



## EASTERSEALS RIGHTS AND RESPONSIBILITIES

Easterseals operates with the goal of assisting individuals to reach a maximum level of independence and wellness in body, mind, and spirit. To achieve this goal, each client should be an active and integral part of the services offered. Clients are encouraged to remember and exercise the following rights and responsibilities.

### **Rights of Easterseals Clients:**

1. Clients have the right to be valued and respected as individuals.
2. Clients have the right to privacy.
3. Clients have the right, when there is a need, to have support to exercise and safeguard their rights.
4. Clients have the right to decide which personal information is shared and with whom and the right to be informed about how those decisions impact their services.
5. Clients have the right to utilize the Easterseals' Grievance and Appeal Process in the event they are unable to develop a solution to a problem with the therapist or director.
6. Clients have the right to develop and accomplish personal goals.
7. Clients have the right to supports to maintain good health.
8. Clients have the right to have an impact on the services they receive.
9. Clients have the right to be provided with provisions and oversight of the high-quality supports and services.
10. Clients have the right to input into which provider they will work with.
11. Clients have the right to know the rules that apply to his or her conduct in the program.
12. Clients have the right to review his/her file at any time.
13. Clients have the right to referral suggestions throughout services and when services end.
14. Clients have the right to know the benefits to which he/she is entitled.
15. Clients have the right to modified equipment and other techniques as a part of reasonable accommodation.
16. Clients have the right to have freedom from abuse, financial or other exploitation, retaliation, humiliation and neglect.

### **Responsibilities of Easterseals Clients:**

1. Clients have the responsibility of treating others with the respect and dignity they themselves would expect. This respect also extends to the property of the facility and to the property of other persons.
2. Each client is responsible for their own belongings and property. Easterseals assumes no responsibility for loss.
3. Clients have the responsibility of reimbursing or repairing any property damage caused to another client's property or Easterseals' property.
4. Clients have the responsibility of providing to the best of their knowledge, accurate, complete and timely information needed by the program.
5. It is the responsibility of the client or their representative to report any changes like address, phone number, medications, and insurance to Easterseals team members.
6. Clients have the responsibility of letting team members know, to the best of their ability, whether or not they understand the plans and what is expected of them.
7. Clients have the responsibility to participate in therapy. Therapy works best if clients take their responsibility to practice or do activities outside session.
8. It's the responsibility of the client to attend all sessions as scheduled and complete required paperwork.

### **Rights of Easterseals' Guardians:**

1. Guardians have the right and should ask questions to understand service delivery and process.
2. Guardians have the right to communicate concerns with the provider or their supervisor
3. Guardians have a right to utilize the Easterseals' Grievance and Appeal Process in the event they are unable to develop a solution with the program director and or their designee.
4. Guardians have the right to participate in all sessions to the extent the client and therapist deem appropriate.
5. Guardians have the right to review the client's file at Easterseals.
6. Guardians have the right to provide training to team members about working with the client.
7. Guardians have the right to be valued and respected by Easterseals team members.
8. Guardians have the right to be treated without discrimination by Easterseals team members.
9. Guardians have the right to informed consent. Informed consent means that the Guardian understands and agrees with program decisions.
10. Guardians have the right to be updated on the client's progress as desired.

### **Responsibilities of Guardians:**

- Guardians will support Easterseals' decision to operate client choice programming; Easterseals believes that each person has preferences, desires and goals and will work with clients to understand and support them in obtaining the quality of life they desire.
- Guardians have the responsibility of treating Easterseals team members with the same respect and dignity they can expect from Easterseals. This includes refraining from any form of discrimination based on age, sex, gender identity, race, religion, sexual orientation or disability or for any other reason.
- Guardians will support Easterseals decisions made in relation to the State laws and accreditation requirements in which the agency operates.
- Guardians have the responsibility to report any changes of the client's personal data.

### **NONDISCRIMINATION**

No person shall be discriminated against because of race, color, national origin, sex, gender identity sexual orientation, age, mental or physical disability, creed, religion, or political belief when applying for or receiving benefits or services from Easterseals. No person will be retaliated against or have barriers to services after filing complaints or concerns.

## **Easterseals Iowa Brain Health Informed Consent/Consent to Treat**

I have chosen to receive a treatment service with Easterseals in the Brain Health program. This service is often called *therapy* or *counseling*. It is important I understand the below so I can take full benefit of this service:

- I can stop therapy at any time
- No one can promise I will feel better. Therapy is a collaborative relationship with my therapist and I will work with them to resolve whatever brought me to therapy.
- Sometimes therapy can result in me feeling uncomfortable or triggered, I will tell my therapist when this happens.
- Therapy happens at Easterseals or over telehealth. I can email some information or call, but my therapist won't do therapy on email or over the phone and can't respond to emergencies over email. Also, email and other messages can be read or listened to by others, so my therapist won't send any confidential information that way.
- If I am using insurance or another way to pay for these services, Easterseals will provide me with a *diagnosis*. Usually people call this a *mental illness*, but Easterseals prefers to talk about Brain Health. If my therapist gives me a *diagnosis*, they will probably talk with me about what that means for me.
- Easterseals can't be responsible for any impacts of the diagnosis in my life, but will work with me to protect my rights under State and Federal law if needed.
- All information about my brain health will not be shared with anyone without my permission through a *Release of Information*.
- I can access my record or file whenever I want to, I just need to ask my therapist or the Director.
- If I receive other services at Easterseals, my therapist will likely talk with my team to help make sure I get my needs met. They will tell me about this before it happens and make sure its ok with me.
- If I disagree with a decision Easterseals makes I can file a grievance or appeal. I can ask my therapist or the Director of Brain Health, Tony Raymer, for more information about this if I need it.
- Sometimes my therapist may consult with other professionals so they can best meet my needs. They won't share any identifying information with that professional and that professional also has to keep the information confidential.
- My therapist is required by law to share some information without my permission including:
  - If there is an imminent (meaning likely to happen soon) danger to myself or someone else they will tell law enforcement
  - If they have reason to suspect child, dependent adult, or elder abuse (someone who is supposed to take care of someone else who is hurting them physically, sexually, emotionally, or taking advantage of their money), my therapist will tell the Department of Human Services (DHS)
  - If the courts issue a *court order* or *subpoena* for my record or my therapist to testify at court my therapist will have to follow that request
- My therapist is under the supervision of the Director of Brain Health, Tony Raymer, and will likely talk with him about my therapy.

When I sign the sign off form, I (or my parent/guardian) am saying that I want to participate in Brain Health Services at Easterseals, Iowa. I know I can stop whenever I want. My consent to do therapy at Easterseals ends after a year.



## Notice of Privacy Practices

**Purpose:** 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. If you have any questions about this Notice, please contact our Privacy Officer at (515) 309.2618

**Policy:** This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected Health Information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices by logging on [www.eastersealsia.org](http://www.eastersealsia.org), calling the office and requesting that a revised copy be sent to you in the mail or asking for one the next time you are in our office. Your information may be used or transferred by different formats including paper documents, video, audiotape and electronic means.

### Procedures:

#### **1. Uses and Disclosures of Protected Health Information**

##### **Uses and Disclosures of Protected Health Information Based upon Your Written Consent**

You will be asked to sign an acknowledgement of receipt of protected health information form. Once you have acknowledged the potential use and disclosure of your protected health information for treatment, payment and health care operations by signing the acknowledgement form, we will use or disclose your protected health information as described in this Section 1. Your protected health information may be used and disclosed by our team members and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the practice.

Following are examples of the types of uses and disclosures of your protected health care information that we are permitted to make once you have signed our acknowledgement form. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that we may undertake once you have provided consent.

**Treatment:** We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services including continuation of care. This includes the coordination or management of your health care with a third party that has already obtained your

permission to have access to your protected health information. For example, we would disclose your protected health information, as necessary, to another agency that provides care to you; a case manager, and/or additional members on your team. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you.

In addition, we may disclose your protected health information from time-to-time to a physician or health care provider (e.g., a specialist or laboratory) who, at our request, becomes involved in your care by providing assistance with your health care diagnosis or treatment.

**Payment:** Your protected health information will be used, as needed, to obtain payment for your health care services. This may include certain activities that your health insurance plan, or other providers, such as Polk County Health Services may undertake before it approves or pays for the health care services we recommend for you such as; making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities.

**Healthcare Operations:** We may use or disclose, as needed, your protected health information in order to support our business activities. These activities include, but are not limited to, quality assessment activities, employee review activities, licensing, and fundraising activities, and conducting or arranging for other business activities.

For example, we may use a sign-in sheet at the registration desk where you will be asked to sign your name. We may also call you by name when our team members ready to see you. We may use or disclose your protected health information, as necessary, to contact you to remind you of your appointment.

We will share your protected health information with third party “business associates” that perform various activities (e.g., billing, transcription services) for us. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health-related benefits and services that may be of interest to you. Your name and address may be used to send you a newsletter about the services we offer.

We may also send you information about products or services that we believe may be beneficial to you. We may contact you about the opportunity to participate in fundraising for Easterseals. You may contact our Privacy Officer at (515) 289-1933, or by writing to 401 NE 66<sup>th</sup> Ave, Des Moines, IA 50313 to request that these materials, and contacts not be sent to you or mailed to you.

## **Other Permitted and Required Uses and Disclosures That May Be Made**

**Required By Law:** We may use or disclose your protected health information to the extent that the use or disclosure is required or allowed by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, as required by law, of any such uses or disclosures.

**Public Health:** We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. The disclosure will be made for the purpose of controlling disease, injury or disability. We may also disclose your protected health information, if directed by the public health authority, to a foreign government agency that is collaborating with the public health authority.

**Communicable Diseases:** We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

**Health Oversight:** We may disclose protected health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies that oversee the health care system, government benefit programs, other government regulatory programs and civil rights laws.

**Abuse or Neglect:** We may disclose your protected health information to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, we may disclose your protected health information if we believe that you have been a victim of abuse, neglect or domestic violence to the governmental entity or agency authorized to receive such information. In this case, the disclosure will be made consistent with the requirements of applicable federal and state laws.

**Legal Proceedings:** We may disclose protected health information in the course of any judicial or administrative proceeding, in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized), in certain conditions in response to a subpoena, discovery request or other lawful process.

**Law Enforcement:** We may also disclose protected health information, so long as applicable legal requirements are met, for law enforcement purposes. These law enforcement purposes include (1) legal processes and otherwise required by law; (2) limited information requests for identification and location purposes; (3) pertaining to victims of a crime; (4) suspicion that death has occurred as a result of criminal conduct; (5) in the event that a crime occurs on county premises; and (6) medical emergency (not on the county's premises) and it is likely that a crime has occurred.

**Criminal Activity:** Consistent with applicable federal and state laws, we may disclose your protected health information, if we believe that the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. We may also disclose protected health information if it is necessary for law enforcement authorities to identify or apprehend an individual.

**Workers' Compensation:** Your protected health information may be disclosed by us as authorized to comply with workers' compensation laws and other similar legally established programs.

**Required Uses and Disclosures:** Under the law, we must make disclosures to you and when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 C.F.R. section 164.500 etc. seq.

### **Uses and Disclosures of Protected Health Information Based upon Your Written Authorization**

Other uses and disclosures of your protected health information will be made only with your written authorization, unless otherwise permitted or required by law as described below. You may revoke this authorization, at any time, in writing, except to the extent that we have taken an action in reliance on the use or disclosure indicated in the authorization.

### **Other Permitted and Required Uses and Disclosures That May Be Made with Your Consent, Authorization or Opportunity to Object**

We may use and disclose your protected health information in the following instances. You have the opportunity to agree or object to the use or disclosure of all or part of your protected health information. If you are not present or able to agree or object to the use or disclosure of the protected health information, then we may, using professional judgment, determine whether the disclosure is in your best interest. In this case, only the protected health information that is relevant to your health care will be disclosed.

**Others Involved in Your Healthcare:** Unless you object, we may disclose to a member of your family, a relative, a close friend or any other person you identify, your protected health information that directly relates to that person's involvement in your health care. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may use or disclose protected health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Finally, we may use or disclose your protected health information to an authorized public or private entity to assist in disaster relief efforts and to coordinate uses and disclosures to family or other individuals involved in your health care.

**Emergencies:** We may use or disclose your protected health information in an emergency treatment situation. If this happens, we shall try to obtain your consent as soon as reasonably practicable after the delivery of treatment. If we have attempted to obtain your consent but are unable to obtain your consent, we may still use or disclose your protected health information to treat you.

**Communication Barriers:** We may use and disclose your protected health information if we attempt to obtain consent from you but are unable to do so due to substantial communication barriers and we determine, using professional judgment, that you intend to consent to use or disclosure under the circumstances.

## **2. Your Rights**

Federal law grants you certain rights with respect to your protected information. Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights.

**You have the right to receive notice of our policies and procedures used to protect your protected health information.** This means you may request the rules about how Easterseals is making sure that your protected information is private and only shared with those whom you have given us permission to share.

**You have the right to inspect and copy your protected health information; however the request must be in writing and may be denied in certain limited situations.** This means you may inspect and obtain a copy of protected health information about you that is contained in a designated record set for as long as we maintain the protected health information. A “designated record set” contains medical and billing records and any other records that we use in making decisions about you.

Under federal law, however, you may not inspect or copy the following records; psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding, and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our Privacy Officer if you have questions about access to your medical record.

**You have the right to request a restriction of your protected health information.** This means you may ask us not to use or disclose any part of your protected health information for the purposes of treatment, payment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in this Notice of Privacy Practices. Your request must state the specific restriction requested and to whom you want the restriction to apply.

We are not required to agree to a restriction that you may request. If we believe that it is in your best interest to permit use and disclosure of your protected health information, your protected health information will not be restricted. If we do agree to the requested restriction, we may not use or disclose your protected health information in violation of that restriction unless it is needed to provide emergency treatment. With this in mind, please discuss any restriction you wish to request with us. You may request a restriction in writing to our primary contact.

**You have the right to request to receive confidential communications from us by alternative means or at an alternative location.** We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or specification of an alternative address or other method of contact. We will not request an explanation from you as to the basis for the request. Please make this request in writing to our Privacy Officer.



You have the right to revoke in writing any prior authorizations for release of information of protected health information, except to the extent that action has already been taken. This means that you can request in writing that we no longer release information to a party which you had earlier given us permission to release information.

**You may have the right to have us amend your protected health information.** This means you may request an amendment of protected health information about you in a designated record set for as long as we maintain this information. In certain cases, we may deny your request for an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us and we may prepare a rebuttal to your statement and will provide you with a copy of any such rebuttal. Please contact our Privacy Officer to determine if you have questions about amending your medical record.

**You have the right to receive an accounting of certain disclosures we have made, if any, of your protected health information.** This right applies to disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice of Privacy Practices. It excludes disclosures we may have made to you, to family members or friends involved in your care, or for notification purposes. . The right to receive this information is subject to certain exceptions, restrictions and limitations.

**You have the right to obtain a paper copy of this notice from us,** upon request, even if you have agreed to accept this notice electronically.

### **3. Our Responsibilities.**

Federal law also imposes certain obligations and duties upon us with respect to your Protected Information. Specifically, we are required to:

- Provide you with notice of our legal duties and our policy regarding the use and disclosure of your Protected Information.
- Maintain the confidentiality of your Protected Information in accordance with state and federal law;
- Review your requested restrictions regarding the use and disclosure of your Protected Information and inform you if these restrictions will be used;
- Allow you to inspect and copy your Protected Information during our regular business hours pursuant to any legal restrictions;
- Act on your request to amend Protected Information within sixty (60) days and notify you of any delay which would require us to extend the deadline by the permitted thirty (30) day extension. Although this does not guarantee that amendment is appropriate;
- Accommodate reasonable requests to communicate Protected Information by alternative means or methods; and
- Abide by the terms of this notice.

### **4. Complaints**

You may complain to us or to the Secretary of Health and Human Services if you believe your privacy rights have been violated by us. You may file a complaint with us by notifying our Privacy Officer of your complaint. We will not retaliate against you for filing a complaint.

You may contact our Privacy Officer, at (515) 309-2618 for further information about the complaint process.

Please note we reserve the right to revise this notice at any time. Should we revise this notice; the revised notice will be posted at [www.eastersealsia.org](http://www.eastersealsia.org). In addition, a current copy of our notice of privacy practices may be obtained by calling (515) 289-1933.

**Owner:** Director, Customer Care and Compliancy

**Created:** 4/03

**Date Reviewed:** 3/20

**Next Review Date:** 3/21



## Programs and Services

### **Achieving Independent Methods**

Achieving Independent Methods (AIM) is designed to be a wrap around program for clients to learn and grow all while utilizing one program. The program offers a full range of direct services, including employment, housing, health services, recreation, daily living skills and socialization. A representative payee can assist with bill payments and money management.

AIM serves adults age 18 and older with intellectual disabilities, brain injuries, physical disabilities, and developmental disabilities. Clients must be referred through Case Managers and Service Coordinators in cooperation with Polk County Health Services. The program is funded by Polk County Health Services.

### **Assistive Technology Center**

Assistive Technology is technology used by individuals with disabilities in order to perform functions that might otherwise be difficult or impossible. The Easterseals Iowa Assistive Technology Center provides:

**Equipment Loan:** Easter Seals loans durable medical equipment such as electric hospital beds, electric and manual wheelchairs and adaptive bathroom devices.

**Demonstration Center:** The Demonstration Center showcases different types of assistive technologies, such as tub lifts, kitchen and bathroom features, and other items individuals may use to make their home more accessible.

**Lending Library:** Equipment and resources are available for families, individuals, counselors and schools.

### **Brain Health Services**

You often hear these services called mental health services, or therapy, or counseling. In Brain Health Services people receive private and confidential support from licensed clinician to help them to manage life's stressors and problems. We provide brain health services one on one, to a family, and in group settings. We serve people across the lifespan. Easterseals' brain health program also provide support to the other programs at Easterseals to help develop holistic health in the whole community through training, education, support, and experiential activities.

### **Camp and Respite**

Children and adults with and without disabilities enjoy all Easterseals Iowa Camp Sunnyside has to

offer including canoeing, an animal farm, horseback riding, archery, nature trails, the Variety Club Rec Center, an accessible indoor pool and the Meredith Tree House. At night campers sleep in new, air conditioned lodges. Sessions are held at Camp Sunnyside for campers age five and older. Week-long and day camps are offered during the summer.

The Easterseals Iowa Respite program provides temporary care for children and adults with disabilities, allowing parents/caregivers a break while providing the clients with a safe, and supported social environment. Regularly scheduled respite weekends are held at Easterseals Iowa Camp Sunnyside twice monthly. Emergency care is also available.

### **Case Management**

Easterseals Iowa Case Managers promote independence by proactively partnering with individuals and their families. We connect with services and supports to best meet every person's unique needs. From achieving employment to securing housing, accessing healthcare to building a support system, our solution-focused, problem-solving professionals leverage individual and team strengths to reach each person's goals. Our case managers are knowledgeable advocates who encourage hope, create space for change, motivate toward achievement and celebrate successes.

The Easterseals Iowa Case Management program, as a lead agency working on behalf of Polk County Health Services, welcomes a wide variety of children and adults with complex, multi-occurring needs. We foster an effective, integrated approach in order to fulfill our mission of ensuring everyone has an equal opportunity to live, learn, work and play in their community.

### **Child Development Center**

The Bob & Billie Ray Child Development Center at Camp Sunnyside provides education in an integrated setting where children with and without disabilities ages six weeks to five years old have the opportunity to learn and grow together in a fun and unique environment. Children enjoy horseback riding, year-round swimming, nature trails, two spacious playgrounds, a tree house, boating and more at Camp Sunnyside. All children benefit from playing, learning and growing together.

The Child Development Center uses Creative Curriculum to promote development and learning in the core areas of social emotional, physical, cognitive and language development to prepare children for preschool. Character Counts In Iowa resources are also incorporated, instilling trustworthiness, respect, responsibility, fairness, caring and citizenship. Throughout the day children engage in sensory motor activities, language development, motor play, reading and music.

### **Clients Socially Integrated**

Clients Socially Integrated is a community-based day program for adults with disabilities focused on learning transferable skills that lead to independence in the community. This is achieved by spending the day out in the community, learning to navigate the public transportation system, relationship building, problem solving and deciding as a group what activities to do.

Communication, safety, transportation and independent skills are sharpened as clients visit historical sites, volunteer, visit coffee shops, go to movies and much more.

### **Life Club**

The Easterseals Iowa adult day habilitation program Life Club takes place on site at Camp Sunnyside as well as in the Des Moines community. The program provides training in skills such as socialization, communication, problem solving, creative thinking, peer relationships and more. Life Club clients

make friends, get out to see different community attractions and choose and lead activities they enjoy. Team members focus on strengths and independence as clients participate in activities. Favorite activities include horseback riding, swimming, sports, bowling, singing and wellness.

### **Mercy Project SEARCH**

Project SEARCH is an internship program that places young adults with special needs in a real working environment, giving them skills to prepare for the workforce. The goal of the program is community-based employment for clients. Through total workplace immersion, clients experience a seamless combination of classroom instruction, career exploration, and relevant job-skills training obtained through strategically designed internships. While at their internships, participants receive follow-along job support services with the goal of becoming independent at their sites. Internships take place at Mercy Medical Center.

### **PURPOSE**

The Easterseals Iowa program PURPOSE promotes inclusion in the community, while focusing on skills that will prepare clients for greater independence. Clients participate in activities that are community-based, not organized by a service provider or exclusively for people with disabilities. Activities focus on volunteering, health and wellness, financial wellness, politics and advocating for rights, knowing about community resources and becoming a part of the community. Activities are grouped into three main categories: spiritual, civic (local politics & volunteerism), and cultural (community events, clubs, and classes). Clients choose activities in these areas and learn how to safely use public transportation. PURPOSE serves adults who are diagnosed with intellectual or developmental disability.

### **Rural Solutions**

For many farm family members and rural residents with a disability, Rural Solutions represents their only hope of returning to farming and their communities. Easterseals Iowa offers agricultural work site and home modification consultations, peer support, services for the family, information and referrals, and medical equipment loan services. Team members are knowledgeable about resources throughout the state that can address the unique needs of rural family members with disabilities, and actively pursue services that will enhance their lives.

Any farm family member with a disability or individual with a disability living in a town with a population less than 2,500 is eligible for services through the Rural Solutions program. Easterseals Iowa Rural Solutions services are provided free of charge to the individual and family receiving the services.

### **Supported Community Living**

Supported Community Living (SCL) provides people with disabilities the opportunity to live as independently as possible in the community. Service includes support with safety, housekeeping, finances, communication, employment, socialization, transportation and wellness.

Hourly Supported Community Living serves children and adults from just a few hours per month up eight hours per day. This goal-focused program maintains the independence clients currently have while working toward greater independence. Clients access the community in new and exciting ways by utilizing public transportation, grocery shopping, working out and forming meaningful relationships with peers.

Twenty-Four Hour Supported Community Living serves adults who require eight or more hours of service per day. Service is provided in the place of residence and the community, where clients learn independent living skills such as household maintenance, meal planning, budgeting and socialization—all while working toward the goal of greater independence.

### **Supported Education**

Supported Education is a unique program designed to give participants support and guidance as they develop marketable skills through post-secondary education. Participants are provided with ongoing support throughout the semester with registering for classes, accessing campus resources and communicating with faculty. There is also a one-week skills training available prior to each semester focusing on stress and time management, college expectations and developing natural supports on campus.

### **Supported Employment**

Supported Employment assists clients in both obtaining and maintaining community-based employment. A job developer supports clients in determining employment opportunities they are interested in and in finding a job. Job developers also support clients to fill out applications, prepare resumes and perfect interview skills. Once a job is obtained, a job coach assists clients to learn job responsibilities, the culture and values of the work environment, job accommodations and explaining how employment affects their benefits.

### **Veteran and Military**

Easterseals Iowa advocates for, connects with and provides support services for military service members, veterans, and their families, as they integrate back into communities and pursue healthy, productive lives.

Programs include:

- **Rural Solutions:** This program provides on-site rehabilitation services to veterans with disabilities and their families who are engaged in or aspire to pursue a career in agriculture. Rural Solutions serves veterans with disabilities living in Iowa towns with populations less than 2,500 people.
- **Information and Referrals:** Staff will assist families to connect with other community resources and agencies.
- **National Veteran Caregiver Training Program:** Easterseals Iowa participates in this program as a host site and facilitates the support of caregivers of veterans.
- **Assistive Technology:** Easterseals Iowa lends or loans items to assist with daily living and durable medical equipment such as wheelchairs, commodes, bath benches and more to veterans at a low cost.



## Easterseals Iowa Client Grievance and Appeal Process

**Also See:** Ethics Policy

**Purpose:** Easterseals Iowa will work with each client to meet their individual goals. Easterseals offers many programs and services to assist clients in achieving their goals. Eligibility for services varies from service to service and funding sources of each service. There are times when a decision may be made in which a client may not agree. The grievance and appeal process is in place to assist with resolution.

**Policy:** Easterseals team members will work with each individual and the interdisciplinary team to develop goals and objectives for service delivery. Clear communication is essential for everyone involved to ensure agreement on how goals will be achieved. Anyone filing a grievance or appeal can do so without retaliation from any Easterseals team member. Clients or guardians who disagree with program plan(s) or decisions made should utilize the following process.

**Procedure:**

- The client and/or their representative should notify the director of the service in writing stating the grievance or decision to be reviewed, along with supporting information to be considered.
- A client may request an internal advocate to assist with the process. In the event that an internal advocate is requested, the Quality Assurance Program Assistant will be assigned to support the client in understanding their rights and responsibilities for the process. If the client prefers an outside advocate the Quality Assurance Program Assistant will provide the client with the contact information for Disability Rights Iowa. A guardian may also request contact information for Disability Rights Iowa.
- Once the grievance is received, the director of the service will review and respond with a decision within ten working days.
- If the decision is still unsatisfactory, please submit the grievance or appeal request to the Chief Talent Officer. The Chief Talent Officer will review the information and make a decision in writing within ten working days.
- If the resolution is still unsatisfactory, the final grievance or appeal shall be forwarded to the President/CEO. The President/CEO will review the information and requested additional information if necessary. A written response will be forwarded within 30 days. The decision will be final.

**Owner:** President/CEO

**Approved:** 12/99

**Review Date:** 1/19

**Next Review Date:** 1/20