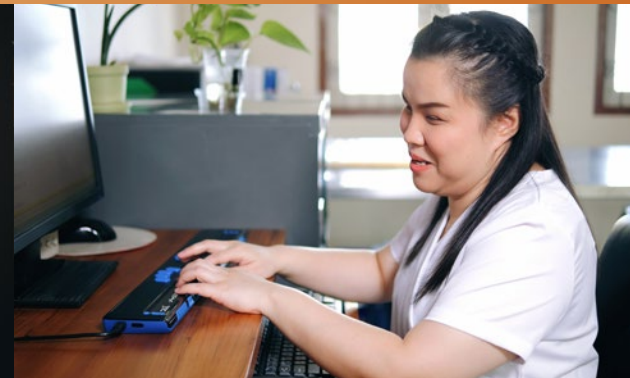




DEPARTMENT OF  
ECONOMIC SECURITY

*Your Partner For A Stronger Arizona*



Division of Developmental Disabilities  
**Member Rights and  
Responsibilities**

# Notice of Non-Discrimination

The Arizona Department of Economic Security (ADES) Division of Developmental Disabilities (DDD) complies with all federal and state laws, including: Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80, The Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91, The Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972 (regarding education programs and activities), Titles II and III of the Americans with Disabilities Act; and section 1557 of the Patient Protection and Affordable Care Act.

DDD does not discriminate on the basis of health status or need for healthcare services, race, color, national origin, age, disability, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, ancestry, age, military service or veteran status, marital status, or disability. DDD does not exclude people or treat them differently due to one of the protected classes listed above.

DDD provides no cost aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters, oral interpretation services and alternate communication formats are available for members who are deaf or hard of hearing or are blind or have low vision (large print, audio, accessible electronic formats, and other formats). DDD provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact your DDD Support Coordinator and they will arrange services for you. If you cannot reach your Support Coordinator, contact the DDD Customer Service Center at 1-844-770- 9500 option 1 (TTY/TDD 711). Address: DES Division of Developmental Disabilities MD 2HA1, 1789 W. Jefferson St., Phoenix, AZ 85007.

If you believe that DDD failed to provide these services or discriminated in another way on the basis of one of the protected classes listed above, you can file a grievance with the Division. You can file a grievance by mail or email. Your grievance must be in writing and must be submitted within 180 days of the date that the person filing the grievance becomes aware of what is believed to be discrimination. Submit your grievance to: DES Division of Developmental Disabilities, PO Box 6123, 1789 W. Jefferson St., Phoenix, AZ 85007 Email: [DDDCustomerServiceCenter@azdes.gov](mailto:DDDCustomerServiceCenter@azdes.gov). You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail at U.S. Department of Health and Human Services; 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201; or by phone: 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>.

# Contents

Arizona Law Says People With Developmental Disabilities Have Rights	4
Members Who Are Arizona Long Term Care System (ALTCS) Eligible	8
Members Who Have A Serious Mental Illness (SMI) Designation	10
Members Living In Licensed Residential Facilities	12
Member Responsibilities	14
How To File A Grievance	16
How To File An Appeal	17
Abuse, Neglect and Exploitation	19
Your Personal Health Information	24
HIPAA Complaints	26



# Arizona Law Says People With Developmental Disabilities Have Rights

*The freedoms and choices people with developmental disabilities have in Arizona.*

A person with a developmental disability in Arizona has all the human and civil rights, benefits and respect that the laws of the United States and the State of Arizona give to everyone, including:

- 1** Right to exercise their rights as a citizen.
- 2** Right to participate in social, religious, educational, cultural, and community activities.
- 3** Right to own, rent, or lease property.  
***This means:*** *You have the same right to own, rent or lease housing like everyone else.*
- 4** Right to marry and have children.
- 5** Right to be free from involuntary sterilization.  
***This means:*** *No one can make you get an operation to keep you from having children.*
- 6** Right to express human sexuality and receive training as appropriate.  
***This means:*** *You can experience relationships in all ways. You can also go to age-appropriate sex education training to learn about human sexuality.*
- 7** Right to consume alcoholic beverages if 21 years of age or older unless contraindicated by orders of their primary care provider or the court.  
***This means:*** *You can drink alcohol if you are 21 years old. You should consider how alcohol will affect your health or any medications you take.*
- 8** Right to the presumption of legal competency in guardianship proceedings.  
***This means:*** *The court believes you can manage your own life and may not need a guardian. A hearing is when you are in court with a judge. People will see you as able to answer your own questions and you can ask for help. The judge will decide if you need a guardian.*
- 9** Right to own and have free access to personal property.  
***This means:*** *You can buy things and use them whenever you want.*
- 10** Right to associate with persons of their own choosing.  
***This means:*** *You can choose the people you want in your life.*
- 11** Right to manage personal financial affairs and be taught to do so.  
***This means:*** *You can have your own money and make decisions about how to use it.*
- 12** Right to the least amount of physical help necessary to accomplish a task.  
***This means:*** *You decide how much help you need to do something.*





*The Division recognizes that all individuals with a developmental disability receiving supports and services from the Division have the right to:*

- Be treated fairly regardless of race, ethnicity, culture, national origin, ancestry, religion, gender identity or expression, age, health, social origin or condition, creed, behavioral condition (intellectual) or physical disability, sexual orientation, genetic information, marital status, medical condition, or ability to pay.  
***This means:*** *By law, you must be treated equally by DDD and the Arizona Long-Term Care System (ALTCS).*
- Be treated with respect and with due consideration for their dignity and privacy by DDD staff and providers.  
***This means:*** *DDD staff and paid service provider staff must treat you with respect because you are a valuable person. They cannot share important information about you unless you or your guardian say it is OK.*
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.  
***This means:*** *Everyone has the right not to be put in restraints, like being tied to a chair. Everyone has the right to not be put away from other people or be kept alone as punishment. Everyone has the right not to be pressured to do something they don't want to do. Everyone has the right to not be afraid someone will try to get back at you for speaking up about their actions.*
- Be free from overcorrection or the application of noxious stimuli as a negative consequence of a behavior.  
***This means:*** *No one can punish you in ways that are extreme and that physically hurt you when they think you did something wrong.*
- A safe, clean, and humane physical environment.
- Be safe from physical, verbal, sexual, psychological, or financial abuse, punishment, neglect, or exploitation.  
***This means:*** *Someone using you or your things for their own gain without asking. When someone is doing something bad to you, like hitting you, touching you, or keeping you from going outside or doing something you have the right to do.*

- Right to know who their Support Coordinator is and how to request a new Support Coordinator if wanted. A member can contact their current Support Coordinator’s supervisor or the Area Program Manager or call the DDD Customer Service Center at 1-844-770-9500 option 1 to request a new Support Coordinator.

***This means:*** *Your Support Coordinator is there to help you. If you feel you are not being helped, you can request a new Support Coordinator.*
- Receive an evaluation to see if DDD services can help them.

***This means:*** *An evaluation is filling out paperwork about your health history and how you are doing. You will also be asked questions to help decide what services you may get.*
- Participate in the evaluation and be informed of their progress.

***This means:*** *Showing up to your planning meetings and answering questions about yourself, your goals and what is important to you. Call your Support Coordinator between planning meetings if your needs change.*
- Receive a written individual person-centered service plan based on their input during the planning meeting.

***This means:*** *The person-centered service plan is created at a meeting with you, DDD and whoever you invite to attend. You have the right to say what you need and want to go into the written plan. The plan is a guide to what services you will get to help you live your best life if you want them.*
- Review their person-centered service plan regularly.

***This means:*** *You can ask for a meeting to look over or change your plan at any time by calling your DDD Support Coordinator.*
- Be supported by the organization to collaborate on decisions with their case manager.

***This means:*** *Your Support Coordinator will explain the available options in a way you will understand so you can make the best decision.*
- Be informed of all case management services available, even if a service is not covered, and to discuss options with their case manager.

***This means:*** *Your Support Coordinator will help you understand the services and supports available in the community and from DDD.*
- Be provided choices and to express preferences that will be respected and accepted.
- Be given information in a way they can understand.
- Get interpreter or translation services at no cost by asking their Support Coordinator.

***This means:*** *You have the right to ask your DDD Support Coordinator to get a person who speaks your language so you can understand what is going on if the language you speak and understand best is not English.*
- Live in the least restrictive alternative residence if they receive residential care from DDD.

***This means:*** *You can live in the community rather than a facility if you are able.*
- Not be denied equal employment based on their ability to meet qualifications.

***This means:*** *The law says that everyone is allowed to apply for employment and cannot be turned down because they have a disability. In some instances, you may not get the job because it is not a good match to your skills or abilities.*



- Receive fair pay for work.  
***This means:*** You should be paid the same as others doing the same job.
- Be free from unneeded or too much medication.  
***This means:*** You have the right to say yes or no to taking medications. It also means you do not have to take medications that are not for a medical need.
- Be accorded privacy when receiving mail, during visits and telephone conversations.  
***This means:*** You are allowed to read mail, talk with visitors or on the phone in private.
- Be accorded privacy during personal care, medical treatments, or personal discussions.

***This means:*** You can decide if you want people to help you with personal care, to be with you at medical appointments, or when you are sharing private information.

- Confidentiality of information and medical records. See page 24 for more information.
  - a Have personally identifiable data and medical information kept confidential.
  - b Know what entities have access to their information.
  - c Know procedures used by DDD to ensure their security, privacy and confidentiality.
- Receive publicly-supported academic services in accordance with Arizona education laws.  
***This means:*** You have the right to go to free public school through high school with supports. These choices can include supports you need to be successful.
- Withdraw from programs and services unless they were assigned by a juvenile court.  
***This means:*** You can stop any program or services by DDD when you want. Unless the court says you must attend the program or service.
- File a grievance with the Division. See page 16 for more information.
- Get help understanding the appeal process including how to appeal when a benefit is denied. See page 17 for more information.
- Access information about the Division, its staff, its contracted providers, and staff qualifications.
- Refuse interviews related to crimes committed against you.  
***This means:*** You can say no to being interviewed by the police or lawyers. You have the right to ask for support before the police or lawyers interview you.
- Any person with a developmental disability who believes their rights were violated can file a paper called a petition to the Superior Court for damages if other solutions are not found under federal or state laws. This includes if their rights were taken away or ignored.
- Contact the Independent Oversight Committee.





## Members Who Are Arizona Long Term Care System (ALTCS) Eligible

Members who are eligible for the Arizona Long Term Care System (ALTCS), additionally have the right to:



- 1 Know about providers who speak languages other than English. They can find this information in the DDD and DDD Health Plan Provider Directories.

***This means:*** You have the right to have a provider who speaks your language if the language you speak and understand best is not English.

- 2 Receive services in the community at the same level as others not receiving Medicaid home and community-based services.

- 3 Select where services are provided based on individual needs, preferences, and resources.

- 4 Make life choices, including daily activities, physical environment, with whom they interact, and who provides services and supports.

***This means:*** You can choose where you want to live, who you spend time with, what you do in with your time, and who provides your services and supports.

- 5 Make decisions about their care. This includes refusing care or getting details about what could happen if they get, or do not get, care.

***This means:*** Care can mean getting medical help from a doctor or other people. You have the right to say yes or no to getting the help. You need to ask what medical problems could happen to you if you say no to medical help.

- 6 Get a second opinion from a qualified physical or behavioral health care professional at no cost to them within their health plan network or outside the network if there is no in-network option.

***This means:*** When you get a diagnosis or treatment information and you don't agree with it or want to make sure it is true, you have the right to ask another doctor or mental health counselor if they think the diagnosis, information or health plan is right.

- 7 Get information about their treatment options and alternatives in a way they can understand.

***This means:*** You can ask questions and listen to all the choices you have about your medical issue.



- 8** Develop a contingency plan with their provider agency to decide what they want to do if a caregiver is late or does not show up for each of their assessed services.

***This means:*** *You and your provider will create a backup plan. The plan will include details about what the provider will do if there is a problem. The plan will also include what to do if your staff cannot come, will be late, or leaves early. You decide what the contingency plan will be. This will help you to know what is going on. This will also prevent you from going without services.*
- 9** Request information about the structure and operation of their health plan.

***This means:*** *You can call Member Services about your DDD Health Plan or the DDD Tribal Health Program. The phone number is on the back of your medical card.*
- 10** Know how their plan pays providers, controls costs, and uses services. This information includes whether their plan has Physician Incentive Plans (PIP) and a description of the PIP.

***This means:*** *You can call the phone number on the back of your medical card to ask how your health plan pays your doctors and others who help you.*
- 11** See their health care records at any time and ask for their health care records to be changed or corrected.

***This means:*** *You can ask your doctor or the medical person you see to look at your medical records or chart. You can ask to come to the office to look at the chart or record at no cost if they are not able to give you a copy. You have the right to ask the doctor or medical staff to change the information, if you feel the health care records are not correct.*
- 12** Request a copy of their health care records at no cost every year. They should receive a response to their request within 30 days of making it.

***This means:*** *One time a year, you can ask for your medical records from your DDD Health Plan and there is no cost. You can ask for your records more than one time, but you may have to pay money for it. Your DDD Health Plan or DDD Tribal Health Program will answer your request to see your records within 30 days of you asking to see them.*
- 13** Receive emergency care at any hospital or other setting. Prior approval from their doctor or DDD Health Plan is not needed.

***This means:*** *You can go to the hospital or anywhere needed to get the medical help you need if you need urgent medical care right now. Do not wait.*
- 14** Create advance directives that protect their right to refuse health care they do not want, or to request care they do want if they are too ill to make decisions.

***This means:*** *You can create a document to make sure your wishes are followed at the end of your life if you are too sick or not able to talk to a doctor.*
- 15** File a grievance not only with the Division but also with their health plan, the Arizona Long Term Care System (ALTCS), and Arizona Health Care Cost Containment System (AHCCCS).
- 16** Get information on beneficiary and plan information.
- 17** Get information regarding the supports and services available through a provider and about related charges, including any fees for supports and services not covered by a third-party payor.



## Members Who Have A Serious Mental Illness (SMI) Designation

*If you have a serious or chronic mental illness, you have the right to:*

- Receive the right kind of mental health services based on your individual needs.
- Participate in all areas of your mental health treatment, including individual service plan (ISP) meetings.
- Have a discharge plan before leaving the hospital.
- Consent or say Yes or No to treatment (except in an emergency or by court order).
- Treatment or medical help in a similar area as others or in the least restrictive area to meet the member's needs.
- Freedom from unnecessary seclusion or restraint.

***This means:*** *Everyone has the right not to be put in restraints, like being tied to a chair. Everyone has the right to not be put away from other people or be kept alone as punishment.*

- Not be physically, sexually, or verbally abused.

***This means:*** *You have the right to not have these things happen to you:*

- Physical abuse means unwelcomed contact like hitting or touching and hurting someone on purpose.
- Sexual abuse or sexual assault means unwanted, forced touching and actions in your private parts.
- Verbal abuse means being talked to in a way that uses words that hurt feelings and are mean on purpose.

- Privacy (mail, visits, telephone conversations).

***This means:*** *You can choose if you want people in your room with your or give your permission for support. This includes mail or any information that belongs to you or has your name on it. People can not listen in to your conversations with visitors or on phone calls.*

- File an appeal or grievance when you are unhappy with your services, something is not working, or you feel you are being treated unfairly.

***This means:*** *A grievance is a complaint. Your story or notes will be written down so it can be given to someone who can help. An appeal is when you go back to the decision makers and let them know in writing or in person that you do not like or agree with their decision. You ask them to look at the grievance or complaint again and provide them with more information.*





- Choose a designated representative(s) to assist you during your person-centered service planning meetings and in filing grievances.  
***This means:** You can choose a person you trust to help you with things that are important like your person-centered service plan if you need help.*
- A case manager to work with you to get the services or help you need.
- A written person-centered service plan that says what services you will receive.
- Network with others.  
***This means:** You can choose who you spend your time with or who you hang out with in the community.*
- Confidentiality of your psychiatric records.  
***This means:** Your personal health records will be kept private unless you choose to share them.*
- Get copies of your own psychiatric records (unless it would not be in your best interests to have them).  
***This means:** You can request a copy of your psychiatric or mental health records if you would like to review them.*
- Appeal a court-ordered involuntary commitment and to consult with an attorney and to request judicial review of court-ordered commitment every 60 days.  
***This means:** You can meet with a lawyer if you did not go into a mental health hospital by choice or you do not agree with the court's decision for you to be there. They will help you review your placement with the court. This can happen every 60 days.*
- Not be discriminated against because of your diagnosis in getting employment or housing.



## Members Living In Licensed Residential Facilities

Members who live in a state-funded community residential setting like a group home or developmental home have the right to:

- 1 Be treated with dignity and respect by DDD staff and providers.
- 2 Impartial access to treatment or accommodations.
- 3 Live in a safe, clean, and humane physical environment.  
*This means: Your home and room should be safe, clean and comfortable space.*
- 4 Make decisions about their care. This includes refusing care or getting details about what could happen if they get or do not get care.
- 5 Choose their personal care provider.
- 6 Be informed of their medical condition, any technical procedures which may be performed, the identity of the persons who will perform the procedures, attendant risks of treatment, and the right to refuse treatment.
- 7 Be free from unnecessary drugs and physical restraints, except as authorized in writing by a physician.
- 8 A physical examination and prompt medical attention.
- 9 Refuse to talk with or see someone.
- 10 Participate in social, religious, educational, cultural, and community activities.  
*This means: You can go to any activities in the community you want.*
- 11 Manage personal financial affairs and be taught to do so.  
*This means: You have the right to manage your money and pay your bills and have someone teach you how to do it.*
- 12 Refuse to perform services for the home, but if they do provide services, right to be compensated with fair wages as outlined within state and federal laws.
- 13 File an incident report.
- 14 File a grievance not only with the Division, but also with their health plan, the Arizona Long-Term Care System (ALTCS) and Arizona Health Care Cost Containment System (AHCCCS).
- 15 The least amount of physical help necessary to accomplish a task.  
*This means: Your helpers will let you try to do things yourself before they try helping you.*







- 16** Have care for personal needs provided, except in cases of emergency, by a direct care staff of the gender chosen by the responsible person. This choice shall be specified in the person-centered service plan.

***This means:*** You have the right to choose who helps you, a woman or a man, with your personal care, unless it is during a life and death emergency. Your choice is written in your person-centered service plan.

- 17** The additional benefits outlined in the HCBS Rule including:
- a** Use available resources to select the home in which they live.
  - b** A lease or other legally enforceable agreement for their residential setting.
  - c** Have keys to their home and bedroom doors to support the free entry and exit from their home.
  - d** Have physical access to their home and areas within their home.
  - e** Have choices over whom they live with.
  - f** Freedom to furnish or decorate as they wish.
  - g** Decide how to use outdoor spaces.
  - h** Privacy in their home including written correspondence, telephone communication, and visitations.
  - i** Freedom to control their own schedule and activities, including access to food.
  - j** Ability to have visitors at any time.
  - k** Own and have free access to personal property.

## Members Supported By The Arizona Early Intervention Program (AzEIP)

Members supported by the Arizona Early Intervention Program (AzEIP) have additional rights specific to education as outlined in Part C of the Individuals with Disabilities Education Act (IDEA). More information about those rights can be found on the Department of Education website, <https://sites.ed.gov/idea/regs/c>.





## Member Responsibilities

*All individuals supported by the Division of Developmental Disabilities have the responsibility to:*

- 1** Be as active a participant as possible in their person-centered service plan meetings.
- 2** Notify their Support Coordinator in advance if they are unable to attend their scheduled person-centered service planning meetings.  
***This means:*** You need to tell your Support Coordinator if you cannot attend a scheduled meeting.
- 3** Follow the mutually agreed-upon, person-centered service plan, or notify their Support Coordinator if they cannot follow the plan.
- 4** Notify their Support Coordinator and their usual care provider(s) if they disenroll from DDD.  
***This means:*** You should tell your Support Coordinator and daily direct support professionals if you no longer want DDD services.
- 5** Provide DDD with accurate and timely information necessary to deliver services.
- 6** Participate in the DDD redetermination process at ages 6 and 18, or at any time deemed appropriate by the Division's Assistant Director.





*All individuals supported by the Division of Developmental Disabilities who are also eligible for the Arizona Long Term Care System (ALTCS) have the responsibility to:*

- 1** Participate in the Arizona Long Term Care System (ALTCS) eligibility process, including providing documentation when requested.
- 2** Keep scheduled doctors and therapy appointments or cancel them at least 24 hours ahead of time.
- 3** Go to their doctor during office hours instead of using urgent care or the emergency room if possible.  
***This means:*** You should go to the doctor during their office hours when it is not an emergency.
- 4** Provide accurate and honest information to health care providers.  
***This means:*** You need to tell your doctor about changes in your health like illness or injury they don't know about.
- 5** Notify the Division of changes in private/commercial health insurance coverage, including Medicare or TRICARE, or other qualifying life event.  
***This means:*** You need to tell your Support Coordinator if your insurance information changes.
- 6** Follow instructions provided by health care providers and ask questions if they do not understand.





# How To File A Grievance

*A grievance is a complaint about anything that does not involve appealing a decision. A grievance may be filed with the Division of Developmental Disabilities for these reasons:*

- 1** If you think your rights have been violated.
- 2** If you think you have been abused or mistreated by a provider agency staff.
- 3** If you think you have been put in danger, something is wrong or not legal, you are not safe with people or being hurt, you are not in a healthy or clean place, you feel your services are not meeting your needs, or you are not being treated with respect.

***This means:*** *A grievance is a complaint(s). A complaint tells DDD you are unhappy with your services, something is not working, or you feel you are being treated unfairly. Talk to your DDD Support Coordinator to solve the problem first. File a grievance if they cannot solve the problem.*

**You contact the DDD Customer Service Center to file the grievance.**

By:

■ **Email:**

[DDDCustomerServiceCenter@azdes.gov](mailto:DDDCustomerServiceCenter@azdes.gov)

■ **Telephone:**

1-844-770-9500 option 1

■ **Mail:**

DES/DDD  
Customer Service Center  
1789 W Jefferson St.  
Mail Drop 2HB3  
Phoenix, AZ 85007







# How To File An Appeal

*You may receive a Notice of Adverse Benefit Determination for one of the following reasons:*

- 1** A requested service is denied or assessed with limited authorization;
- 2** The reduction, suspension, or termination of a previously authorized service;
- 3** The failure to act within the timeframes provided in 42 CFR 438.408(b)(1) and (2) regarding the standard resolution of grievances and Appeals;
- 4** The denial of a member's request to exercise the right to obtain services outside the network, under 42 CFR 438.52(b)(2)(ii); or
- 5** The denial of a member's request to dispute a financial liability. This includes cost sharing, co-payments, premiums, deductibles, coinsurance, and other member financial liabilities.

## **You can file an Appeal if you disagree with the decision in the Notice of Adverse Benefit determination.**

- 1** You can file an appeal for Long Term Services and Supports (LTSS) delivered by the Division. Members enrolled in the Tribal Health Program (THP) can also submit an appeal to the Division.
- 2** Appeals can be filed with the Division's Office of Administrative Review (OAR) by:
  - a Phone** - 1-844-770-9500 option 3
  - b Mail** - Division of Developmental Disabilities  
1789 W Jefferson St., Mail Drop 2HE5  
Phoenix, AZ 85007
  - c Fax** - 602-277-0026
  - d Email** - [dddofficeofcompliance@azdes.gov](mailto:dddofficeofcompliance@azdes.gov)

The Division accepts Appeals from any Responsible Person who receives a Notice of Adverse Benefit Determination from the Division that they disagree with. The appeal must be submitted within 60 calendar days after the date on the Notice of Adverse Benefit Determination.



*You can appeal a Notice of Adverse Benefit Determination sent to you by your DDD Health Plan for the following services:*

- 1** Physical Health Care
- 2** Behavioral Health Services
- 3** Serious Mental Illness (SMI) Services
- 4** Serious Emotional Disturbance (SED) Services
- 5** Nursing Facility (NF) Services
- 6** Habilitative Physical Therapy for Members 21 Years of Age or Older
- 7** Emergency Alert System (EAS)
- 8** Augmentative and Alternative Communication (AAC) Devices

**Call your DDD Health Plan's member services department to file your appeal.**

- Mercy Care - 602-263-3000 or 1-800-624-3879
- UnitedHealthcare Community Plan - 1-800-348-4058



# Abuse, Neglect and Exploitation

DDD says:

“ Everyone has the right to be safe. ”

**This means:** Trust your gut or feelings. Even if you are unsure, TELL SOMEONE you trust who can help you. Tell someone else if things do not get better. Keep telling people until someone helps you.

**Consent** means saying yes or you agree. You said it was OK to have a person be in your personal space. Personal space is your private area around your body. People need to ask you first before they do anything in your personal space.

## Report Abuse, Neglect or Exploitation

Report abuse, neglect or exploitation as soon as you can. Call 911 if the person is in immediate danger.

**This means:** Trust your gut or feelings. Even if you are unsure, TELL SOMEONE you trust who can help you. Tell someone else if things do not get better. Keep telling people until someone helps you.

## For Children Under 18 Years of Age

Call Arizona Department of Child Safety

Ask for help if they want you to write a report if you need it.

- Report by telephone:
  - 1-888-SOS-CHILD (1-888-767-2445)

Visit [dcs.az.gov/report-child-abuse](https://dcs.az.gov/report-child-abuse) for more information.

*Make a report even if you don't have all the information they are asking for! Even if you are unsure.*

*Make a report even if you don't have all the information they are asking for!*

## For Adults Age 18 Years or Older

Make reports to the Arizona Department of Economic Security - Adult Protective Services.

- Report by telephone:
  - 1-877-SOS-ADULT (1-877-767-2385)
  - Monday - Friday: 7:00 a.m. - 7:00 p.m.
  - Saturday, Sunday & State Holidays: 10:00 a.m. - 6:00 p.m.
- Report online: <https://des.az.gov/reportadultabuse>
  - Go to the website and fill out the form.
  - Online reporting is available 24-hours a day, 7-days a week.

**Abuse** can be many things. Not all abuse can be seen. Abuse is unwelcomed touch or entering your personal space without your consent. This is when you would say **No!** Don't touch me or do that. **Tell someone** if this happens to you!

All of these can be abuse:

- Physical abuse means unwelcomed contact like hitting or touching and hurting someone on purpose.
- Sexual abuse or sexual assault means unwanted, forced touching and actions in your private parts.
- Unreasonable confinement means using unnecessary restraints of any kind or isolation.
- Verbal abuse means being talked to in a way that uses words that hurt feelings and are mean on purpose. Others using pressure to make you do something you don't want to do. Using words to hurt someone because of their race, culture, disability, or life choices.



**Neglect** is not giving someone what they need to live.

This includes:

- Food
- Water
- Medication - The pills and treatments you take to stay healthy and manage your medical needs.
- Home and Community Based Services - Help from people and agencies to make sure you feel safe, healthy, and living the life you want.
- Physical and mental health care services like doctors, nurses, therapy, hospitals, social workers, counselors.
- Shelter - a safe place to stay or live. It could be your house, group home, apartment, or motorhome.
- Cooling - Air Conditioning (AC)
- Heating
- Supervision - When someone who is responsible to keep you safe ignores you or your needs.





**Exploitation** is when another person uses you or your things without your okay to only help them and not you.

This can include:

- Misusing or spending your money, credit cards or bank accounts on things for themselves or things you don't need.
- Stealing or taking your money, things or property.
- Forced begging - This means someone makes you ask others over and over for things or money to give to them.
- Prostitution - This means someone forces you to use your body for sex to get money or things.

These signs of abuse, neglect and exploitation may be something you can see or a person may try to hide.

### **Physical Signs**

- Bruises - black and blue marks on your body that sometimes hurt to touch.
- Burns - burns happen when something hot touches you and leaves a painful mark on your body.
- Body injuries including binding marks caused by being tied up, bite marks, bone breaks, bed sores and stomach injuries.

## Behavior Signs - The ways people act

- Withdrawal from friends or usual activities.

**This means:** You stop doing things you like to do or things that make you feel good about yourself. This may include you not hanging out with your friends or family.

- Anger

**This means:** Anger is a strong feeling. It may cause you to yell or be mad at people. You can feel like you are not in physical control and do bad things to people or things you love.

- Hyperactivity

**This means:** Having a lot of energy that is hard to control.

- Suicidal thoughts or attempts

**This means:** You want to kill yourself and end your life. You may feel the only way to make painful feelings stop is to end your life. Tell someone how you feel.

- Change in appetite.

**This means:** Your desire or want to eat food has changed and you eat more, less or not at all.

- Low self-esteem

**This means:** You do not see yourself in a good way. Your thoughts about yourself are not nice. You do not see your life in a positive way.

- Depression

**This means:** You feel deeply sad all the time. Depression makes it hard to do daily things. It can be hard to change your thoughts to feel better or happy. Tell someone how you feel.



- Use/Abuse of alcohol or other drugs.

**This means:** When you use too much alcohol, medication or illegal drugs to make yourself feel better.

- Obsessive or compulsive behavior.

**This means:** Repeated and unwanted thoughts or urges. Repeated acts that you feel you have to do a certain way.

- Sleep disturbances

**This means:** A change in how or when you go to sleep or if you stay asleep

- Fear of a particular place

- Fear of being with a specific person



## Where You Live

Sometimes people feel doing these things can keep the abuser away from them or to show people something is wrong.

- Odors

***This means:*** you may stop taking baths or stop taking trash out

- Dirty and cluttered living space

***This means:*** you may become messy and stop cleaning.

- Infestations (rodent, insect, and other bugs)

***This means:*** there is a large number of bugs or pests in your home.

- Safety concerns

***This means:*** having certain items in your room to make you feel safe (bat, fork, knife). A new need to keep the door locked.

- Hoarding (animals, items)

***This means:*** Buying or collecting things you don't need to make yourself feel better or safe.

- Absence of food in refrigerator or cupboards

***This means:*** Not having food in the house to eat.

- No running water

***This means:*** No water in the house in sinks or toilets.

- No utilities

***This means:*** No air conditioner, heat, or electricity in your home.

More information about preventing and recognizing abuse, neglect and exploitation can be found online at <https://des.az.gov/prevent-abuse-neglect-and-exploitation>.

Members receiving residential services or day program services can get training on preventing and recognizing abuse, neglect and exploitation from the Qualified Vendor providing the service.



# Your Personal Health Information

## Confidentiality Practices:

The Division of Developmental Disabilities (DDD) wants to keep your Protected Health Information (PHI) private. This notice outlines how and when DDD will use, share and protect your PHI. Protected Health Information means your medical records and history. Your DDD Health Plan and each of your doctors or other health care providers will tell you how they use, share and protect your private information.



## Use and Protection of Your Protected Health Information (PHI):

DDD limits access to your personal information to those who need it. DDD staff are trained to keep your information private. Your personal information is stored on secure systems that require passwords to access.

DDD can only use or share your PHI in the course of providing you services. DDD may share your information with DDD Health Plan providers or doctors. When we share your PHI, the providers we share it with must keep it private. We will ask for, use and share your PHI to see if you are getting the right care and to pay claims. You can ask who DDD has shared your personal and medical information with.

### ■ DDD will use and share your PHI to:

- Coordinate or plan your care  
***This means:*** Organize your services and medical care
- Evaluate quality of care  
***This means:*** Making sure you are getting what you need and it is working.
- Decide what to pay your DDD Health Plan  
***This means:*** How much DDD pays your DDD Health Plan for your services.
- Pay your DDD Health Plan and your health care providers
- Coordinate payment for your care  
***This means:*** How much DDD pays the service providers or staff that give ALTCS services.





### **DDD may disclose or share your PHI:**

- If you are the victim of abuse, neglect or domestic violence, to law enforcement or other government agencies.
- To tell public health agencies what they need to know to stop the spread of diseases and reporting problems with drugs or medical items.
- To other government agencies responsible for running the Medicaid Program such as the U.S. Department of Health and Human Services and its Office of Civil Rights.
- When required by the law.
- To prevent a serious threat to a person's or the public's health and safety.
- To a correctional facility or law enforcement, if you are held in jail or prison.



# HIPAA Complaints

## *HIPAA = Health Insurance Portability and Accountability Act*

A complaint you can file if someone told another person your Personal Health Information without asking you.



You may file a Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) complaint if you believe any of these things have happened to you:

- Someone who works for the Department of Economic Security (DES) Division of Developmental Disabilities (DDD) or with DES as a Business Associate, like your provider staff, used your PHI outside of the reasons listed above without your written approval.
- You did not receive a Notice of Privacy Practices from a DES Business Associate that says you have the right to say yes or no when providers staff share your PHI.
- DES or a Business Associate of DES denied or said no to your request to see your PHI or access was not provided in the time frame required by the Privacy Rules.
- A DES Business Associate failed to give you the number of times your PHI was shared with others. The privacy rule requires the provider to keep a record of who they shared your PHI with.
- DES or a Business Associate of DES denied your request to change your PHI.  
*This means they said no to changing some of your personal information in your medical records.*
- DES or a Business Associate of DES denied your request to restrict your PHI.  
*This means they shared your Protected Health Information with someone you did not approve.*
- DES or a Business Associate of DES denied your request for communication in an alternate format or location.  
*This means you asked for an accommodation or a better way to understand something and you were told no. If you ask to have your records sent to an alternate address and you were told no.*
- Any other Privacy violation.  
*This means there may be other ways your private information is shared without your permission.*

HIPAA violations can be reported online at:

<https://des.az.gov/file-hipaa-complaint-protected-health-information-phi>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-770-9500 ext. 1 (TTY: 711).

Díí baa akó nínízin: Díí saad bee yánílti'go Diné Bizaad, saad bee aká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hólq, koji' hódíílnih 1-844-770-9500 ext. 1 (TTY: 711)

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-844-770-9500 ext. 1 (TTY: 711) 。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-770-9500 ext. 1 (TTY:711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-770-9500 ext. 1 (TTY:711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-770-9500 ext. 1 (TTY: 711) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-770-9500 ext. 1 (ATS : 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-770-9500 ext. 1 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-770-9500 ext. 1 (телетайп: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-844-770-9500 ext. 1 (TTY: 711) まで、お電話にてご連絡ください。

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-844-770-9500 ext. 1 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

အထူးအချက်အလက်: အင်္ဂလိပ်ဘာသာပြန်အကူအညီအစီအစဉ်များကို အခမဲ့အဖြစ် ဖောက်ဖျက်ခြင်းမရှိဘဲ အသုံးပြုနိုင်ပါသည်။ 1-844-770-9500 ext. 1 (TTY: 711) သို့ ဖုန်းဆက်သွယ်ပါ။

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-844-770-9500 ext. 1 (TTY:711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-770-9500 ext. 1 (TTY: 711).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-770-9500 (الرقم الداخلي: 1) رقم هاتف الصم و البكم 711



DEPARTMENT OF  
ECONOMIC SECURITY

*Your Partner For A Stronger Arizona*

Please contact your Support Coordinator or the DDD Customer Service Center if you have any questions about the content in this brochure.

The Division would like to thank People First of Arizona for their help and support in creating this brochure.

**Call the DDD Customer Service Center at 1-844-770-9500 ext. 1, TTY/TDD 711, to ask for this material in other formats. Language help is available at no cost to you.**

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Developmental Disabilities Customer Service Center at 1 844 770 9500; TTY/TDD Services: 7 1 1 • Disponible en español en línea o en la oficina local