



A Spark of Inspiration

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plan@spark2hope.org

website: www.spark2hope.org

Information, Rights and Responsibilities

Please review this form carefully as it describes how it may be used and how you can access information.

Information: A Spark of Inspiration will be collecting personal, and health information. This is collected to help create a plan for CDCS services specific to your health and safety needs.

We will ask you to sign a release of information for A Spark of Inspiration to send, receive and exchange confidential information with County/ Contracted case management services, financial Management Services (FMS), and other persons or entities, whom you identify to help coordinate services in the CDCS plan.

Rights:

- To identify who you would like to be present during the meeting
- To receive a copy of this privacy notice
- To receive a copy of the CDCS/CSG plan and Health and Safety Plan (HSP)
- Ask us to correct your plan or HSP if it is believed to be incorrect or incomplete
- To choose what agencies or vendors you use for services in your plan; following state, county and FMS guidelines
- You can ask us to contact you in a specific way (ex. cell, phone, email) or to send mail to a different address (ex. PO box or managing party's address)
- To choose how Personal Health Information is sent to you; standard or encrypted messaging for emails
- You can ask us to not to use or share certain information while creating, managing and amending your plan and HSP. We hold the right to say "no" in the event of ethical or legal violations.
- To have another person act on your behalf and make choices about your health information and services. (Ex: Legal guardian, agent of health care director)
- You have the right to revoke a Release of Information at any time.
 - Please sent your written request to info@spark2hope.org
 - with the date, clients name, what Release you would like to revoke and sign the request.
 - We will stop the exchange of information once the written request is receive.



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Choices:

- ❖ You have flexibility of what services and items are built into your plan, while adhering to DHS policy and county guidelines
- ❖ To share information with your family, close friends or others; you will need to fill out a Release of Information for use to be able to share information
- ❖ To have us attempt to obtain letters of recommendation or Alternative Treatment forms; we will need a Release of Information to exchange information with other providers.
- ❖ You can request changes to services/ items in your plan, please contact us for making changes to the plan.
 - The plan is flexible, however a change request should be made before the last 30 days of the plan. The county may deny a change request within the last 30 days of the plan unless under special circumstances, such that impact critical health and safety.

Your Responsibilities:

- ✓ To ask questions regarding your plan and services & To share pertinent information when creating your plan
- ✓ Only approved items or services can be accessed or reimbursed. Please request a change as needed through the support planner
- ✓ To identify goals in the plan related to your disability and services/ items you are requesting
- ✓ To communicate changes in services with us, as they may impact your budget and who we communicate with.
- ✓ To review the CDCS/CSG plan, HSP. To review the spending report throughout the year

Our Responsibilities:

- ✓ To work with you on creating a plan for your needs within your approved budget, while adhering to DHS policy and county guidelines.
 - We are unable to build services into your plan that another insurance covers.
 - Straight MA services (PCA- Personal Care Assistance, SNV- Skilled Nurse Visits, or PDN- Private Duty Nursing) are funded through MA and need to be built into the MA Home Care Services portion of the plan, which impacts your budget/services.
- ✓ We may use an estimated budget if you have not received a budget from the county. Once we receive your actual budget from the county it may impact services in your plan, which we will review with you.
 - An estimated budget will be stamped as estimated.
- ✓ We will assist you with making changes to your plan within at least 7 business days, when requested by you or the case manager
 - If the case manager makes a request for a change, we will follow up with you regarding this request before making a change
- ✓ To protect your personal information by complying with HIPAA
- ✓ We are mandated reporters, we need to report suspected abuse, neglect or domestic violence to help protect or reduce threats to anyone's health or safety.
- ✓ To comply with laws we may share information if state or federal law requires it.



Notice:

- The plan that is sent for your review is preliminary pending the county/ contracted case management review and FMS review
- Upon request the approved CDCS plan can be mailed to you.
- We will review the budget worksheet that the FMS sends to ensure that goods and services match what is listed in the approved plan
- We will request a spending report quarterly to review and as needed with changes
 - if you waive the support planner reviewing the spending report quarterly, we will not be held liable for unused funds at the end of the year, CDCS is self directed service.
- Support planning hours are based on individual needs. The hours will be built in to your plan or in to a change form.
 - Planning fees are currently /hr. However fees may increase once during the year.

I am choosing to waive the support planner monitoring the spending report quarterly and understand the terms above, that A Spark of Inspiration is not held liable for unused funds or if a change cannot be made within the last 30 days of the plan.

Acknowledgment of receipt of Notice of Practices

Consumer's name:

I have received a copy of the notice
of practices.

(consumer/ legal guardian/ responsible party)

signature

Date