

EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL INTERVENTION (EIDBI) BENEFIT

EIDBI provider agency responsibilities

The EIDBI provider agency and its staff have responsibilities to you (the person who receives EIDBI services) and your legal representative. This document, which needs to be updated every year, explains those responsibilities.

Instructions for the person who receives services

When reviewing the individual treatment plan (ITP), your qualified supervising professional (QSP) must provide you with a written copy and verbal explanation of this document. The provider must keep the updated, signed document in your file. Read the document and ask your provider if you have questions.

Definitions

Legal representative means the parent(s) of a child who is younger than 18 years old, a court-appointed guardian or other representative with legal authority to make decisions about services for the person who receives services. The use of "you" in this document will refer to both you and your legal representative (if applicable).

| | | |
|--|---|---------------|
| FIRST NAME OF THE PERSON WHO RECEIVES SERVICES | LAST NAME OF THE PERSON WHO RECEIVES SERVICES | DATE OF BIRTH |
|--|---|---------------|

Requirements

Prior to beginning services, the EIDBI provider agency must:

1. Review this form and the [EIDBI – Your rights and responsibilities form DHS-7645A \(PDF\)](#). (Make sure you have these forms on hand when you develop your initial individual treatment plan (ITP) and each year after that.)
2. Provide you with a description of the treatment option(s) you will receive and:
 - a. Document option(s) in the agency assurance statement and your treatment plan (For more information on treatment options, see [EIDBI Manual — Treatment modalities](#))
 - b. Meet the standards of the selected treatment option(s)
 - c. Inform you of the required certifications and training for staff who will provide the treatment
3. Determine how to adapt the evaluation, treatment recommendations and individual treatment plan to you and your family's culture, values and language preferences
4. Make reasonable accommodations to provide information in other formats or languages, as needed, to help you understand your rights and the agency's responsibilities

The EIDBI provider agency and staff must follow certain policies and procedures.

Therefore the provider agency must:

1. Demonstrate compliance with federal and state laws related to EIDBI services
2. Establish business practices (including written policies, procedures, internal controls and systems) that demonstrate the EIDBI agency's ability to deliver quality EIDBI services
3. Develop and provide you with a written policy to resolve issues collaboratively with you when possible (the policy must include a timeline for when the provider will notify you about issues that arise during the delivery of services)
4. Comply with any data requests consistent with the Minnesota Government Data Practices Act

Related to staff, the EIDBI provider agency must:

1. Meet all applicable Minnesota Health Care Programs (MHCP) and EIDBI provider qualifications and requirements. For more information, see:
 - [MHCP provider requirements](#)
 - [EIDBI Manual — Overview of EIDBI providers](#)
2. Have a policy on assigning staff to a person
3. Conduct a DHS background study on all employees who have direct contact with you
4. Provide training for all agency staff on the requirements and responsibilities listed in the Maltreatment of Minors Act and the Vulnerable Adult Protection Act. This includes mandated and voluntary reporting, non-retaliation and the agency's policy for all staff about how to report suspected abuse and neglect

Throughout treatment, the EIDBI provider agency must:

1. Provide and be informed of services in ways that respect you and your family's culture, primary spoken language, values, goals and preferences
2. Verify and maintain records of every service you receive
3. Supervise you at all times
4. Offer and allow your legal representative the opportunity to observe EIDBI services
5. Promptly notify your legal representative if you are injured while receiving services. The agency staff member who provided the service must complete an incident report. (A copy of all incident and injury reports must remain on file at the agency for at least five years after the report of the incident)
6. Report maltreatment
7. Provide a coordinated care conference at the request of you or your legal representative
8. Send you a notice of termination when services end and provide you with appeal rights. Services will continue during a transition period. The transition period begins when you receive the notice and ends on the last date of service. The transition period can't be longer than 30 days. Services during the transition period must be consistent with the ITP. Provider must update ITP with discharge and termination plan if it differs from the current treatment plan. The transition plan must include:
 - a. Protocols for changing service when medically necessary
 - b. Information about how the transition will occur
 - c. The time allowed to make the transition
 - d. A description of how you will be informed of and involved in the transition.

Culture and language

The comprehensive multi-disciplinary evaluation (CMDE) provider and qualified supervising professional (QSP) must:

- Determine how to adapt the evaluation, treatment recommendations and ITP to the person and legal representative's culture, values and language preferences
- Have a Limited English Proficiency (LEP) plan that complies with Title VI of the Civil Rights Act of 1964.
- Offer communication and language assistance that complies with the National Standards for Culturally and Linguistically Appropriate Services (CLAS), as published by the U.S. Department of Health and Human Services.

Confirmation

By signing this document, I confirm that I:

- Received a verbal explanation and a written copy of this document
- Understand the EIDBI provider agency and its staff's responsibilities to me.

| | |
|---|------|
| SIGNATURE OF PERSON OR HIS/HER LEGAL REPRESENTATIVE | |
| PRINTED NAME OF PERSON WHO SIGNED | DATE |
| SIGNATURE OF QUALIFIED SUPERVISING PROFESSIONAL | |
| NPI NUMBER | DATE |

**Interpreter confirmation
(if applicable)**

I confirm that I understood the information and explained the rights and responsibilities to the person or his/ her legal representative to the best of my ability

| | |
|-----------------------------|------|
| SIGNATURE | |
| PRINTED NAME OF INTERPRETER | DATE |

Additional information and resources

- [Notice of Privacy Practices, DHS-3979 \(PDF\)](#)
- [EIDBI \(autism\) brochure, DHS-6751A \(PDF\)](#), also available in:
 - [Hmong \(PDF\)](#)
 - [Russian \(PDF\)](#)
 - [Karen \(PDF\)](#)
 - [Somali \(PDF\)](#)
 - [Oromo \(PDF\)](#)
 - [Vietnamese \(PDF\)](#)
 - [Spanish \(PDF\)](#)
- [Your Appeal Rights, DHS-1941 \(PDF\)](#)
- [EIDBI – Your rights & responsibilities, DHS-7645A \(PDF\)](#)
- [MHCP rights and responsibilities page](#)
- [MHCP provider requirements](#)
- [EIDBI Manual — Overview of EIDBI providers](#)



For accessible formats of this information or assistance with additional equal access to human services, email DHS.info@state.mn.us, call 651-431-4300 or 866-267-7655 (toll free) or use your preferred relay service.

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**651-431-4300
6-267-7655 (toll free)**

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ՔՈՒԹՎԱՆ: ԿԱՐՄԱՐԻ ԽԲՅ ԵՍՄՆ ԶԻՄՆԴԻ ՔՊԴՀՀԱԳՈՐԸ
ՀՈՒՄԱՅՆ ԽԵՂԻ ԽԵՂ ՄՅԴԻՑԱՎ ՔՈՒԹՎԱՆ ՔՄԱՐԻ

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ကြုံစွဲရက်စာတမ်းအားအခမဲ့သာသုပ္န်ပေးခြင်း အကူးအည်လိုအပ်ပါက၊ အထက်ပါဖိန်းနံပါတ်ကိုခေါ်ဆိုပါ။

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請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d'une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

알려드립니다. 이 문서에 대한 이해를 돋기

위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊັບ. ຖົງໜາກ ທ່ານຕ້ອງການການຊວຍເຫຼືອໃນການ
ແປເອກະສານນີ້ຝົດ, ຈຶ່ງໂທຣໄປທີ່ພາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun tola akka siif hiikamu gargaarsa hoo feete, lakkooobsa gubbatti kenname bilbili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda (afcelinta) qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên. LB2 (10-20)