

**Participant Rights as outlined in 16.03.21.505.01 and 16.03.21.510**  
**Rules Governing Developmental Disabilities Agencies**

**16.03.21.505. PARTICIPANT RIGHTS.** Each agency must ensure the rights provided under Section 66-412, Idaho Code, as well as the additional rights listed below for each participant receiving DDA services. (3-17-22)

**01. Participant Rights Provided Under Idaho Code.** Provide the following rights for participants: (3-17-22)

- a. Humane care and treatment; (3-17-22)
- b. Not be put in isolation; (3-17-22)
- c. Be free of restraints, unless necessary for the safety of that individual or for the safety of others; (3-17-22)
- d. Be free of mental and physical abuse; (3-17-22)
- e. Voice grievances and recommend changes in policies or services being offered; (3-17-22)
- f. Practice their own religion; (3-17-22)
- g. Wear their own clothing and retain and use personal possessions; (3-17-22)
- h. Be informed of their medical and habilitative condition, of services available at the agency, and the charges for the services; (3-17-22)
- i. Reasonable access to all records concerning themselves; (3-17-22)
- j. Refuse services; (3-17-22)
- k. Exercise all civil and all other rights established by law, unless limited by prior court order; (3-17-22)
- l. Privacy and confidentiality; (3-17-22)
- m. Receive a response from the agency to any request made within fourteen (14) business days; (3-17-22)
- n. Receive services that enhance the participant's social image, personal competencies, and whenever possible, promote inclusion in the community; (3-17-22)
- o. Refuse to perform services for the agency. If the participant is hired to perform services for the agency the wage paid must be consistent with state and federal law; and (3-17-22)
- p. Review the results of the most recent survey conducted by the Department and the accompanying plan of correction. (3-17-22)

**16.03.21.510**

01. Protected Rights. Ensure the safety, welfare, and human and civil rights of participants are adequately protected.

## GRIEVANCE PROCEDURE

(16.03.21.101.04.i, 16.03.21.301.05.c, 16.03.21.406, 16.03.21.505.01.e)

In accordance with Prosper DDA Participant Rights Statement and regulations, participants and their guardians are offered the opportunity report complaint and/or grievances and recommend changes in policies or services being offered. The complaint, grievance and appeal policy and procedure must be provided upon intake by the administrator or designee. Complaints and/or grievances may be filed as a result of problems with external stakeholders, IDHW, budgets, scheduling, training, service delivery, supervision, funding, planning, service barriers, staff, etc.

The agency has a rigorous, internal process for assuring quality services and resolving problems in a prompt fashion. Please refer to the Problem Resolution policy and procedure for additional information. All grievances will be solved verbally as quickly as possible when appropriate. If a formal written grievance is filed, the right to file a grievance is outlined below:

1. A grievance is made by calling the Administrator of Prosper DDA, Kim Berger at 208-270-1309 or by sending an email to the Administrator.
2. The Administrator or designee of Prosper DDA will investigate the grievance in a timely fashion (within 1 week).
3. The Administrator or designee will consult with other Administrative team members regarding the appropriate actions required.
4. The Administrator or designee will implement any required changes (Within 1 week).
5. The Administrator will report findings of the investigation to the participant/guardian and advocate within 14 days or less.
6. Any grievances made by a participant and their family, must be documented and may be placed in their file.
7. At any time, the participant and his/her family may appeal the findings of the review and request a second, independent review of the complaint and/or grievance.
8. A local mediator will be procured if necessary to resolve the complaint and/or grievance. The mediator will be agreed upon by all parties to the grievance in writing.
9. Complaint/Grievance reports are to be handled with the utmost confidentiality. The report is to remain amongst Prosper DDA Administrative team and the people directly involved in any corrective actions. The content or context of the report may be used as training material as decided by the Administrative team.
10. If appropriate, the Administrator of Prosper DDA or designee is responsible for notifying the participant and or person filing the grievance report of the corrective action.

### **EXPLANATION/RECEIPT OF COMPLAINT, GRIEVANCE, AND APPEAL PROCEDURES**

Upon initiation of services, participants and/or guardian, where applicable, shall be provided with a packet of information, which outlines rights, responsibilities, access to grievance procedures, and the names, addresses, and telephone numbers of protection and advocacy services and legal assistance. This packet will be reviewed with the participant or guardian and written in easily understood terms. Participants will be encouraged to reflect their understanding of the grievance by (INSERT AGENCY) staff to encourage optimum independence. (INSERT AGENCY) will assure one copy of the packet is filed in the company's administrative records to be used for employee training and

quality assurance with respect to assuring the exercise of participant's right to file a grievance. Participants and their families will be encouraged to have a team consisting of paid and non-paid advocates. All applicable advocates will also receive information regarding participants' rights with (INSERT AGENCY)

## **SERVICE DELIVERY PROBLEM RESOLUTION**

### **Policy I:**

Services provided produce measurable outcomes, are high quality, and are consistent with individual choices, interests, needs, and current standards of practice.

### **Procedure I:**

The administrator or designee will review the contents and findings of service delivery investigations into problems within one week, so as to implement corrective actions and provide feedback.

As needed the administrator or designee will instruct the participant, guardians, Medicaid, IDHW, advocates or staff to use the grievance procedure to report service delivery problems

Quality Assurance Probes may be conducted covering Administrative issues such as utilization trends, finances, Rights, services delivered, and others which may arise, on an on-going basis. These will be conducted by designated administrative staff.

Participant satisfaction surveys will be conducted to ensure individuals are satisfied with the services received at all levels of the organization.

Any quality assurance probes which document problems of significance will be turned over immediately to administrative personnel so immediate corrective action may be taken. These include but are not limited to negligence, inadequate supervision of the participant, problems with the environment, lack of dignity in regard to interactions with the participant, insubordination, etc.

In the case of significant problems, the following may result: If warranted, Administrative staff will immediately contact adult/child protection with any issues of abuse/neglect. Reviewing employee schedules and assignments, transferring employees to other work assignments on both a temporary and/or permanent basis may occur. Issues and concerns will be outlined in writing approved by the QA committee.

*Note: Newly discovered problems may need to be added to the initial and ongoing training done with staff.*

Further training will generally be assumed as the first course of action. This will include time lines for correction. During the next follow up QA, corrective action time lines must be met as specified. If not, the administrator will determine what disciplinary action to take related to the seriousness of the concern.

A QA committee may meet to review all QA's and determine the need for further training, adjustment of programmatic procedures, and to recognize employees for doing a good job.

Any quality assurance probes, which document problems of significance, will be turned over immediately to administrative personnel so immediate corrective action can be taken. These include but are not limited to negligence, inadequate supervision of the participant, problems with the environment, lack of dignity in regard to interactions with the participant, insubordination, etc.

## Protection and Advocacy Information-Region 6

*In accordance with the method of informing participants of their rights described in 16.03.21, the agency provides participants and their family's information pertaining to protection and advocacy services.*

**CHILD AND ADULT PROTECTION:** *Contact these offices regarding any child or adult protection concerns.*

Child Protection Services	Adult Protection Services	701 East Alice
208-239-6200	208-233-4032	P O Box 129
1070 Hiline Rd	214 E Center St #B	Blackfoot, ID
Pocatello, ID	Pocatello, ID 83201	83221
83201	1-208-233-4032 or	855-552-5437
855-552-5437	1-800-526-8129	

**DISABILITY RIGHTS IDAHO:** *Contact this organization for assistance with the following concerns: disability discrimination, educational rights, barriers to voting, access to public benefits, assistive technology, community access, abuse or neglect, planning for work, rights in facilities, and other disability issues.*

DisAbility Rights Idaho Pocatello Office: 1246 Yellowstone Avenue, Suite A-3 Pocatello, Idaho 83201-4374 208-232-0922 208-232-0938 (fax) 866-309-1589 (toll-free)www.disabilityrightsidaho.org	DisAbility Rights Idaho Corporate Office (Boise): 4477 Emerald Street, Suite B-100 Boise, Idaho 83706 208-336-5353 (TDD/Voice) 208-336-5396 (fax) 800-632-5125 (toll-free) www.disabilityrightsidaho.org
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Idaho CareLine  
Dial 2-1-1 or  
1-800-926-2588

Free statewide community information and referral service, database of social services and programs including free or low cost programs such as rental assistance, energy assistance, medical assistance, food and clothing, child care resources, and emergency shelters.

### OTHER USEFUL INFORMATION:

Regional Medicaid Services  
Horizon Plaza  
1070 Hiline  
Pocatello, ID 83201  
208-239-6260  
Nurse Reviewers, Personal Care, Long Term Care, Certified Family Homes, Healthy Connections, Adult Developmental Disabilities

Blackfoot Service Complex  
701 East Alice, P O Box  
129, Blackfoot, ID 83221  
208-785-5826

Developmental Disabilities Program, DD & Infant Toddler eligibility determination, early intervention services for children from birth to age three, family support, behavioral intervention, mental health services.

# PROSPER DDA

## Verification of Notification and Receipt Form

- **Verification of Receipt of Participant's Rights Agreement**

(16.03.21.301.05.c, 16.03.21.505.02.a)

I have read, understood, received a verbal explanation of, and received a copy of my rights as a participant receiving developmental services from the agency.

- **Verification of Receipt of Names, Addresses, Telephone Numbers of Protection and Advocacy Services** (16.03.21.301.05.c, 16.03.21.505.02.a)

I have read, understood, received a verbal explanation of, and received a copy of the names, addresses, and advocacy services in my region from the agency.

- **Verification of Receipt of Grievance Procedure and Grievance Filing, and Grievance Response**

(16.03.21.301.05.c, 16.03.21.406, 16.03.21.505.01.e, 16.03.21.505.02.a)

I have read, understood, received a verbal explanation of, and received a copy of the agency's grievance procedure, know how to access it, and understand how to file a grievance (including the agency's response within 14 days or less). I also agree to utilize the grievance procedure prior to, or in addition to escalating complaints to external stakeholders, government agencies, or other providers whenever possible.

By signing this form I acknowledge that I have read, understood, received an explanation of the information listed above, provided copies of each, and agree to adhere to the regulations therein. This was done pursuant to relevant language in IDAPA Code.

Participant/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Prosper DDA**  
**Client Information**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: Telephone:

**Requester Information**

Requester Name (if different from client): Prosper DDA

**Authorization**

I authorize the following individual, organization or business: Tooth Town Chubbuck, Pocatello School District, Portneuff Family Medical, Just 4 kids urgent care, Walmart Optometry- Chubbuck

---

To disclose my confidential information to the following individual, organization or business:

Prosper DDA

Information to be disclosed: Any items relevant to the client's treatment, care, health and/or safety

**Authorization Expiration**

This authorization will expire in 12 months from the date signed unless another date is specified here: \_

\_\_\_\_\_

*I understand that my signature allows for the sharing of confidential client information. I understand that shared information will be for the sole purpose of treatment, care and accessing necessary resources and services. I understand that I can revoke this authorization at any time, however revoking this authorization cannot undo information shared prior to the revocation.*

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

\_\_\_\_\_ Relationship to client: Caseworker/Guardian