

Participant Profile Sheet



IDAPA 16.03.21.301.05

Date: _____

Participant Legal Name: _____

Medicaid Number: _____

Birthdate: _____

Gender: _____

Residence: _____

Living arrangements: _____

Parent(s)/Guardian: _____

Cell Phone: _____

Email: _____

Cell #2: _____

Email #2: _____

Emergency Contact: _____

Phone Number: _____

Relationship to Participant: _____

School: _____

Grade: _____

Address: _____

Phone Number: _____

Fax Number: _____

Primary Physician: _____

Address: _____

Phone Number: _____

Fax Number: _____

NPI # _____

Occupational Therapy Provider: _____

Address: _____

Phone Number: _____

Fax Number: _____

Physical Therapy Provider: _____

Address: _____

Phone Number: _____

Fax Number: _____

Speech Language Therapy Provider: _____

Address: _____



Other Providers Cont'd

SLP: Phone Number: _____ Fax Number: _____

Mental Health Provider: _____

Address: _____

Phone Number: _____ Fax Number: _____

Other Providers Not Listed Above: _____

Address: _____

Phone Number: _____ Fax Number: _____

Case Manager or Service Coordinator: _____ Agency: _____

Email: _____ Phone Number: _____

Special Medical Needs: _____

Allergies/ Physical Limitations: _____

Special Dietary Needs: _____

Medications: _____

Any other information we should be aware of? (i.e. toileting assistance... etc.) _____

Profile Sheet Cont'd



Participant Name: _____ Date: _____

Behavioral information

Current Behaviors (Circle all that apply): Verbal Aggression Physical Aggression Lying Stealing
Self-Injurious Behavior PICA (eating non edible items) Property Destruction Screaming
Defiance Obsessive-Compulsion Sexual Misconduct Tantrum Elopement

Other/Explanation of behaviors: _____

Participant Likes: _____

Participant Dislikes / Non-preferred tasks: _____

Means of Communication/ Gestures: _____

Adaptive Equipment (i.e. glasses, hearing aids, wheelchair, universal cuff, etc.) _____

**Upper Valley Options, Inc.
Emergency Medical Care Release**



I _____ give permission for Upper Valley Options, Inc. to take _____
to a medical emergency room or hospital in the event of a minor medical emergency and
participant/guardian/care provider is not available to provide assistance or transportation. In the event of a
serious medical emergency, 911 will be called.

Pertinent medical information, such as medications, seizures, allergies, etc. will be provided, if required to the
medical facility providing emergency care.

It is understood that Upper Valley Options, Inc. is not responsible for the cost or quality of emergency care
provided. Upper Valley Options, Inc. is only acting as a Good Samaritan and has no other responsibilities
implied or assumed.

Participant's Full Name: _____

Medicaid Number: _____

Insurance Name & Policy # _____

Participant Name (Print)	Guardian Signature	Date
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Upper Valley Options, Inc. Representative Signature	Date
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NOTICE OF PRIVACY PRACTICES – PROTECTED HEALTH INFORMATION



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.

The Health Insurance Portability and Accountability Act of 1996 (HIPPA) established requirements for health care providers that govern the use and disclosure of individual health information. This information, known as protected health information (PHI) includes virtually all individually identifiable health information held by Upper Valley Options, Inc. Protected health information may include your name, address, phone number, birth date, social security number, employment information, and medical and health claims information as well as other data. This Notice describes the privacy practices of Upper Valley Options, Inc. used in the treatment, payment or health care operations.

USES AND DISCLOSURES OF YOUR PROTECTED HEALTH INFORMATION

Upper Valley Options, Inc. is required by law to maintain the privacy of your protected health information (PHI) and to provide you with this Notice of Upper Valley Options, Inc. legal duties and privacy practices with respect to your PHI.

Upper Valley Options, Inc. uses your PHI to determine your eligibility for benefits, to process your benefits claims, and to administer its operations. In some cases, your PHI may only be disclosed with your written authorization, while in other instances, your authorization is not required. For example, Upper Valley Options, Inc. may disclose your PHI, without your authorization, to insurers, third party administrators, and health care providers for treatment, payment and health care operations purposes. Upper Valley Options, Inc. may also disclose your PHI, without your authorization, to third parties that assist Upper Valley Options, Inc. in its operations, to government and law enforcement agencies, to your family members in limited instances, and to certain other persons. Except as outlined below, we will not use or disclose your PHI unless you have signed a form authorizing the use or disclosure. You have the right to revoke that authorization in writing except to the extent that we have taken action in reliance upon the authorization.

For Treatment. Treatment includes providing, coordinating, or managing health care by one or more health care providers. Treatment can also include coordination or management of care between a provider and a third party, and consultation and referrals between providers.

For Payment. We may make requests, uses, and disclosures of your PHI as necessary for payment purposes. This can include eligibility determinations, utilization management activities, claims management and billing. For example, Upper Valley Options, Inc. may share information about you in order to coordinate payment of benefits.

For Health Care Operations. We may use and disclose your PHI as necessary for our health care operations. Examples of health care operations include creation, renewal or replacement of client program, compliance auditing, business management, quality improvement and assurance, and other functions related to your care at Upper Valley Options, Inc.

Business Associates. Upper Valley Options, Inc. discloses your PHI, without your authorization, to its business associates, which are third parties that assist Upper Valley Options, Inc. in its operations, for treatment, payment and health care operations. For example, Upper Valley Options, Inc. may share your health information with a business associate for the purpose of handling enrollment and disenrollment. Upper Valley Options, Inc. enters into agreements with its business associates to ensure that the privacy of your health information is protected from unauthorized disclosure.

Updated 5/2022

Other Products and Services. We may use and disclose your PHI for the purpose of communicating to you about your services that could enhance or substitute for existing services.



Other Uses and Disclosures That May be Made Without Your Authorization. The federal health privacy laws provides for specific uses or disclosures of your PHI that Upper Valley Options, Inc. may make without your

Required by Law. Upper Valley Options, Inc. may use and disclose PHI as required by federal, state or local law. For example, Upper Valley Options, Inc. may disclose your PHI for the following purposes:

- For judicial or administrative proceeding pursuant to court or administrative order, legal process and authority
- To assist law enforcement officials in their law enforcement duties
- To report information if we suspect abuse, neglect, or domestic violence.

Health and Safety. Your health information may be disclosed to avert a threat to the health or safety of you, any other person, or the public, pursuant to applicable law. Your PHI also may be disclosed for public health activities, such as reporting disease, injury, birth and death, and for public health investigation, and meeting the reporting and tracking requirements of government agencies.

Government Function. Your PHI may be disclosed to the government for specialized government functions, such as intelligence, national security activities and protection of public officials. Your PHI also may be disclosed to health oversight agencies that monitor the health care system for audits, investigation, licensure, and other oversight activities.

Emergency Situations. Your PHI may be used or disclosed to a family member or others involved in your care in the event of an emergency, or to a disaster relief entity in the event of a disaster.

Others Involved in Your Care. In limited instances, your health information may be used or disclosed to a family member, or others who Upper Valley Options, Inc. has verified are involved in your care or payment for your care.

Personal Representative. Your PHI may be disclosed to people you have authorized to receive such information or people who have the right to act on your behalf.

Treatment and Health Related Benefits Information. Upper Valley Options, Inc. and its business associates may contact you to provide information about treatment alternatives or other health related benefits and services that may interest you, including, for example, alternative treatment, services, or medication.

Research. Under certain circumstances, Upper Valley Options, Inc. may use or disclose your PHI for research purposes, as long as the procedures required by law to protect the privacy of research data are followed.

ANY OTHER USES AND DISCLOSURES REQUIRE YOUR EXPRESS AUTHORIZATION

Uses and disclosures of your PHI other than those described above will be made only with your express written authorization. You may revoke your authorization in writing. If you do so, Upper Valley Options, Inc. will not use or disclose your PHI authorized by the revoked authorization, except to the extent that Upper Valley Options, Inc. has relied on your authorization.

Once your PHI has been disclosed pursuant to your authorization, the federal privacy protections may no longer apply to the disclosed health information, and that information may be re-disclosed by the recipient without your or Upper Valley Options, Inc. knowledge or authorization.

Updated 5/2022

RIGHTS THAT YOU HAVE



Access to your PHI. You have the right to copy and/or inspect certain of your PHI that we maintain. Certain request for access to your PHI must be in writing, must state that you want access to your PHI and must be signed by you or your representative.

Accounting for Disclosures to your PHI. You have the right to request restrictions on certain of our uses and disclosures of your PHI for insurance payment or health care operations, disclosures made to persons involved in your care, and disclosures for disaster relief purposes. For example, you may request that we not disclose your PHI to your spouse. Your request must describe in detail the restriction you are requesting. HIPAA does not require us to agree to your request but we will accommodate reasonable requests when appropriate. We retain the right to terminate an agreed-to restriction if we believe such termination is appropriate. In the event of a termination by use, we will notify you of such termination. You also have the right to terminate, in writing or orally, any agreed-to restriction.

Request for Confidential Communication. You have the right to request that communications regarding your PHI be made by alternative means or at alternative locations. For example, you may request that messages not be left on voice mail or sent to a particular address. We are required to accommodate reasonable requests if you inform us that disclosure of all or part of your information could place you in danger. Requests for confidential communications must be in writing, signed by you or your representative.

Complaints. If you believe your privacy rights have been violated, you can file a complaint with Upper Valley Options, Inc. in writing. You may also file a complaint in writing with the Secretary of U.S. Department of Health and Human Services in Washington, D.C., within 180 days of the violation of your rights. There will be no retaliation for filing a complaint.

In addition to the privacy policy, Upper Valley Options, Inc. also has instituted the following to safeguard your protected health information:

- Ivette Acevedo has been appointed privacy officer
- All faxes containing protected health information will be sent using the confidential fax cover sheet
- All client files must be labeled with a confidential sticker
- A notebook containing personal client information is locked in the reception desk to be used in case of an emergency such as a car accident where emergency contacts, medications, phone numbers would be needed
- All computers containing personal health information are protected by passwords that are changed every 90 days.
- Quality Assurance practices contain verification that personal health information is being protected in compliance with HIPAA regulations and Upper Valley Options, Inc. policies and procedures.
- Business associates must sign a confidentiality agreement.

Right to a Copy of This Notice. You have the right to a paper copy of this Notice.



Verification of Receipt of Notice of Privacy Practices

By signing this form, I verify that I have received a copy of Upper Valley Options, Inc. privacy practices.

(Previous document)

Participant Name (Print)	Guardian Signature	Date
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Upper Valley Options, Inc. Representative Signature	Date
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Transportation Release

I give my permission for the below named client to be transported by Upper Valley Options, Inc., its employees, and/or a commercial carrier to and from community activities.

Participant Name (Print)	Guardian Signature	Date
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Upper Valley Options, Inc. Representative Signature	Date
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Verification of Receipt of Grievance Procedure and Verification of Receipt of

Advocacy and Protection Resources (IDAPA 16.03.21.301.05.c)

By signing this form, I verify that I have read, understood, received a verbal explanation and received a copy of Upper Valley Options, Inc. grievance procedure.

Participant Name (Print)	Guardian Signature	Date
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Upper Valley Options, Inc. Representative Signature	Date
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CLIENT GRIEVANCE PROCEDURE

You have the right to disagree with the decision of the multidisciplinary treatment team when their decision concerns you. If you disagree, you can ask that the decision be reviewed. To do this, follow these suggested steps:

Administrative Review of Appeal/Grievance

All complaints shall be filed in written form. If the complainant cannot or is not able to write, Upper Valley Options, Inc. will, on an individual basis, accommodate the complainant in expressing her/his complaint in written form.

The appeal/grievance shall be addressed to the appropriate supervisor. If the supervisor is the target of the grievance, it shall be addressed to the Administrator, in which case it shall be deemed an Executive Review, pursuant to the following section. The initial appeal/grievance will result in an Administrative Review by the supervisor (except as noted above).

The Administrative Review shall be completed within thirty (30) working days of receipt of the request. The findings of the Review shall be written unless the complainant does not read. In such case, the Review shall be communicated in the complainant's alternate communication format.

A report of the findings of the review by the supervisor shall be sent to the complainant within ten (10) working days from the completion date of the review.

Executive Review of Appeal/Grievance

Should the complainant be dissatisfied with any determination made within an Administrative Review, the complainant may request an Executive Review by the Administrator. This appeal/grievance shall be in written form unless the complainant cannot or is not able to write.

The Executive Review shall be held within thirty (30) days after the receipt of the initial request for the review. The decision of the Executive Review shall set forth the issues, relevant facts, pertinent provisions on which the decision is based, and reasoning that led to the decision. The complainant shall be sent the decision within ten (10) days from the completion of the Review. Reasonable time extensions may be made for good cause shown by either party or at the request of either party with the approval of both parties.

Actions which the supervisor or Administrator may take include, but are not limited to

1. determining that the complaint is invalid;
2. meeting informally with the advocate to correct substantiated allegations;
3. reassigning the case to another advocate;
4. reflecting the substantiated grievance on personnel evaluations;
5. changing Upper Valley Options, Inc. policy; and/or
6. incorporating substantiated allegations into appropriate proceedings for termination of employment.

The Executive Review is the final determination of the agency; however, utilization of the appeal/grievance procedure does not preclude initiation of other grievance procedures that may be authorized by state or federal laws.

Additional resources are also available to you:

COMMUNITY ADVOCACY RESOURCES

Adult/Child
Development Center
2475 Leslie Avenue
Idaho Falls, ID 83402
208-525-7223

Child and Family
Services, Region 7
150 Shoup Ave. Idaho
Falls, ID 83402
208-528-5900

CO-AD 845 West
Center Suite C 107
Pocatello, ID 83404
208-232-0922

Adult Protection
935 E. Lincoln Rd
Idaho Falls, ID 83401
208-522-5391

Participant / Guardian Copy



Participant Rights

Provided Under Idaho Code. Section 66-412, 66-413
Idaho Code, as well as additional rights listed in 16.03.21.505.01
provide the following rights for participants:

- Humane care and treatment;
- Not be put in isolation;
- Be free of restraints, unless necessary for the safety of that person or for the safety of others;
- Be free of mental and physical abuse;
- Voice grievances and recommend changes in policies or services being offered;
- Practice their own religion;
- Wear their own clothing and retain and use personal possessions;
- Be informed of their medical and habilitative condition, of services available at the agency, and the charges for the services;
- Reasonable access to all records concerning themselves;
- Refuse services; and
- Exercise all civil rights established by law, unless limited by prior court order.
- Privacy and confidentiality;
- Receive a response from the agency to any request made within (14) fourteen business days;
- Receive services that enhance the participant’s social image and personal competencies and, whenever possible, promote inclusion in the community;
- 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;
- Review the results of the most recent survey conducted by the Department and the accompanying plan of correction;

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*By signing this form, I verify that I have read, understood, received a verbal explanation, and received a copy of my rights as a participant receiving services from Upper Valley Options, Inc. This was done pursuant to relevant language in IDAPA code and the Medicaid Provider Agreement.



Participant Rights

Provided Under Idaho Code. Section 66-412, 66-413

Idaho Code, as well as additional rights listed in 16.03.21.505.01

provide the following rights for participants:

- Humane care and treatment;
- Not be put in isolation;
- Be free of mechanical restraints, unless necessary for the safety of that person or for the safety of others;
- Be free of mental and physical abuse;
- Voice grievances and recommend changes in policies or services being offered;
- Practice their own religion;
- Wear their own clothing and retain and use personal possessions;
- Be informed of their medical and habilitative condition, of services available at the agency, and the charges for the services;
- Reasonable access to all records concerning themselves;
- Refuse services; and
- Exercise all civil and all other rights established by law, unless limited by prior court order.
- Privacy and confidentiality;
- Receive a response from the agency to any request made within (14) fourteen business days;
- Receive services that enhance the participant's social image and personal competencies and, whenever possible, promote inclusion in the community;
- 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;
- Review the results of the most recent survey conducted by the Department and the accompanying plan of correction.

Upper Valley Options, Inc.
Statement of Order



Requested Services Please check the following services you are interested in receiving:

- Respite
- Community Based Supports
- Behavioral Intervention
- Interdisciplinary Training
 - Speech Language Therapy
 - Occupational Therapy
 - Physical Therapy
- Family Education

Please give a description of the major concerns and/or goals that you would like to be addressed through services: _____

Participant Name (Print)

Guardian Signature

Date

Upper Valley Options, Inc. Representative Signature

Date



Required Documents to Begin Services

When we receive the application, we will send out the releases to gather the needed information to determine eligibility.

For children, we will be gathering several documents to determine eligibility:

- Your child's current IEP
- A copy of your child's most current physical / well child check completed within the last year. If you child has not been seen by their physician, please schedule a physical as soon as possible. Many Physicians will not provide a referral without a current physical.
- Speech Therapy, Occupational Therapy, Physical Therapy Evaluations (if applicable)
- Plan of Service from the Department of Health and Welfare

If you have any of these documents, please submit them with the application. This will help expedite the process.

Thank you again for choosing Upper Valley Options as your Developmental Disability Agency. We look forward to working with you. If we can be of any further assistance, please contact our Rexburg office at 208-359-3133, or Idaho Falls office at 208-524-7126.

-Erin Anderson, Clinical Supervisor

Erin.andersonUVO@gmail.com

208-359-3133

1120 Stocks Ave Rexburg, ID

Upper Valley Options, Inc.
Release of Records Exchange Form



Participant: _____ DOB: _____ Date: _____

Information is to be exchanged between:

Department of Health and Welfare	&	Upper Valley Options Inc
School: _____	City: _____	Fax # _____
Physician: _____	City: _____	Fax # _____
Physical Therapist: _____	City: _____	Fax # _____
Occupational Therapist: _____	City: _____	Fax # _____
Speech Therapist: _____	City: _____	Fax # _____
Psychologist: _____	City: _____	Fax # _____
Mental Health Provider: _____	City: _____	Fax # _____
Service Coordinator: _____	City: _____	Fax # _____
Previous DDA: _____	City: _____	Fax # _____
Other: _____	City: _____	Fax # _____
Other: _____	City: _____	Fax # _____

The following information is being requested (check all the apply)

- | | |
|--|--|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Program Implementation Plans |
| <input type="checkbox"/> Well Child Check / Physical | <input type="checkbox"/> Psychological Evaluation |
| <input type="checkbox"/> Healthy Connections Referral | <input type="checkbox"/> Functional Assessment |
| <input type="checkbox"/> Doctor Referral | <input type="checkbox"/> IEP/504 |
| <input type="checkbox"/> Medical/Social Evaluation | <input type="checkbox"/> Physical Therapy Evaluation |
| <input type="checkbox"/> Developmental Evaluation | <input type="checkbox"/> Speech/Communication Evaluation |
| <input type="checkbox"/> Treatment Plan/Individual Program Plan | <input type="checkbox"/> Occupational Therapy Evaluation |
| <input type="checkbox"/> Early Childhood Service Coordination plan | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Other: _____ | |

Participant Name (Print)	Guardian Signature	Date
_____	_____	_____



Availability

Participant Name: _____

Date: _____

We can attend OT, PT, SLP, after school programs... etc. if approved through the state. Let us know if you are wanting extra help during those times.

Please name time of when those occur, and we will do our best to provide services during that time.

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday

Where would you like your child picked up from / dropped off at?