



It is our honor and privilege to serve nearly 8,800 children, adults, and their families in Southern Colorado through a range of fully customizable service options. Our mission is advocating for independence and inclusion, TRE partners with children and adults who have a variety of disabilities, delays, mental health or long-term care needs. We do this using a person-centered approach in coordinating care, promoting choices, and collaborating with community partners. At The Resource Exchange, we strive to be relevant, responsive, innovative, and transformative. We offer an array of lifespan services available for children and adults with intellectual and developmental disabilities.

### **Get Started with our Navigation Department:**

In order to obtain services through The Resource Exchange, there are multiple steps you must complete to determine various requirements of eligibility. Our Navigation Department will be assisting you through the process. Our goal is to complete this process in 90 days, however timelines are dependent on how quickly documents and approvals come from yourself, your physician and outside agencies The Resource Exchange works with such as the Department of Human Services (DHS) and Health Care Policy & Financing (HCPF).

You will be assigned a Navigation Support Coordinator to assist you through this process and you must be approved for all steps of eligibility before enrolling into a service. **Please contact the Front Desk at 719-380-1100 to begin speaking with a Navigation Support Coordinator.**

1. **Developmental Disability Determination:** Developmental Delay/Disability Determination based upon Colorado's requirements.
2. **Functional Eligibility:** A Navigation Coordinator will complete an In Home Assessment to determine functional eligibility, which is the need for Long-Term Care services. Before this can be scheduled, we will need a Professional Medical Information Page (PMIP), to be completed by your doctor, to certify that services are needed.
3. **Financial Eligibility:** During the home visit, the Navigation Coordinator will also complete an application for Long-Term Care Medicaid as you must be determined financially eligible for services. The application will be submitted to the Department of Human Services and can take up to 45+ days to process.
4. **Additional Approvals:** Depending on the service you are applying for, there may be an additional application to complete to ensure that targeted criteria is met for that particular program. The additional applications are required to be submitted for review by an outside entity for approval/denial and can lengthen the intake process.
5. **Additional Assessment:** For Adults, the Support Intensity Scale (SIS) Assessment is required to be completed to assist with Service Planning and determining the level of funding for services.

### **Moving on to our Enrollment Department:**

When all intake steps are complete and each step of the eligibility process are met, you will transfer you on to the Enrollment Department. You will work with an Enrollment Coordinator to complete the following steps:

1. **Referral/Information Gathering:** Your Enrollment Coordinator will discuss services, complete a referral for services, and gather additional person centered service planning information at this meeting.

**Building Independence for People with Intellectual and Developmental Disabilities**  
**6385 Corporate Drive, Suite 301, Colorado Springs, CO. 80919**  
**719.380.1100 || 1.844.330.7495 (F) || info@tre.org (E)**  
**The Community Centered Board for El Paso, Park and Teller Counties**

2. **Service Start:** You will work with your Enrollment Coordinator to complete provider selection based on the referral responses. Your Enrollment Coordinator will assist you and your chosen provider to solidify services.
3. **30-Day Meeting:** Your Enrollment Coordinator will meet with you, your provider of choice, and your on-going Service Coordinator to review the services you have started receiving.

**Continue with our Service Coordination Department:**

Our Service Coordination Department's goal is to provide an individually-centered, family and community focused service in which programs and resources are coordinated to enhance your life. Once you are enrolled, you will be assigned a Service Coordinator who will help identify your unique strengths and ways to enhance those strengths. Your Service Coordinator will assist in providing targeted services and supports that will establish a long-term foundation for family and community inclusion.



### DD Determination Process Summary

1. Submit the Request for Developmental Disability Determination form **as soon as possible**, even if you do not have other required documents ready to submit. The completed Request form is the starting point for the Determination process and begins your Determination timeline.
2. You have **90 calendar days** following TRE's receipt of your application to submit all other necessary documentation. If you are unable to obtain the required documentation within this timeframe, you may request a **one-time** extension of up to 90 additional days.
3. For individuals under the age of 5, documentation indicating presence of a developmental delay must be submitted. For individuals 5 years of age and over, you must submit intellectual testing (with IQ or IQ equivalent scores) or adaptive behavior testing. TRE recommends submitting both if they are available. Please reference the chart below:

Required Documentation	3-5 years	5-21 years	22 years+
Records indicating presence of developmental delay(s)	Required	Not Required	Not Required
IQ Testing <b>OR</b> Adaptive Behavior Testing	Not required	Required	Required
Documentation of an established neurological condition (See p. 5 of Request for DD Determination form for examples of documents)	Not required	Required	Required
Documentation verifying developmental disability occurred prior to age 22 (See p. 5 of Request for DD Determination form for examples of documents)	Not required	Not required	Required

4. **IQ Testing** must be **current** according to state regulations. This means:
  - For individuals between age 5 and age 18 at the time of application, at least one test is available.
  - For individuals 18 years of age and older, testing must have been completed when the individual was at least 18 years of age AND within 10 years of the time of application.
  - If there is a historically consistent pattern of two or more intellectual assessments demonstrating significant intellectual impairment, they may be used regardless of the individual's age at the time of application.**Adaptive Behavior testing** must be **current** according to state regulations. This means:
  - Adaptive behavior test results are considered current if tests were administered within 3 years of the date of application.
5. **Once we have received all required documentation, TRE will have 30 days to complete DD Determination.** You will receive written notification of the Determination Decision.

On the reverse of this document you will find the Colorado definition of Developmental Disability according to the Colorado Code of Regulations. The definition includes detailed information regarding testing requirements.

*For any additional questions regarding the definition, filing an extension, submitting paperwork, testing requirements, types of testing, or where to obtain testing, or any other part of the DD determination process, please contact the Navigation Department at 380-1100.*

According to the Colorado Code of Regulations (10 CCR 2505-10 8.600.4), Developmental Disability means a disability that:

- A. Is manifested before the person reached twenty-two (22) years of age;
- B. Constitutes a substantial disability to the affected individual, as demonstrated by the criteria below at C, 1 and/or C, 2; and
- C. Has an established neurological condition and is attributable to mental retardation or related conditions which could include cerebral palsy, epilepsy, autism or other neurological conditions when such conditions result in either impairment of general intellectual functioning or adaptive behavior similar to that of a person with mental retardation.
  - 1. "Impairment of general intellectual functioning" means that the person has been determined to have a full scale intellectual quotient equivalent which is two or more standard deviations below the mean (70 or less assuming a scale with a mean of 100 and a standard deviation of 15).
    - a. A secondary score comparable to the general abilities index for a Weschler intelligence scale that is two or more standard deviations below the mean may be used only if a full scale score cannot be appropriately derived.
    - b. Score shall be determined using a norm-referenced, standardized test of general intellectual functioning comparable to a comprehensively administered Weschler intelligence scale or a Stanford-Binet intelligence scales, as revised or current to the date of administration. The test shall be administered by a licensed psychologist or a school psychologist.
    - c. When determining the intellectual quotient equivalent score, a maximum confidence level of ninety percent (90%) shall be applied to the full scale score to determine if the interval includes a score of 70 or less and shall be interpreted to the benefit of the applicant being determined to have a developmental disability.
  - 2. "Adaptive behavior similar to that of a person with mental retardation" means that the person has an overall adaptive behavior composite or equivalent score that is two or more standard deviations below the mean.
    - a. Measurements shall be determined using a norm-referenced, standardized assessment of adaptive behaviors that is appropriate to the person's living environment and comparable to a comprehensively administered Vineland Scale of Adaptive Behavior, as revised or current to the date of administration. The assessment shall be administered and determined by a professional qualified to administer the assessment used.
    - b. When determining the overall adaptive behavior score, a maximum confidence level of ninety percent (90%) shall be applied to the overall adaptive behavior score to determine if the interval includes a score of 70 or less and shall be interpreted to the benefit of the applicant being determined to have a developmental disability.
- D. A person shall not be determined to have a developmental disability if it can be demonstrated such conditions are attributable to only a physical or sensory impairment or a mental illness.

# DEVELOPMENTAL DISABILITY DETERMINATION

## **What changed in the Developmental Disability Definition?**

The definition now states that a person must have an “impairment of general intellectual functioning” and/or “adaptive behavior similar to that of a person with mental retardation.” Prior to the change both impairments were required.

## **What testing is needed?**

Psychological testing can determine a person to have a Full Scale Intellectual quotient equivalent which is two or more standard deviations below the mean. The Wechsler Adult Intelligence Scale or the Wechsler Intelligence Scale for Children may be utilized to determine an impairment of intellectual functioning.

Additionally, psychological testing can be used to determine an overall adaptive behavior composite or equivalent score which is two or more standard deviations below the mean. The Vineland Scale of Adaptive Behavior is one example of a test that determines adaptive behavioral impairments.

## **Where can I get psychological testing?**

Psychological testing can be administered at school, various community organizations, by psychologists, and at some Community Mental Health Centers. It’s important to note this testing must be administered by an approved provider.

## **Who is responsible for the cost of the testing?**

If an individual is enrolled in Medicaid, Medicaid will cover the cost of the testing if it is provided by a qualified Medicaid provider. The Medicaid provider must be enrolled with a qualifying Medicaid provider type in order to bill Medicaid. Individuals and families cannot be charged for the testing if the person is enrolled in Medicaid.

It is important to note the testing must be considered medically necessary to be covered by Medicaid.

Some private insurances may cover the cost as well. If an individual is in school, check with the school to see if they will conduct the test.

November 2014

The mission of the Department of Health Care Policy and Financing is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

[www.colorado.gov/hcpf](http://www.colorado.gov/hcpf)



## **What happens when the testing is complete?**

Once the results of the testing is available, the documentation must be submitted to the Community Centered Board who will use the information to make a determination of Developmental Disability.

## **How long is this process?**

All documentation must be provided to the Community Centered Board within 90 calendar days from the day a request for determination was made. If the necessary documentation and information are not provided within 90 days, the Community Centered Board will close the request and provide written notification of this action. An individual, parent, or legal guardian may request an extension of time, up to 90 calendar days to provide the information. The deadline cannot exceed 180 calendar days.

## **What are my responsibilities?**

As the individual, parent, or legal guardian you must submit a written request for a determination of developmental disability. This request must be submitted to the Community Centered Board serving the area in which the person resides. The individual, parent, or legal guardian is then required to submit all documentation (assessment results) for a determination to be made by the Community Centered Board.

## **What does the Community Centered Board do?**

At the time a request is made the Community Centered Board will provide any required forms and a list of the minimum required documents and information necessary to make a determination. Information on where to obtain testing for the intellectual and/or adaptive behavior assessments will also be provided, if requested. The Community Centered Board may request additional information and/or documentation as needed. A written update will be provided to an applicant no less than every 90 calendar days until a determination is made or the request is closed.

## **Contact Information**

### ***Program Contact:***

*Brittani Trujillo*

[Brittani.Trujillo@state.co.us](mailto:Brittani.Trujillo@state.co.us)

303-866-5567





## Request for Determination of Developmental Disability

This request form should be completed with assistance from your local Community Centered Board (CCB)

[View a list of all Community Centered Boards online](http://www.colorado.gov/hcpf/community-centered-boards) - [www.colorado.gov/hcpf/community-centered-boards](http://www.colorado.gov/hcpf/community-centered-boards)

Community Centered Board Information	
Community Centered Board:	
Address:	
Phone:	Fax:
Website:	

Applicant Information		
First Name:	Middle Name:	Last Name:
Date of Birth:	Age:	Gender:
Address:		County:
Home Phone:	Cell Phone:	Work Phone/Other:
Email Address:		
Preferred Method of Communication:		Marital Status:
Primary Language:	Ethnicity:	
Person Making Referral:	Current Living Arrangements:	

Primary Contact(s) Information <i>(complete all that apply)</i>				
Primary Contact				
Name:	Address:			
Home Phone:	Cell Phone:	Work Phone:		
Email Address:	Relationship to Applicant:			
Additional Contact				
Name:	Address:			
Home Phone:	Cell Phone:	Work Phone:		
Email Address:	Relationship to Applicant:			
Guardian Information				
Is there a Court Appointed Guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Guardian Name:	Relationship to Applicant:			

Financial and Medical Benefits Information <i>(complete all that apply)</i>		
SSN:	Medicaid State ID:	Medicare ID:
Supplemental Security Income (SSI) Amount:		

**Financial and Medical Benefits Information** *(complete all that apply)*

Social Security Income (SSDI) Amount:

Other Benefits *(e.g. HCBS-EBD, Children's HCBS, Trusts, etc.)*:

Private Medical Insurance:

**School Information***Please list schools beginning with most recent attended:*

School District:

School Name:

Dates of Attendance:

Special Education Program? ☐ Yes ☐ No

School District:

School Name:

Dates of Attendance:

Special Education Program? ☐ Yes ☐ No

School District:

School Name:

Dates of Attendance:

Special Education Program? ☐ Yes ☐ No**Medical Information**

List medical and health needs:

Name of Medical Provider/Medical Facility:

Address:

Phone:

Name of Medical Provider/Medical Facility:

Address:

Phone:

## Services and Supports Information

List services and supports received by the applicant such as mental health services, therapies, early intervention, etc.:

## Acknowledgements and Signatures

I understand this application is intended to solely determine whether I meet criteria for a Developmental Disability as defined by Colorado Revised Statutes [C.R.S. 25.5-10-202](#).

I understand pursuant to 10 CCR 2505-10 Section 8.607.2 a determination of developmental disability does not constitute a determination of eligibility for services or supports. Eligibility for Health First Colorado (Colorado's Medicaid Program) funded programs specific to persons with developmental disabilities shall be determined pursuant to 10 CCR 2505-10.

I have received and included with the request form, pursuant to 10 CCR 2505-10 Section 8.600 et seq and Sections 25.5-10-202, C.R.S. the following information:

1. a copy of the Confidentiality/Privacy Notice
2. a copy of the Dispute Resolution procedure
3. a copy of the Grievance procedure,
4. a copy of my rights under Colorado Revised Statutes
5. a copy of the current Colorado Developmental Disability Definition

\_\_\_\_\_ I understand that I have (90) calendar days from the date of submission of my completed application, to  
Initial submit the necessary documents and information needed to make this determination of a Developmental Disability.

\_\_\_\_\_ I understand that I have the right to request a ninety (90) calendar day extension if necessary.  
Initial

### **Applicant Signature:** *(if 18 or older)*

Typed/Handwritten Signature:

Or

Electronic Signature:

Date:

### **Parent/Guardian Signature:**

Typed/Handwritten Signature:

Or

Electronic Signature:

Date:

### **Authorized Representative Signature:**

Typed/Handwritten Signature:

Or

Electronic Signature:

Date:

## For CCB Completion Only

### **Developmental Disabilities Professional receiving the request:**

Name:

Title:

Date completed and signed request received by CCB (Request Date):

Date all documents needed for determination received (Determination Date):

# Needed Documents for Determining a Developmental Disability

Any information that documents a disability is needed to make a determination. Examples of the kinds of documents needed that would provide this information are: intellectual functioning assessments, psychological evaluations, medical examinations, mental health assessments and adaptive behavior assessments.

## 1a. Types of Possible Documentation of an Intellectual Impairment:

- Intelligence/IQ testing, using instruments that are comparable to a Wechsler or Stanford-Binet,

**OR**

## 1b. Types of Possible Documentation of Adaptive Behavior Impairments:

- Adaptive Behavior testing, using instruments that are comparable to a Vineland-II

## 2. Types of Possible Documentation of Neurological Condition:

- Neurological or neuropsychological evaluation
- Psychiatric or psychological evaluations
- Medical examinations/Records
- Professional Medical Information Page

## 3. Types of Possible Documentation for ruling out physical or sensory impairments or mental illness as sole contributors to a disability:

- School assessments and records
- Records of specialized service provision
- Medical evaluations
- Therapy assessments and provision
- Mental health services and assessments
- Psychiatric or psychological evaluations
- Hospitalizations
- Medication history
- Therapy evaluations

This request form should be completed with assistance from your local Community Centered Board (CCB)

[View a list of all Community Centered Boards online](http://www.colorado.gov/hcpf/community-centered-boards) - [www.colorado.gov/hcpf/community-centered-boards](http://www.colorado.gov/hcpf/community-centered-boards)



# PRIVACY NOTICE

## Health Insurance Portability and Accountability Act of 1996

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

### **ACKNOWLEDGEMENT OF RECEIPT OF THIS NOTICE:**

You will be asked to sign acknowledgement of receipt. If you decline to sign, we will continue to use and disclose your protected health information for treatment, payment and health care operations when applicable.

### **OUR DUTIES REGARDING PROTECTED HEALTH INFORMATION:**

"Protected Health Information" (PHI) is individually identifiable health information. We are required by law to make sure that your PHI is kept private, provide you this notice, follow the terms of the notice currently in effect and communicate any changes in the notice to you.

### **HOW WE MAY USE OR DISCLOSE YOUR PROTECTED HEALTH INFORMATION:**

Examples are not exhaustive:

Required by law	Treatment	Healthcare Operations	Legal Proceedings
Criminal Activity	Payment	Workers Compensation	Disclosures by Health Plans
Coroners	Parental Access		

### **USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION REQUIRING YOUR PERMISSION:**

Examples in which your agreement or objection is required:

Use and disclosure in inpatient directories

Disclosure of individuals involved in your health care (family, close friend, etc.)

### **YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION:**

You may exercise the following rights by submitting a written request or electronic message to the Privacy Officer.

Right to Inspect and Copy	Right to Request Restrictions	Right to Request Amendment
Right to Accounting Disclosures	Right to obtain a copy of this notice	Right to Request Confidential Communications

### **FEDERAL PRIVACY LAWS:**

This Notice of Privacy Practices is provided as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). There are several other privacy laws that also apply including the Freedom of Information Act, the Privacy Act and the Alcohol, Drug Abuse and Mental Health Administration Reorganization Act. These laws have not been superseded.

### **COMPLAINTS:**

If you believe these privacy rights have been violated, you may file a written complaint with the Community Centered Board's privacy officer, your agency privacy officer or the Department of Health and Human Services Privacy Officer. No retaliation will occur against you for filing a complaint.

### **CONTACT INFORMATION:**

The Resource Exchange Privacy Officer  
6385 Corporate Drive, Suite 301  
Colorado Springs, CO. 80919  
Phone: 719.785.6426  
Email: [CHeadBatchelor@tre.org](mailto:CHeadBatchelor@tre.org)

**For additional information regarding your privacy rights, contact your agency contract administrator. By signing below I acknowledge I have received a copy of The Resource Exchange HIPAA Privacy Notice.**

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Acknowledgement of Receipt (print & sign)

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Date

**Please sign and return a copy of this notice to:**

**The Resource Exchange, 6385 Corporate Drive, Suite 301, Colorado Springs, CO. 80919**

# You have the right to: Usted tiene el derecho de:



Private Communication and Visits  
Comunicación privada y visitas privadas



Understandable information  
Información comprensible



Ask your Provider for their service rates and payments options  
Tener el derecho de preguntar a la agencia acerca del precio de los servicios



Not be discriminated against  
No ser discriminado/a



Fair pay for work  
Pago justo por su trabajo



Confidential records  
Registros confidenciales



Personal property  
Propiedad personal



Medical services  
Servicios medicos



Religion  
Religion



Participate in your Individualized Plan (IP)  
Participar en su Plan Individualizado (PI)



Vote  
Votar



Not be abused or hurt  
No ser abusado/a o lastimado/a



Keep your rights  
Mantener sus derechos



Complain if you don't get services or if you are hurt  
Protestar si no recibe servicios o tratamiento justo

## HOW TO EXERCISE YOUR RIGHTS

You have the same human and civil rights as any other citizen. These rights should be limited or modified only to the extent necessary to be beneficial to you, and then only with due process. Due process includes your Individualized Plan, Program Review Committees, Human Rights Committees or the legal process. If you want assistance in exercising your rights, you can select a friend, family member, a staff person, a Service Coordinator/TRE Representative, the ARC of the Pikes Peak Region, or any other persons to advocate for you. The Resource Exchange is HIPAA compliant.

PERSON RECEIVING SERVICES

DATE

TRE REPRESENTATIVE

DATE

# THE RESOURCE EXCHANGE

6385 Corporate Dr. #301 || Colorado Springs CO 80919 || (719) 380-1100

## CONSENT TO RELEASE INFORMATION/PHOTOS, VIDEOS, STATEMENTS.

Client/Non Client Name:	Social Security Number (as applicable):	Birth Date (as applicable):
I hereby authorize: <b>The Resource Exchange</b>		To release information to:

1. **Authorization:** Initial ONE OF THE FOLLOWING CHOICES BELOW:

- A.   X   I authorize this to be a two-way release \_\_\_\_\_ (initial) <--- Not applicable for photo release
- B. \_\_\_\_\_ I do not authorize The Resource Exchange to photograph (name) \_\_\_\_\_ or use likeness to promote The Resource Exchange.

2. **Information Request:** Initial ALL THAT APPLY or mark "N/A" if not applicable to this consent.

The following information is requested:

	Medical Records
	Psychological Reports
	Social History
	Vocational/Residential Assessments
	Photos, Videos, Statements, printed material. These may be used with or without my name and for any lawful purpose for TRE Marketing and promotions both internally with staff and externally with the community via TRE's website and social media.
	_____ (please initial) I understand that photos, videos, statements and printed materials released between the effective date of this authorization and the date of revocation may still be used in the public domain.
	Other: (please specify)

3. **Identification Authorization:** Initial your preference.

	TRE may use my full name on marketing and promotions materials.
	TRE may only use my first name on marketing and promotions materials.
	I wish to remain anonymous.

4. **Information Usage:** The above information may be utilized for: (please specify):

5. **Consent Term:** This consent will remain in effect until (not to exceed one year: \_\_\_\_\_) (Date of Expiration)

6. **Signatures:** I/We do understand that I may revoke this authorization at any time, provided that I/we do so in writing to The Resource Exchange.

_____ Date	_____ Signature of Individual
_____ Date	_____ Signature of Parent/Guardian
_____ Date	_____ Signature of The Resource Exchange representative

## POLICIES AND PROCEDURES

Page 1

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**TITLE:** DISPUTE RESOLUTION

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**POLICY:**

It is the policy of The Resource Exchange (TRE) to address disputes with TRE services in accordance with applicable Colorado regulation and consistent with its own core values.

**POLICY APPROVED:** 09/2017 (BOARD OF DIRECTORS)

**RESPONSIBILITY:** Chief Executive Officer

**PROCEDURES UPDATED:** 08/2017

**REGULATION(S):** Colorado Codes of Regulations 10 CCR 2505-10, §8.605.2

**PROCEDURES:**

1. It is the intent of TRE to amicably resolve disputes through informal review and the Service Planning (SP) process when available. Significant attention will be focused on creating options and service alternatives that address the best interests and choices of the person receiving services. Each stage of the process will be treated as an opportunity to include fresh perspectives while achieving collaborative, creative resolutions in a person-centered way.
2. This dispute resolution procedure shall be provided verbally and in writing to persons receiving services or applicants for service, the parent(s) of a minor, guardian, and/or authorized representative at the time application for services is made, at the time the SP is developed, any time changes in the plan are contemplated, and upon request by the above named persons.
3. During the dispute resolution process, the individual(s) filing the dispute will not be coerced, intimidated, threatened or retaliated against. Nor shall utilizing the dispute resolution process negatively affect, or prejudice, future services and, if enrolled, people will continue to receive services during the dispute resolution process.
4. When TRE is acting as the Organized Health Care Delivery System (OHCDS), written notice of TRE's decision to terminate, reduce, or deny services will be sent at least fifteen (15) days prior to the action taking place. For purposes of the dispute resolution process, the date of receipt of such a notice shall be presumed to be three (3) days after the date of the mailing of the notice.
5. When a decision is made that impacts a person in Home and Community Based (HCBS) waiver services about which the PRS/guardian is dissatisfied, s/he may have the right to dispute a TRE decision by requesting a Medicaid Fair Hearing before a state administrative law judge. A Medicaid Fair Hearing can be requested in addition to or instead of the Dispute Resolution Process, depending upon the particular issue and the types of services you have applied for or are receiving.
6. The PRS will receive a notice entitled, *Long Term Care Waiver Program – Notice of Action* (LTC 803). This notice will give information regarding the action that has been proposed or has been taken, how to request a hearing before an administrative law judge, timeframes for making an appeal and a specific form needed when making a request for a hearing. Typically the following is a list of reasons this would be initiated:
  - Eligibility determination for services
  - A change in eligibility status (no longer eligible)

**POLICIES AND PROCEDURES**

Page 2

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**TITLE: DISPUTE RESOLUTION**

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- The termination of services or supports
  - A change, reduction or denial of services and supports identified in the SP.
7. The LTC 803's effective date of change will occur 11 days after the mail date.
8. If the dispute involves an action that does not require a LTC 803, is about a person in a State General Fund program, or alternative funding options, an informal and formal review process may be accessed. During this process a person has the right to bring evidence and present witness testimony either via self-representation, a spokesperson, or an attorney.
9. The following advocacy agencies have resources that may help you resolve your disputes with TRE: The Arc of the Pike's Peak Region (719-471-4800), The Arc of Pueblo (719-545-5845), Disability Law Colorado (303-722-0300), or the Colorado Cross-Disability Coalition (CCDC) (303-839-1775).
10. The Informal Review Process:
- A. The informal review is an opportunity to talk directly to the person responsible for the decision, to express your disagreement, present additional information and see if the matter can be resolved. The informal review can be done either in person or by phone within 15 days of the complaint. The informal review may be waived or bypassed when both parties agree to do so.
  - B. If the informal review process has been attempted without success or waived, the formal negotiation Process shall be initiated.
9. The Formal Negotiation Process:
- A. An impartial decision maker will be utilized in the Formal Negotiation Process. TRE's impartial decision maker will be the Chief Executive Officer (CEO) or designee. The CEO or designee shall not have been directly involved in the specific decision that is being disputed.
  - B. Parent(s) or guardian of a minor, age birth to three years, may utilize the dispute resolution process specified under the requirements of the Procedural Safeguards for Early Intervention services pursuant to the Individuals with Disabilities Education Act.
  - C. A formal review is an opportunity to meet with an impartial decision maker in a formal and recorded meeting. The intent of the formal review would be to express disagreement, present additional information, ask questions and have the opportunity to respond to see if the matter can be resolved. Legal counsel, authorized representatives and/or other individuals may be included as needed.
  - D. This meeting will be set with at least ten (10) days' notice unless waived by both parties. An electronic recording of these proceedings will occur at this meeting. -
  - E. A decision by the impartial decision maker will be given, in writing, within 15 days of the meeting. This written notification will include that the objecting party may request The Resource Exchange's Executive Director, or designee review, the final decision.
  - F. Should the objecting party remain dissatisfied with the formal negotiation process, a request can be made that HCPF complete a review.

**POLICIES AND PROCEDURES**

Page 3

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**TITLE:** DISPUTE RESOLUTION

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10. Review by HCPF:

- A. If TRE is notified that a person will be filing a dispute with HCPF all disputes proceeding according to section 8.605.2.I and the determination made thereon will be shared with HCPF within 15 days of the decision. A person may not be terminated from services and supports during this process.
- B. The request to review the formal negotiation process shall be submitted to HCPF within 15 days from the decision postmark date. HCPF may request additional information, an oral argument, or a hearing if needed.
- C. HCPF shall render its final agency action on the dispute within ten (10) working days of the submission of all relevant information and will maintain a written record of all proceedings.

# THE RESOURCE EXCHANGE

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## POLICIES AND PROCEDURES

Page 1

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**TITLE:** GRIEVANCE AND COMPLAINTS

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**POLICY:**

It is the policy of The Resource Exchange (TRE) to address grievances and complaints, or any other customer satisfaction concern with TRE services in accordance with applicable Colorado regulation and consistent with its own core values.

**POLICY APPROVED:** 9/2017 (BOARD OF DIRECTORS)

**RESPONSIBILITY:** Executive Director

**PROCEDURES UPDATED:** 8/2017

**REGULATION(S):** 10 CCR 2505-10, §8.605.5

**DEFINITIONS:**

**Grievance:** A formal expression of dissatisfaction with a decision or process bound by Colorado Revised Statutes (C.R.S.) or the Colorado Code of Regulations (CCR) but which is not governed by dispute resolution regulations and therefore cannot be appealed through the formal dispute resolution process.

**Complaint:** a report of dissatisfaction with TRE, its staff, or practices, not including those processes bound by Types of dissatisfaction may include, but are not limited to, timeliness to request of services; staff responsiveness; professionalism; customer service; quality of TRE services; or treatment that is provided in an unacceptable way.

**Complainant:** an individual who files a complaint

**PROCEDURES:**

1. It is the intent of TRE to amicably resolve grievances/complaints through informal negotiations and the Service Planning (SP) process when available. Significant attention shall be focused on creating options and service alternatives that address the best interests of the person receiving services and to provide an opportunity for individuals to come together to find a mutually acceptable solution. Each stage of the process will be treated as an opportunity to include fresh perspectives while achieving collaborative, creative resolutions.
2. The Grievance and Complaint Policy and Procedure shall be provided verbally and in writing to persons receiving services or applicants for service, the parent(s) of a minor, guardian, and/or authorized representative at the time application for services is made, changes are made to the procedure, and upon request by the above named persons.
3. During this process it is important to note that people will not be coerced, intimidated, threatened or retaliated against for having a complaint. It will not negatively affect future services and, if enrolled, people will continue to receive services during the complaint and grievance process. Filing a complaint or grievance will not prejudice the future provision of appropriate services or supports to the individual in need of and/or receiving services.

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4. Reporting a grievance or complaint is the first level of interaction for any concern with TRE. In the event an individual reports a complaint, TRE will attempt to resolve that grievance or complaint amicably with both parties. Grievance and complaints may be reported to any TRE staff member and should be reported to the appropriate TRE employee first (this could be the person with whom the issue resides or their supervisor).
5. If the complaint is not specifically against TRE, the reporter will be encouraged to report the complaint directly to the agency/person the complaint is regarding.
6. All grievance and complaints are then required to be reported via Health Care Policy and Financing's Complaint Log and submitted to the Director of Navigation and Quality, or designee, for recording and to ensure follow-up is completed within 10 business days.
7. TRE will report grievance or complaint data to Health Care Policy and Financing (HCPF) as indicated in the contract between TRE and HCPF, or as requested.
8. If the grievance or complaint is unresolved, there are additional options dependent on the program in which a person is receiving.
  - A. TRE's Chief Executive Officer/Executive Director will review the grievance or complaint and provide follow-up to the individual within 10 business days.
  - A. The following advocacy agencies have resources that may help you resolve your grievances or complaints with TRE: The Arc of the Pike's Peak Region (719-471-4800), The Arc of Pueblo (719-545-5845), Disability Law Colorado (303-722-0300), or the Colorado Cross-Disability Coalition (CCDC) (303-839-1775).

**PROCEDURE for MEDIATION:**

An individual can pursue mediation as an alternative for grievances and complaints with TRE or service agencies regarding any services funded by DIDD.

1. Mediation can be requested by the individual if they have concerns with the following (these are examples only, not an exhaustive list. Other issues that affect an individual's services can also be referred to mediation):
  - a. When the individual is not receiving needed services;
  - b. Not receiving the services agreed to by the Interdisciplinary Team (IDT);
  - c. Receiving services that are not right for him/her;
  - d. Receiving services that are not as good as they should be; or
  - e. Receiving services that are not working for him/her.
2. Mediation is not appropriate for (these are examples only, not an exhaustive list. Experience will provide ongoing opportunities to refine and expand the overall area of appropriate and inappropriate mediation issues):
  - a. Allegations of Mistreatment
  - b. Instances of actual or proposed human rights suspensions.

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- c. Issues where a decision places the individual receiving services at risk of grave harm, injury or death, or the agency in a legally binding position.
- d. Anything clearly established in statute(s), rules and regulations or contract.
- e. If an individual chooses mediation the following will occur:
  - 1. He/she will be asked if a support person is needed to help. If support is needed but there is not a support person already available, then mediation will find someone to help.
  - 2. He/she will have meetings with the mediator to explain the complaint and help the mediator understand what is needed.
  - 3. The mediator will meet with the complainant and the involved TRE employee separately to discuss the complaint. Following these separate meetings, the mediator will schedule a meeting with both parties.
  - 4. Notice of the meeting date, time and location must be given 15 days prior to the meeting (in accordance with 10 CCR 2505-10 §8.600.4), unless waived by both parties.
  - 5. The mediator will discuss the complaint and possible solutions with both parties. The outcome of the meeting, including any mutually agreed upon resolutions, will be documented in TRE's complaint records.