting the person from endangering themselves or others.

You have the following rights, formally described in **Colorado Revised Statutes** 25.5-10-218 to 25.5-10-235:

1. **The right to an Individualized Service Plan (SP):**
   - Developed by a professional person, myself, and my parents and/or guardian.
   - To be reviewed at least annually and modified as necessary or appropriate.
   - You will receive adequate notice of plan meetings.
2. **The right to medical care and treatment:**
   - For treatment of ailments and for prevention of illness.
   - To be free from unnecessary or excessive medication and to have no prescription medication administered without a physician's written order.
   - Medication shall not be used for the convenience of the staff, as punishment, as a substitute for a treatment program, or in quantities that interfere with the treatment program.
3. **The right to humane care and treatment:**
   - Service agencies shall provide every person receiving services with a humane physical environment.
   - Mistreatment, neglect, or abuse in any form shall be prohibited.
   - Qualified staff shall attend to persons receiving services.
   - Corporal punishment of persons with an intellectual or developmental disability is not permitted.
   - Seclusion, defined as the placement of a person receiving services alone in a closed room for the purpose of punishment, is prohibited.
   - "Time out" procedures may only be employed under close and direct professional supervision.
   - Behavior development programs involving the use of aversive or noxious stimuli are prohibited.
   - Physical restraint shall be employed only when necessary to protect the person receiving services from injury to self or others.

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- The use of a mechanical restraint must be subject to special review and oversight, and use of mechanical restraints shall be applied only in an emergency.

4. **The right to religious beliefs, practice, and worship.**
5. **The right to communications and visits:**
   - With persons of your own choosing.
   - To send and receive unopened mail.
   - To have reasonable access to telephones.
   - To have the opportunity to meet with visitors and interact with people in the community.
   - Policies and procedures may not prohibit the right to sexual interactions based on my choice. Training in human sexuality, growth and development must be available.
6. **The right to fair employment practices.**
   - You shall not be required to perform labor.
   - You may work if you choose, and employment must be compensated in accordance with applicable minimum wage laws.
7. **The right to vote.**
8. **The rights to records and confidentiality of records.**
9. **The right to personal property:**
   - You have the right to the possession and use of your own clothing and personal effects.
   - You are presumed to be able to manage your own money. Upon request, a service agency may hold money or funds belonging to the person receiving services. These funds must be accounted for on request.
10. **The right to influence policy.**
    - You have the right to request/establish a committee/advocate to represent my interests and influence the agency.
11. **The right to notification:**
    - The right to read or have explained, in each person's or families native language, any rules or regulations adopted by the service agency and pertaining to such person's activities.
12. **The right to be free from discrimination.**
13. **Sterilization rights**: including giving informed consent and assurance that consent is voluntary.
14. **Freedom from retaliation:**
    - No person shall be discriminated against because he or she has made a complaint, testified, assisted, or participated in any manner in an investigation, proceeding, or hearing pursuant to this article.
15. **You have additional rights not specifically described in this document.**

Community Connections is required by law to maintain a **Human Rights Committee** to oversee our respect for the above rights. By law, Community Connections can only suspend rights under delegated authority with approval from the Human Rights Committee.

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No employee or board member of Community Connections shall serve as a member of the human rights committee. **Persons receiving services will be encouraged and supported to bring *any* concerns or grievances related to the respect of their rights to the Human Rights Committee. Please contact your assigned Case Manager for details about the next scheduled Human Rights Committee meeting.**

Colorado DD Definition
10 CCR 2505-10 8.600.4

"Developmental Disability" means a disability that:

A. Is manifested before the person reaches twenty-two (22) years of age;

B. Constitutes a substantial disability to the affected individual, as demonstrated by the criteria below at C, 1 and/or C, 2; and,

C. Is attributable to mental retardation or related conditions which include cerebral palsy, epilepsy, autism or other neurological conditions when such conditions result in either impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation.

1. "Impairment of general intellectual functioning" means that the person has been determined to have a full scale intellectual quotient equivalent which is two or more standard deviations below the mean (70 or less assuming a scale with a mean of 100 and a standard deviation of 15).

a. A secondary score comparable to the General Abilities Index for a Wechsler Intelligence Scale that is two or more standard deviations below the mean may be used only if a full scale score cannot be appropriately derived.

b. Score shall be determined using a norm-referenced, standardized test of general intellectual functioning comparable to a comprehensively administered Wechsler Intelligence Scale or Stanford-Binet Intelligence Scales, as revised or current to the date of administration. The test shall be administered by a licensed psychologist or a school psychologist. Code of Colorado Regulations 5

c. When determining the intellectual quotient equivalent score, a maximum confidence level of ninety percent (90%) shall be applied to the full scale score to determine if the interval includes a score of 70 or less and shall be interpreted to the benefit of the applicant being determined to have a developmental disability.

2. "Adaptive behavior similar to that of a person with mental retardation" means that the person has an overall adaptive behavior composite or equivalent score that is two or more standard deviations below the mean.

a. Measurements shall be determined using a norm-referenced, standardized assessment of adaptive behaviors that is appropriate to the person's living environment and comparable to a comprehensively administered Vineland Scale of Adaptive Behavior, as revised or current to the date of administration. The assessment shall be

administered and determined by a professional qualified to administer the assessment used.

b. When determining the overall adaptive behavior score, a maximum confidence level of ninety percent (90%) shall be applied to the overall adaptive behavior score to determine if the interval includes a score of 70 or less and shall be interpreted to the benefit of the applicant being determined to have a developmental disability.

D. A person shall not be determined to have a developmental disability if it can be demonstrated such conditions are attributable to only a physical or sensory impairment or a mental illness.