

Iowa Department of Health and Human Services
Interdisciplinary Team Members Agreement

The undersigned are in agreement with the goals, activities, and responsibilities discussed during this meeting unless otherwise indicated in "REMARKS" below. Based on information gathered during the Assessment process, this plan is appropriate for:

Team Members Name (Printed)	Relationship or Agency	Signature	Date or Did Not Attend

- | | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 1. I/my representative understand what targeted case management is and have chosen HHS TCM as my provider. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. If requested, I/my representative have reviewed the list of providers who could also provide these services. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I/my representative have freely chosen to work with the providers listed in my plan. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. I/my representative have reviewed and understand my rights and responsibilities | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. I/my representative was asked, prior to my meeting if I needed any services, equipment or aids to help me communicate. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. I/my representative participated in this meeting and my personal preferences are reflected in my plan. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. My representative participated in this meeting. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I/my representative understand that I have the authority to request a meeting to revise this plan. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. I/my representative understand that if I don't agree with the care planning process there are steps to resolve the conflict, I/my representative will contact my Case Manager and inform them of my concerns. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. I/my representative understand that if I have an after-hours emergency, I/my representative will follow my crisis plan and will inform my Case Manager of the emergency. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. I/my representative have discussed with my Case Manager the differences between the 911 and 988 emergency numbers. 911 is available for emergency services (Police, Fire, Ambulance). 988 is available for suicidal and emotional distress. I may call or text 988, or access the 988lifeline.org website. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. I/my representative have discussed with my Case Manager that if I/my representative need to report abuse, neglect or exploitation, I/my representative will call the statewide abuse hotline at 1(800)362-2178 and will also notify my Case Manager. If there is an unexplained death, I/my representative will contact my Case Manager. | <input type="checkbox"/> | <input type="checkbox"/> | |

Please address any no answers:

Remarks:

<p>I have been given information about Consumer Choices Option and understand my right to direct some or all of the services I need.</p> <p>At this time, I would like to participate in Consumer Choices Option. <input type="checkbox"/></p> <p>At this time, I am declining to participate in Consumer Choices Option. <input type="checkbox"/></p>
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If you have further remarks upon receipt of the typed plan, contact your Case Manager

_____ at _____

Signature of Member _____

Date _____

Signature of Guardian _____

N/A

Date _____

Witness _____

Date _____

You Have the Right to Appeal

What is an appeal? An appeal is asking for a hearing because you do not like a decision the Department of Human Services (DHS) makes. You have the right to file an appeal if you disagree with a decision. You do not have to pay to file an appeal. [441 Iowa Administrative Code Chapter 7].

How do I appeal? You can appeal in person, by telephone or in writing for SNAP, Child Care Assistance, Family Investment Program, Rent Reimbursement Program or Medicaid. You must appeal in writing for all other programs by doing **one** of the following:

- Complete an appeal electronically at https://secureapp.dhs.state.ia.us/dhs_titan_public/appeals/appealrequest, **or**
- Write a letter telling us why you think a decision is wrong, **or**
- Fill out an Appeal and Request for Hearing form. You can get this form at your county DHS office.

Send or take your appeal to the DHS, Appeals Section, 5th Floor, 1305 E Walnut Street, Des Moines, Iowa 50319-0114. If you need help filing an appeal, ask your county DHS office.

How long do I have to appeal? For SNAP or Medicaid, you have 90 calendar days to file an appeal from the date of a decision. For all other programs, you must file an appeal within 30 calendar days of the date of a decision or before the date a decision goes into effect

If you file an appeal more than 30 but less than 90 calendar days from the date of a decision, you must tell us why your appeal is late. If you have a good reason for filing your appeal late, we will decide if you can get a hearing.

If you file an appeal 90 days after the date of a decision, we cannot give you a hearing.

Can I continue to get benefits when my appeal is pending? You may keep your benefits until an appeal is final or through the end of your certification period if you file an appeal within 10 calendar days of the date the notice is received. A notice is considered to be received 5 calendar days after the date on the notice. For the Family Investment Program, Child Care Assistance and Medicaid, benefits can also continue if you file an appeal before the date a decision goes into effect. Any benefits you get while your appeal is being decided may have to be paid back if the DHS's action is correct.

How will I know if I get a hearing? You will get a hearing notice that tells you the date and time a telephone hearing is scheduled. You will get a letter telling you if you do not get a hearing. This letter will tell you why you did not get a hearing. It will also explain what you can do if you disagree with the decision to not give you a hearing.

Can I have someone else help me in the hearing? You or someone else, such as a friend or relative can tell why you disagree with the DHS's decision. You may also have a lawyer help you, but DHS will not pay for one. Your county DHS office can give you information about legal services. The cost of legal services will be based on your income. You may also call Iowa Legal Aid at 1-800-532-1275. If you live in Polk County, call 243-1193.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity It is the policy of the Iowa DHS to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa DHS, Hoover Building, 5th Floor –Policy Bureau, 1305 E Walnut, Des Moines, IA 50319-0114 or via email contactdhs@dhs.state.ia.us

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:

1. **mail:** Food and Nutrition Service, USDA
1320 Braddock Place, Room 334
Alexandria, VA 22314; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** FNCSIVILRIGHTSCOMPLAINTS@usda.gov

This institution is an equal opportunity provider.

Member Rights

You have the same rights as everyone else.

You have:

1. The right to your privacy, including the right to have private conversations.
2. The right to have information about you and your situation kept confidential unless you sign a Release of Information for us to share information with someone else.
3. The right to be treated with respect and to be addressed as you wish.
4. The right to enter into contracts, unless that right has been limited by a Court of Law.
5. The right to due process.
6. The right to review your official case management record of service, the case manager's file.
7. You have the right to live without fear of being abused or neglected.

If you are afraid of anyone or believe anyone is abusing or neglecting you. You can call the 24-hour hotline at: 1-800-362-2178 and ask for help. You should also tell your case manager.

Your rights can be limited only with written approval from you or your legally authorized representative.

If we think that any of your rights should be limited we will discuss that with you.

1. We will explain what right we think should be limited.
2. We will explain why we think it should be limited.
3. We will explain how this limitation would affect your life and what we will do to help you meet your needs in this area of your life.
4. We will help you plan to remove the limitations.
5. We will review these limitations with you when you want to talk about them and every year at your team meeting.

Complaint Process

If you have questions, concerns, complaints or grievances about any aspect of your case management services, and are not able to resolve them with your case manager, you should call the HHS Targeted Case Management central office at (515) 281-7163 and ask to speak with an Administrator. Or, the complaint may be delivered personally or by mail to the Division of Behavioral Health and Disability Services, Department of Health and Human Services, Lucas Building, , 321 East 12th Street, Des Moines, Iowa 50319-0114, or by telephone (515)201-1040.

Member Responsibilities

1. You have the responsibility to cooperate with the ICP to the best of your ability.
2. You have the responsibility to participate in your team meeting.
3. You have the responsibility to attend meetings with your Case Manager as agreed in order for the Case Manager and yourself to monitor your progress.
4. You have a responsibility to treat peers and professionals with the same dignity and respect with which you would like to be treated