

EARLY INTENSIVE DEVELOPMENTAL AND BEHAVIORAL INTERVENTION (EIDBI) BENEFIT

Your rights and responsibilities

People who receive EIDBI services and their legal representative(s) have rights and basic responsibilities. This document, which needs to be reviewed every year, explains those rights and responsibilities.

Instructions

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 parents 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).

Your information

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

Rights

In addition to the rights listed here, you may have the right to request reasonable accommodations under the Americans with Disabilities Act. You have the right to expect and act on all of the following rights. Doing so will not affect your services.

Records

You have the right to:

- Have your personal, financial, service and medical information kept private.
- Give consent for your private information to be released to other people or agencies.
- Have access to your records.

Concerns and complaints

You have the right to:

- Know who to contact within the provider agency if you have any concerns about your services.
- File a complaint about your provider with the DHS EIDBI team at asd.dhs@state.mn.us.
- File an appeal with Minnesota Health Care Programs or your health plan. (NOTE: You must file your appeal to the health plan first, when applicable. See [Your Appeal Rights, DHS-1941 \(PDF\)](#) for more information, including who to contact and how to file.)

Respect

You have the right to:

- Not be discriminated against based on race, gender, age, disability, spirituality, culture or sexual orientation.
- Receive services that meet your specific needs including coordination of other services such as personal care assistance (PCA), home and community-based services (HCBS), mental health, education and other supports.
- Receive services in ways that respect your culture, spoken language, values, goals and preferences.
- Ask your EIDBI provider for interpreter services.
- Be given information and support to understand the services and benefits available.

Costs

You have the right to be:

- Told of any costs you or someone else may have to pay before services begin.
- Notified ahead of time if service costs will change.

Services

You have the right to:

- Review EIDBI [manuals, legislation](#) and state plans for background and additional information on the EIDBI benefit (the EIDBI agency should help you get these materials if you ask).
- Receive information about the goals and potential outcomes of treatment (this includes potential limitations to the treatment the provider agency is able to provide).
- Be informed of services in a manner that respects and takes into consideration your culture, values and preferences.
- Seek a second opinion on the evaluation (CMDE) and your treatment plan (individual treatment plan [ITP]).
- Request a CMDE as needed
- Refuse or end services at any time and receive information about what might happen if you refuse or end services.
- Access to and coordination of other services including: education services, personal care assistance (PCA), home and community-based services (HCBS), mental health or other services.
- Request a meeting with your EIDBI service providers to coordinate your care (i.e., a coordinated care conference).
- Receive notice of termination when services end. In this case, 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. (NOTE: Provider must update ITP with discharge and termination plan if it differs from the current treatment plan.) The transition plan must include:
 - Protocols for changing service when medically necessary
 - Information about how the transition will occur
 - The time allowed to make the transition
 - A description of how you will be informed of and involved in the transition.
- Have your legal representative observe and/or attend your EIDBI treatment services (NOTE: DHS recommends informing the QSP to coordinate observations).
- Have the provider notify your legal representative within 24 hours if an incident occurs or you are injured while receiving services. The agency should provide you with information about the incident and how agency staff responded to the incident.

Maltreatment

You have the right to:

- Receive service free from physical abuse, verbal abuse, neglect or sexual abuse.
- Be free from seclusion and restraint (except for emergency use of manual restraint in emergencies).
- Be free from punitive practices and procedures outlined in [Minnesota Rules, Part 9544.0060](#).
- Be under the supervision of a responsible adult at all times.

NOTE: If an EIDBI provider has a reason to suspect abuse or neglect of children or vulnerable adults, he or she must notify local social services, according to the Maltreatment of Minors Act and the Vulnerable Adult Protection Act.

Providers

You have the right to:

- Request the in-network EIDBI provider you want.
- Choose the provider you want to perform the comprehensive multi-disciplinary evaluation (CMDE).
- Be informed of the EIDBI agency's policy on assigning staff to work with you.
- Work with qualified EIDBI providers.
- Designate an advocate to be present in all aspects of service delivery.

Research and experimental treatment

Your EIDBI provider may partner with research institutions (e.g., universities, etc.) to study effective treatment strategies and outcomes. In these circumstances, you have the right to:

- Receive information about available research or experimental treatment.
- Give or not give written consent to participate without penalty or punishment.

Financial

Providers cannot:

- Charge you for missed appointments or terminating services.
- Provide stipends or incentives to recruit or maintain services.

Responsibilities

You (specifically the legal representative) are responsible to:

- Report changes in a timely manner to the EIDBI provider (e.g., scheduling, medical condition, dietary requirements, etc.)
- Establish and maintain eligibility for services or request help from an authorized representative to help you do so (for more information, see [MHCP Eligibility Policy Manual — Authorized representatives](#))
- Know and understand these rights to the best of your ability
- Accurately complete applications and necessary forms.

Confirmation

By signing this document, I confirm that I:

- Received a verbal explanation and a written copy of this document
- Understand my rights and responsibilities.

| | | |
|---|-----------------------------------|------|
| SIGNATURE OF PERSON OR HIS/HER LEGAL REPRESENTATIVE | PRINTED NAME OF PERSON WHO SIGNED | DATE |
| SIGNATURE OF QUALIFIED SUPERVISING PROFESSIONAL (QSP) | PRINTED NAME OF QSP | 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 |
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Additional information and resources

- [Notice of Privacy Practices, DHS-3979 \(PDF\)](#)
- [Your Appeal Rights, DHS-1941 \(PDF\)](#)
- [EIDBI Provider agency responsibilities, DHS-7645B \(PDF\)](#)
- [EIDBI \(autism\) brochure, DHS-6751A \(PDF\)](#), also available in:
 - [Hmong \(PDF\)](#)
 - [Karen \(PDF\)](#)
 - [Oromo \(PDF\)](#)
 - [Russian \(PDF\)](#)
 - [Somali \(PDF\)](#)
 - [Spanish \(PDF\)](#)
 - [Vietnamese \(PDF\)](#)
- [Maltreatment of Minors Act \(Minn. Stat. §626.556\)](#)
- [Vulnerable Adult Protection Act \(Minn. Stat. §626.557\)](#)
- [MHCP Eligibility Program Manual Client Rights and Responsibilities page](#)
- [MHCP Eligibility Program Manual Authorized Representative information](#)
- [MN Health Care Bill of Rights \(Minn. Stat §144.651\)](#)
- [Criminal penalties for acts involving federal health care programs](#)

651-431-4300 or 866-267-7655 (toll free)

Attention. If you need free help interpreting this document, call the above number.

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

သတိ။ ကြုံတွေကိုစာတမ်းအားအဆဲ့ဘာသာပြန်ပေးခြင်း အကုအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

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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。

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Thov ua twb zoo nyeem. 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.

전화번호로 연락하십시오

알려드립니다. 이 문서에 대한 이해를 돋기 위해 무료로 제공되는 도움을 받으시려면 위의 전화번호로 연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ຂ່ານຕ້ອງການການຂ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຝຣີ, ຈຶ່ງໂທຣໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

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

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LB2 (10-20)



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