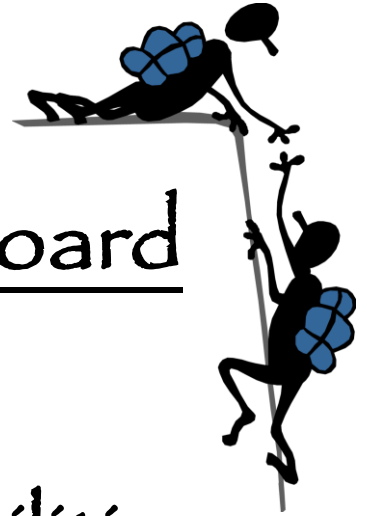


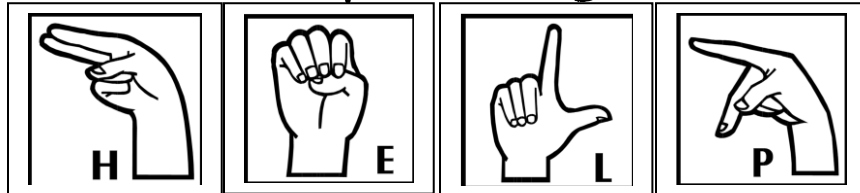
# Clermont County Board



## Developmental Disabilities

# Need Help?

*Information on due process, rights, resources*



Inside you will find information from the following departments:

- Early Intervention
- Wildey School
- Community Support Services

# Early Intervention

## Need Help?

### WHAT TO DO IF YOU ARE NOT HAPPY WITH EARLY INTERVENTION SERVICES.



1) TALK TO YOUR EARLY  
INTERVENTION SPECIALIST /  
SERVICE COORDINATOR

If they can not help then,



2) CALL THE DIRECTOR OF  
EARLY CHILDHOOD SERVICES,  
AT 513-732-7026

If they can not help then,



3) PUT YOUR COMPLAINT  
INTO WRITING. THE  
CLERMONT COUNTY BOARD  
OF MRDD GUARANTEES THAT  
THE DUE PROCESS  
PROCEEDINGS WILL BE  
COMPLETED WITHIN 30 DAYS  
OF THE WRITTEN COMPLAINT  
BEING FILED

## **Rights of Parents with children Birth to Three**



### **Your rights include:**

- The right to accept or decline some or all services from Help Me Grow program
- The right to be informed of your rights
- The right to provide informed written consent before any information about your child or family is shared between service providers and before evaluation and services begin
- All information about you and your records are kept private and confidential
- The right to review and make changes to records about your child and family at any time
- The right to request, be present at and take part in meetings about your child and family
- The right to make a formal complaint about services for your child
- The right to know to whom to make a written complaint and then get an answer to that complaint within 30 days
- Assessment of the strengths and needs of your family
- Service Coordination
- Help with writing and updating the Individualized Family Service Plan (IFSP)

### **Parents Rights of Children With a Developmental Delay or Disability**

Parents of children with a developmental delay or disability have special rights stated in the federal law called Individualized with Disabilities Education Act (IDEA). If your child has a delay or disability, your rights include:

#### **The right to the following services at no cost to you:**

- Developmental evaluation to determine eligibility
- Help with transition planning before your child turns three
- The right to have an advocate, friend or interpreter present at any or all contacts with service providers
- The right to receive written notice before there is a change in services. The written notice should include what and why the change is being proposed or denied.



## Resources for Children and Families



Bureau for children with medical handicap (BCMh).....	735-8989
Child Advocacy Center.....	821-2400
Children's Hospital Outpatient East.....	559-6000
Child Focus, Inc.....	528-7224
Cincinnati Association for the Blind.....	221-8558
Clermont Help Me Grow.....	732-5030
Clermont County Counseling Center.....	248-0421
Clermont County Head Start/Early Head Start.....	528-7224
Clermont County Department of Jobs and Family Services ....	732-7340
Clermont County General Health District.....	735-8989
Clermont County Every Child Succeeds.....	735-8989
Clermont County WIC Program.....	732-7329
Clermont County YWCA.....	732-0450
4Cs.....	221-0033
Down Syndrome Association of Great Cincinnati.....	761-5400

Easter Seal Society .....821-9890

Epilepsy Council of Greater Cincinnati.....721-2905

Families Connected.....732-5034

Jewish Vocational Services .....985-0515

Mental Health Associates of Southwest Ohio .....732-5400

National Alliance on Mental Illness (NAMI).....732-5449

Stepping Stones Center.....831-4660

**For a Complete Clermont County DD Resource Directory,  
Call 513-732-7000**



# Clermont County Board of DD

## Your "Right To Disagree" With A Decision & Your Right To Privacy

### Your Right to Question Decisions

You have the right to disagree with A decision made about you.

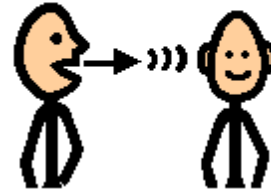
Most disagreements can be worked out *informally*:

1. Talk to the staff that work with you or your family
2. Talk to your Program Manager or Service Coordinator
3. Talk to Supervisor or Director
4. Talk to Superintendent

You also have the right to share your complaint *formally*:

1. Write your complaint
2. Give to Program Director
3. Go through formal due process at which time you will be given written procedures of what to do

I want to talk to you



Or Call CCBDD 732-7000

### Your Privacy Rights

Information about you is private. You have the right to say "yes" or "no" to people who want to talk about you or to look at your personal files.



Private



File

Yes / No

## Timelines for Resolving Formal Complaint Requests



After the County Board of DD receives a **formal** complaint:

1. The Program Manager or Service Coordinator has **10** calendar days to **look into** the complaint or disagreement
2. After the investigation, a written **report** is discussed with the individual/family within **10** calendar days
3. If individual/family is not satisfied, then they have **10** calendar days to request an **Administrative Review**
4. The **Superintendent** or a designee meets with the individual/family within **10** days of the request for the Administrative Review
5. Within **5** days of Administrative Review, a **written decision** by the Superintendent is sent to the individual/family
6. An **Appeal** to the Clermont County DD **Board Chair** must be made within **10** days of the Superintendent's decision
7. A **Hearing** will be held no earlier than **7 days** and no later than the next Board meeting
8. Within **5** days of the Hearing, a **written decision** is issued
9. Within **5** days of the Board's decision, any Appeal must be made to the **Ohio Department of DD** @ 1-800-231-5872

**\*\*\* For families in the Early Intervention Program this process will be completed within 30 days**



Clermont County Board of DD  
Consumer Complaint Form

Consumer \_\_\_\_\_ Date Reported \_\_\_\_\_

EI \_\_\_\_\_ HCBS Waiver \_\_\_\_\_ Supported Living \_\_\_\_\_

Adult Services \_\_\_\_\_ Other \_\_\_\_\_

Date \_\_\_\_\_

Description of Complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time \_\_\_\_\_

Place \_\_\_\_\_

Desired Outcome

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of staff member taking complaint \_\_\_\_\_

Routed to \_\_\_\_\_ Date \_\_\_\_\_

Routed to Program Director \_\_\_\_\_ Date \_\_\_\_\_

Response to complaint

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My signature below indicates that I agree with the resolution to the matter of dispute.

Consumer's signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

CC: consumer guardian, provider, file