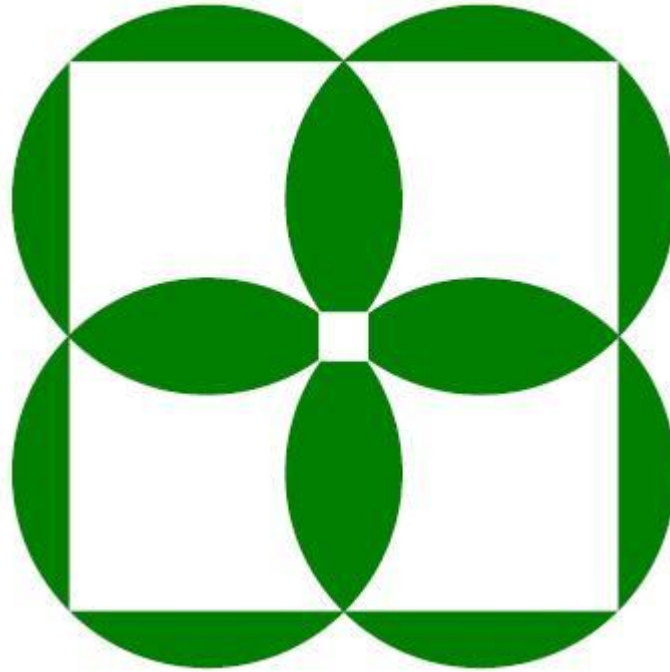


DDRB



**CASE MANAGEMENT PROGRAM
CUSTOMER HANDBOOK**

DEVELOPMENTAL DISABILITIES RESOURCE BOARD

Contact Information

1025 Country Club Road
Saint Charles, MO 63303

tel (636) 939 -3351
fax (636) 939 -3988

<http://www.ddrb.org>

If you need this information in another format,
please contact your case manager.



MISSION

Mission

The DDRB is a leader, ensuring that individuals with developmental disabilities living in St. Charles county have quality opportunities and choices to be fully included in society.

Vision

People have what they need to live the lives they choose.

Eligibility

To be eligible for DDRB Case Management Services, you must meet the following criteria:

- Deemed eligible by Department of Mental Health through their intake and determination process
- Reside in St. Charles county
- 16 years of age, or older
 - Transition ages of 16 and 17 year olds are eligible regardless of Medicaid status until age 18, when Medicaid eligibility can be determined.
 - Ages 18 and above must have active Medicaid to receive Case Management services.

Case management Services are voluntary services. If at any time you or your guardian determine that our services are no longer necessary, you can call our office and request to be discharged.

If at any time you would like to re-enter our services, you can call Department of Mental Health Intake Department at 314-244-8800 and ask to reopen your case.

If you move out of St. Charles County, please contact our office so we can assist with your transfer of services and resource information to your new location.

The DDRB Case Management Program is committed to serving all that choose us. If at any time our referrals exceed the current number of staff available, you may be put on a waitlist for services. Individuals would be removed from the waitlist based on the date of referral.

VALUES



We value the right of every individual we serve to...

- become active in the community
- maintain privacy
- retain confidentiality of records, services, and staff interactions
- access integrated programs and services
- receive quality services in a timely manner
- learn in a clean, safe, and positive environment
- have his or her personal needs met

DDRB

Case Managers

Your case manager's role is to help individuals and their families identify and obtain needed services and supports. They also advocate for, monitor, and evaluate the effectiveness of the services to make sure they meet your needs.

Case manager's will work with you and your support team (those important people in your lives) to develop an Individual Support Plan for you.

The Individual Support Plan outlines the outcomes, action steps, timelines, and people responsible for assisting with each step.

DDRB

Individualized Planning Process

The Individualized Planning Process begins by meeting with your case manager, family members, service providers, and other people that are important to your well-being.

The information gathered includes your strengths, preferences, needs, and expectations.



DDR

Individualized Planning Process

We will discuss potential outcomes, action steps, and responsibilities you, your case manager, and all team members share. Both you and your guardian are strongly encouraged to attend all meetings.

Individual Plans are developed annually and reviewed with you at least quarterly, or as you feel changes are needed.



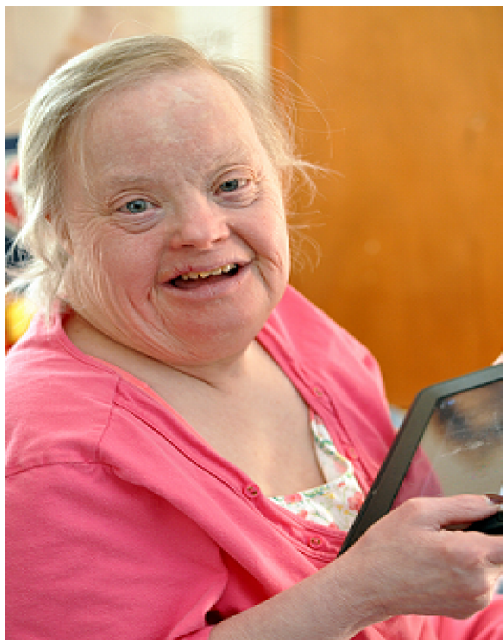
RIGHTS AND RESPONSIBILITIES



We'll help you in a place that is comfortable.



We'll help you in a place that is easy for you to get to.



RIGHTS AND RESPONSIBILITIES

with a safe and clean
environment.



RIGHTS AND RESPONSIBILITIES

Respect



All people are different. We will respect your background, beliefs, culture, and values. Please respect us in the same way.

Please respect us for who we are. We will respect you for who you are.



RIGHTS AND RESPONSIBILITIES

Laws

Please obey all laws. Respect others. Do not hurt yourself or others, or destroy property.

We will obey all laws.



RIGHTS AND RESPONSIBILITIES

Privacy



You have a right to know your information. You may complete a “Request for Records” form to request access to your information at any time.



You have a right to privacy. We will not share your personal information without your permission.

RIGHTS AND RESPONSIBILITIES

Services

There is no fee for case management services. We may bill services to MO Healthnet if you have Medicaid.

Your case manager will help determine what services you may be eligible to receive.



RIGHTS AND RESPONSIBILITIES

Services

Your case manager will clearly explain all services to you. Ask if you do not understand. You can say “yes” or “no” to any service.



You have the right to say “yes” or “no” to taking part in research.

RIGHTS AND RESPONSIBILITIES



Your case will be evaluated quickly by your case manager.



Gr

All customers and/or their legal guardian have the right to make a formal complaint, file a grievance or appeal a decision made by any DDRB employee. The DDRB ensures that such a filing will not result in penalty or reprisal by the DDRB or its employees against the customer, her/his legal guardian and/or any other individual involved. To obtain a grievance form and filing procedures, please contact the DDRB office at 636-939-3351 or visit our website at www.ddrb.org.

In the event that you as the individual and/or guardian are unsatisfied with any services or supports being provided, or when abuse and/or neglect is suspected, you can contact the following (you have the option to remain anonymous):

DDRB of Saint Charles County at 636-939-3351

Office of Constituent Service at 1-800-364-9687

Department of Health and Senior Services at 1-800-392-0210

TTD voice access 1-800-735-2466

LEGAL

Reporting

DDRB staff are required to report any suspicion of abuse, neglect, or misuse of funds. If a staff person suspects this has occurred, it will be reported to the appropriate investigative entity, as well as a DDRB leadership team member.

Case Management staff maintain ongoing relationships with any criminal justice organization for the individuals we serve.



LEGAL

Privacy

Our staff will keep your information private. No one except DDRB Case Management staff will have access to your personal information unless you give us permission in writing on an authorized release of authorization form.

We will provide information as subpoenaed, legally requested, or authorized. DDRB staff will cooperate with any other health or legal systems as required.





CONFIDENTIALITY

We want to keep you informed about your records and how you can access them. We also want to ensure that you understand your rights under the HIPAA regulations. Please ask if you have questions about this information.

Information may be released to qualified professionals who work at our agency or are involved in your case management services. It may also be released to agencies which provide services for you, with your consent.

HIPAA
Health Insurance Portability
and Accountability Act

General Information



The DDRB began providing Case Management services in May 2006. The program currently provides services to over 1200 individuals. To access our annual report for program results, refer to our website at www.ddrb.org

Our office hours are 8:00 AM to 4:30 PM, Monday through Friday. If you have a case management emergency and it is after hours or on a holiday, please contact the after-hours emergency number at 636-667-9012.

This handbook can be provided in a variety of formats. Please contact our office at 636-939-3351 for assistance.



NOTES



DDRB Case Management Program

Customer Handbook

Handbook Acknowledgement Form

A copy of the Customer Handbook has been provided for your review that includes procedures and general information about the program. In addition, the Individual Support Plan (ISP) development process as well as establishment of goals and objectives has been explained. Please contact your Case Manager at any time if you have questions regarding the content of this Handbook.

I _____, acknowledge the receipt of the DDRB Case Management Program Customer Handbook and understand the content. I understand my rights and responsibilities as a participant in the case management program.

Signature of Person Served _____ Date _____

Signature of Guardian (if applicable) _____ Date _____