

Optimae LifeServices Description of Services

Optimae LifeServices is a company that focuses on our customers. We provide a wide range of human services in Eastern, Southern and Central Iowa. Our motto is "At your side. On your side." This reflects our commitment to providing meaningful supports to help our customers find success. Optimae's values are Choice, Respect, Teamwork and Education. These are the basis for everything we do. Optimae LifeServices has created and provided community services to Iowans since 1987.

Community Services include Home-Based Habilitation as well as Home and Community Based Services. These services are for children and adults who experience intellectual disability, mental illness, developmental disability or brain injury. Community services are provided in-home or in the community and may be available up to 24 hours a day. These services help customers become as independent as possible in the living, learning, working and social environments of their choice.

Community Integration Programs/Day Habilitation Services help customers develop or maintain life skills and connections to the community. These services boost physical, emotional, social and behavioral health and development and help customers improve their ability to communicate and socialize.

Community Support Services provide coordination and development of professional and natural support systems for mental health support. Our team helps people understand their needs and plan their services. Examples include keeping track of mental health symptoms, managing medications, giving personal support and help with problem-solving, developing natural supports and coordinating transportation for appointments.

Supported Employment helps our customers develop a valued role in their community. The service matches people's skills to work they love. Job coaches educate and support customers as they learn important job skills. Supported employment opportunities include but are not limited to retail, farming, food services, custodial work and work in a café or restaurant.

Supported Community Living Services help customers grow their skills how and where they choose. The services are available to people with intellectual disabilities, mental illness, brain injury or a developmental disability. To receive services, people must want to live more independently and need help in managing their home.

Behavioral Health Services include individual, couple and family therapy, as well as psychiatric evaluation, medication management, intensive psychiatric rehabilitation, and behavioral health intervention services. Our team works with our customers' anxiety, depression, trauma, anger, personality disorders, chronic mental illness, relationship struggles and behavior challenges.

Behavioral Health Intervention Services are designed for children and adults up to age 20. These services help manage, lower or eliminate symptoms related to a psychological condition. Customers learn age-appropriate skills to manage behavior and get or keep self-control.

Intensive Psychiatric Rehabilitation services are designed to provide focused assistance to persons with a mental illness. This personal assistance helps them recover valued living, learning, working and social roles. Evidence-based services are provided by skilled practitioners using techniques developed by Boston University's Center for Psychiatric Rehabilitation.

Jail Diversion Services complement local law enforcement initiatives to help reduce the incarceration rates of persons who are mentally ill. These services also help lower the likelihood of repeat offenses among customers with mental illness and addiction.

Psychiatric Evaluation and Medication Management providers use best practices to assess and diagnose customers. Providers evaluate and monitor mental health status and the effectiveness of patients' medication.

Psychotherapy: Our mental health professionals provide individual and group therapy for children and adults. Therapists assess, diagnose, and provide treatment and referrals to customers.

Residential Services serve elderly customers with severe and persistent mental illness. These services are given in group homes in Story County and a specialized nursing home in Davis County. Staff members focus on mental health care.

Home Health Services allow customers to live in their home while they receive care. Nurses give medication instruction. They also help manage injections, surgical aftercare, wound care and catheter care. Home health aides assist with bathing, brushing, dressing, housekeeping and preparing meals. They also help with skin care, bowel care and home exercise.

Rehabilitation Services help people with mental illness and disabilities lead full lives through occupational therapy. The therapy improves a person's ability to engage in the routines of daily life. It can prevent an increase in the effects of existing disabilities.

Please note that the list of Service Descriptions is not all-inclusive of types of service available and that service availability varies by location.

OPTIMAE LIFESERVICES PRIVACY NOTICE

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.

Our Legal Responsibility

As your provider we are legally required to protect the privacy of your health information and to provide you with this notice of our legal obligations and privacy practices with respect to your health information. If you have any questions or concerns, please contact our Privacy Officer at 1-641-777-9852 or Privacy Officer, Optimaie LifeServices, 226 W. Main St Suite 402, Ottumwa, IA 52501.

Your Protected Health Information

Throughout this notice we will refer to your Protected Health Information as PHI. Your PHI includes data that identifies you and reports about the care and services you receive from Optimaie. It may include information about your past, present or future physical or mental health condition, the provision of your health care and payment for services. This notice describes how we may use and disclose your PHI to carry out treatment, payment or healthcare operations and other purposes that are permitted or required by law.

Uses of PHI

We use and disclose health information for many reasons. The following examples describe some of the categories of our uses and disclosures. Please note that not every use or disclosure in a category is listed.

Treatment - We may use and disclose information about you to provide your care and facilitate related Optimaie services. We will also use and disclose your health information to coordinate and manage your care and related services. For example: we may disclose your health information among staff who work at Optimaie, Optimaie Community Support Staff might discuss information with an Optimaie therapist.

Payment - We may use and disclose your PHI in order to bill and collect payment for the treatment and services we provided to you. For example: we may provide PHI to an insurance company or other third payor or party in order to obtain approval for services.

Health Care Operations - We may disclose and use your PHI as part of routine operations. For example: we may use your PHI to evaluate the quality of services you received or to evaluate the performance of staff who were involved in your treatment, training students in clinical activities, licensing, accreditation, business planning, general administrative activities, and to government agencies and law enforcement personnel when the law requires it. We may also share your PHI across Optimaie's division such as Home Health.

Appointment Reminders and Other Health Information: We may use your medical information to send you reminders about future appointments. We may also send you refill reminders or other communications about your current medications. However, if we receive any financial remuneration for making such refill or medication communications beyond our costs of making the communication, we must first obtain your written authorization to make such communications. We may contact you with information about new or alternative treatments or other health care services or for purposes of care coordination, unless we receive financial remuneration in exchange for making the communication; in that case, we will obtain your written authorization to make such communications. However, we are not required to obtain your written authorization for face-to-face communications.

Research: Federal law permits Optimaie to use and disclose medical information about you for research purposes, either with your specific, written authorization or when the study has been reviewed for privacy protection by an Institutional Review Board or Privacy Board before the research begins. In some cases, researchers may be permitted to use information in a limited way to determine whether the study or the potential participants are appropriate.

- **As Required by Law:** We will disclose medical information about you when we are required to do so by federal, state or local law.

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Mandatory reporting and emergencies - We may disclose PHI as necessary for public health activities such as reporting abuse or neglect and information necessary to prevent serious and imminent threat to your health and safety or the health and safety of the public or another person. We may use and disclose your PHI in an emergency treatment situation.

With regard to HIV/AIDS related information, we may release to the Department of Public Health any relevant information provided by an HIV-positive person regarding any person with whom the HIV-positive person has had sexual relations or has shared drug injecting equipment. We may also reveal the identity of a person who has tested positive for HIV to the extent necessary to protect a third party from the direct threat of transmission. In the event the person who tests positive for HIV is a convicted or alleged sexual assault offender, we are required under Iowa law to disclose the test results to the convicted or alleged offender and to the victim counselor or other person designated by the victim, who shall disclose the results to the victim.

We may notify a care provider who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition (notification will not include the name of the individual tested for the contagious or infectious disease unless the individual consents).

We may report to the Iowa Department of Transportation information about patients with physical or mental impairments that would interfere with their ability to safely operate a motor vehicle.

- **To Business Associates:** Some services are provided by or to Optimae through contracts with business associates. Examples include Optimae's, attorneys, consultants, collection agencies, and accreditation organizations. We may disclose information about you to our business associate so that they can perform the job we have contracted with them to do. To protect the information that is disclosed, each business associate is required to sign an agreement to appropriately safeguard the information and not to re-disclose the information unless specifically permitted by law.

Workers' Compensation: We may release medical information about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

- **Public Health:** We may disclose medical information to public health authorities about you for public health activities. These disclosures generally include the following:
 - Preventing or controlling disease, injury or disability;
 - Reporting births and deaths;
 - Reporting child abuse or neglect, or abuse of a vulnerable adult;
 - Reporting reactions to medications or problems with products;
 - Notifying people of recalls of products they may be using;
 - Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; or
 - Reporting to the FDA as permitted or required by law.
- **Health Oversight Activities:** [Entity] may disclose medical information to a health oversight agency for health oversight activities that are authorized by law. These oversight activities include, for example, government audits, investigations, inspections, and licensure activities. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- **Lawsuits and Disputes:** We may disclose medical information about you in response to a valid court order or administrative order. We also may disclose your medical information in response to certain types of subpoenas, discovery requests or other lawful process. We may disclose information in the context of civil litigation where you have put your condition at issue in the litigation.
- **Law Enforcement:** We may release medical information if asked to do so by a law enforcement official in response to a valid court order, grand jury subpoena, or warrant, or with your written consent. In addition, we are required to report certain types of wounds, such as gunshot wounds and some burns. In most cases, reports will include only the fact of injury, and any additional disclosures would require your consent or a court order.

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We may also release information to law enforcement that is not a part of the health record (in other words, non-medical information) for the following reasons:

- To identify or locate a suspect, fugitive, material witness, or missing person;
 - If you are the victim of a crime, if, under certain limited circumstances, we are unable to obtain your agreement;
 - About a death we believe may be the result of criminal conduct;
 - About criminal conduct at our facility; and
 - In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners, and Funeral Directors:** We will release medical information to a coroner or medical examiner in the case of certain types of death, and we must disclose health records upon the request of the coroner or medical examiner. This may be necessary, for example, to identify you or determine the cause of death. We may also release the fact of death and certain demographic information about you to funeral directors as necessary to carry out their duties.
 - **National Security and Intelligence Activities:** We will release medical information about you to authorized federal officials for intelligence, counter-intelligence, and other national security activities only as required by law or with your written consent.
 - **Protective Services for the President and Others:** We will disclose medical information about you to authorized federal officials so they may provide protection to the President, other authorized persons, or foreign heads of state, or conduct special investigations only as required by law or with your written consent.
 - **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we will release medical information about you to the correctional institution or law enforcement official only as permitted by law.

USES & DISCLOSURES FOR WHICH YOU HAVE AN OPPORTUNITY TO OBJECT

Disclosure to Family, Friends or Others - Also we may provide your PHI to a family member, friend or other person you tell us is involved in your care or involved in the payment of your health care unless you object in whole or in part. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine it is in your best interest. We may also use or disclose your health information to an entity assisting in disaster relief efforts.

Directories at Licensed Facilities - We may use your name and address for directory purposes at Optimae residential facilities only. This information will be disclosed to people who ask for you by name or request a list of residents for gift giving and organizing activities. If you object to this use we will not include this information in the directory. You will need to express your objection in writing. To object please notify a staff member.

Other Uses and Disclosures of Protected Health Information

We are required to obtain a written authorization from you for most uses and disclosures of psychotherapy notes, uses and disclosures of protected health information for marketing purposes and disclosures that constitute a sale of protected health information. Except as described in this Notice, Optimae will not use or disclose your protected health information without a specific written authorization from you. If you provide us with this written authorization to use or disclose medical information about you, you may revoke that authorization, in writing, at any time. If you revoke your authorization, we will no longer use or disclose medical information about you for the reasons covered by your written authorization, except to the extent we have already relied on your authorization. We are unable to take back any disclosures we have already made with your permission, and we are required to retain our records of the care that we provided to you.

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YOUR RIGHTS REGARDING PHI - YOU HAVE THE RIGHT TO:

Right to Request Restrictions: You have the right to request a restriction or limitation on the medical information we use or disclose about you. If you pay out-of-pocket in full for an item or service, then you may request that we not disclose information pertaining solely to such item or service to your health plan for purposes of payment or health care operations. We are required to agree with such a request, unless you request a restriction on the information we disclose to a health maintenance organization ("HMO") and the law prohibits us from accepting payment from you above the cost-sharing amount for the item or service that is the subject of the requested restriction. **However, we are not required to agree to any other request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment or you request that we remove the restriction.

To request restrictions, you must make your request in writing to the Regional Director. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply, for example, if you want to prohibit disclosures to your spouse.

Request Confidential Communication - You have the right to request that we communicate with you about your health care only in a certain location or through a certain method. For example: you may request that we contact you only at work. We will accommodate reasonable requests. To make a request, contact the Privacy Officer.

Right to Inspect and Copy: You have the right to inspect and receive a copy of your medical information that is used to make decisions about your care. Usually, this includes medical and billing records maintained by Optima.

If you wish to inspect and copy medical information, you must submit your request in writing **to the Regional Director**. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request, to the extent permitted by state and federal law. If we maintain your health information electronically as part of a designated record set, you have the right to receive a copy of your health information in electronic format upon your request. You may also direct us to transmit your health information (whether in hard copy or electronic form) directly to an entity or person clearly and specifically designated by you in writing.

We may deny your request to inspect and copy your information in certain very limited circumstances. For example, we may deny access if your physician believes it will be harmful to your health, or could cause a threat to others. In these cases, we may supply the information to a third party who may release the information to you. If you are denied access to medical information, you may request that the denial be reviewed. Another licensed health care professional chosen by **[Entity]** will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.

Amend - You have the right to request an amendment of your PHI if you think that information is inaccurate or incomplete in your medical or billing record for as long as that information is maintained. We may deny your request if it is not in writing; relates to information not created or produced by us; we decide the information in the record is accurate and complete.

Accounting of Disclosures - You have the right to obtain information regarding to whom we have disclosed your PHI provided the request is not for before April 14, 2003 and is not longer than six years. This list will not include uses or disclosures made for treatments, payment or disclosures you have specifically authorized to release or any disclosures required by law.

Paper Copy of this Notice - You have the right to request a paper copy of this notice. This notice is posted at each Optima office.

Revocation of Permission - If you provide us with permission to use or disclose medical information about you, you may revoke that permission at any time. A written request is needed for the file.

Complaints and Questions - If you believe your privacy rights have been violated, you may file a complaint with Optima or with the Secretary of the U.S. Department of Health & Human Services. To file a complaint with

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Optimae, contact the Privacy Officer listed at the beginning of this notice. We will not retaliate against you for filing a complaint.

Breach Notification - You have the right to receive notice in the event there is a breach of any unsecured protected health information.

Changes to this Notice - Optimae reserves the right to change the terms of this Notice, our privacy practices and to make new provisions effective for past, present and future PHI we maintain. We post a copy of the Notice of Privacy Practices at each Optimae LifeServices office. Ask for one anytime you are in our offices. You may also obtain a copy of the current Notice of Privacy Practices by accessing our web site at www.optimaeliveservices.com or by calling 1-641-777-9852 and requesting a copy.

This Notice is in effect June 8, 2005.
Updated without substantial change

Optimae LifeServices

Informed Consent, Rights and Responsibilities

I am voluntarily choosing to receive services from Optimae LifeServices.

Mental health services are a dynamic partnership to support individuals in meeting their goals. Through this relationship the individual is able to explore their stressors and challenges. This can be uncomfortable at times; however, such material is managed in a delicate and helpful manner. As the individual's strengths are utilized, the individual and the employee work together to achieve stated goals. This relationship is concluded when the individual and the employee determine they have met the goals. I understand that if Optimae LifeServices determines they are unable to provide services to address my specific needs, referral options will be made to other treatment settings.

I have had explained to me, and I understand the basic human, civic and statutory rights of individuals who are seeking services. These rights include:

1. The right to confidentiality of Protected Health Information as stated in the Privacy Notice. In this regard I understand that all records and information gathered about me will be kept confidential or will be released in accordance with state and federal laws. I further understand that there are instances in which Optimae may be required to disclose certain information. These situations include but under certain circumstances are not limited to :
 - a. Cases of abuse or neglect of minors and dependent adults
 - b. Cases in which there is danger to self or others
2. The right to be informed of the various steps and activities involved in receiving services from Optimae.
3. The right to be respected as an individual and treated with dignity and respect
4. The right to appeal any policy, procedure or and staff action (forms available from staff)
5. The right to be treated in the least restrictive environment that is appropriate.
6. The right to make an informed choice with regard to services offered, including Optimae's use of technology and associated policies, as well as the right to accept or refuse services. The right to consult with my choice of legal or other counsel at my expense.
7. The right to select services and service providers of my choice at my expense.

All rights are limited only to the extent determined by a court of law or to the extent that exercising those rights unduly infringes on the rights of others.

I have had explained to me, and I understand my basic responsibilities to include, but not limited to:

1. Participate in a partnership to identify and achieve stated goals.
2. Maintain the confidentiality of others involved in the treatment setting.

I understand the Optimae LifeServices employees that are involved in my services may need to exchange information regarding my services; and I give my consent so they may do so as necessary for service coordination, case management, billing or claims processing, as well as for the purpose of quality assurance and utilization review. I also understand that by providing Optimae with my wireless/cell number, I grant Optimae, its agents or independent contractors my consent to receive calls on my wireless/cell phone for billing and debt collection purposes.

I understand that Optimae may send convenient text messages (SMS) and/or email to remind me about upcoming appointments. These appointment reminders comply with HIPAA standards and do not reveal any protected health information. They include the date, time, and location of my appointment, and Optimae Behavioral Health's initials, "OBH." I also understand that my mobile service carrier's standard text message and data rates may apply. If I want to consider opting out of receiving text messages regarding my appointments, I will speak with my therapist or nurse. I understand that if I provide my email address it may be used to contact me for quality assurance and customer satisfaction purposes.

Optimae LifeServices, Inc.

Behavioral Health

Informed Consent, Rights and Responsibilities for Telepsychiatry and Teletherapy

I am voluntarily choosing to receive telepsychiatry and/or teletherapy services from Optimae LifeServices, Inc.

In addition to the rights described in Form #7, Optimae's Informed Consent, Rights and Responsibilities form, I understand:

1. The Psychiatrist or ARNP ("Practitioner") providing psychiatric evaluation and management or the therapist providing therapy will be at a different location from me and we will communicate using secure video conferencing technology. This technology allows me to have access to the Practitioner. If I am participating in psychiatric evaluation and management from the office, a nurse will be present during the visit to provide support.
2. Optimae will share my records electronically with the Practitioner.
3. I understand that there are potential risks to technology, including interruptions, unauthorized access and technical difficulties. I understand that my Practitioner or I can discontinue the telepsychiatry visit if the videoconferencing connections are inadequate.
4. I understand that I can choose alternatives to telepsychiatry and/or teletherapy.
5. I understand that billing may occur for both the Practitioner and the facility fee from the site from which I connect with the Practitioner.
6. For telepsychiatry, I understand that I need to bring a current and complete medication list to my appointment, be on time and share all needed information with the Practitioner.
7. I have read this document carefully, and understand the risks and benefits of telepsychiatry and teletherapy and have had my questions regarding the procedure explained and I hereby consent to participate in telepsychiatry under the terms described herein.

FREQUENTLY ASKED QUESTIONS ABOUT ADVANCE DIRECTIVES

Rights:

You have the right to make decisions about your health care, including the right to accept or refuse treatment and the right to formulate advance directives.

If you are 18 or older and mentally competent, you have the right to make decisions about your treatment. You should talk to your doctor about any treatment or procedures so that you understand what will be done and why. You have the right to say yes or no to treatments recommended by your doctor. If you want to control your decisions about your care, even if you become unable to express them yourself, you will need an Advance Directive.

What are Advance Health Directives?

An advance directive is a set of directions you give about the care you want if you lose the ability to make the decisions for yourself. The intention of an advance directive is to give you a voice during times when you are not able to. There are three ways for you to make your decisions known.

1. Living will
2. Health care power of attorney or
3. Durable power of attorney

How else can an advance directive benefit me?

The process of preparing an advance directive while competent can facilitate engagement in the treatment process, help mobilize clinical resources as necessary, improve adherence with beneficial therapies, and facilitate communication to help avert psychiatric crisis without resort to involuntary commitment.

When does an advance directive go into effect?

An advance instruction for mental health treatment goes into effect when you lack the capacity to make and communicate mental health treatment decisions for yourself.

Who should I talk to about an advance directive?

Talk to the closest to you about an advance directive and the mental health care you would like to receive. Your doctor can answer questions about your mental health. A lawyer can answer questions about the law. Some people also discuss issues with clergy or other trusted friends.

Where should I keep advance directives?

Keep a copy in a safe place where significant others can get it. Give copies to your family, your doctors and close friends who might be asked about your care should you become unable to make decisions.

Note: This document has been developed with information provided by the North Carolina Division of Medical Assistance in cooperation with the North Carolina Department of Human Resources Advisory Panel on Advance Directives.



**BEHAVIORAL HEALTH SERVICES
OPTIMAE LIFESERVICES, INC.
PAYMENT POLICY RESPONSIBILITIES**

In order to serve you in as considerate and professional a manner as possible, as well as responsibly serving the fiscal needs of Optimae LifeServices, Inc., we have developed the following policies regarding payment of our services. In many cases, when there has been a demonstrated financial need, funding may be available from Federal, State, or County sources. For those who have private insurance coverage, your policy will often provide payment assistance. If you have more than one insurance provider, please provide all relevant insurance information. Please also remember that you are responsible for providing any updated insurance information when changes occur.

When you desire services, please fill out all paperwork accurately so that we can verify your funding source as quickly as possible, facilitating easy and rapid access to the services you desire. Please feel free to request assistance when needed.

I understand and agree to be responsible for payment-in-full on any services that I receive that are not being funded by other payment sources (i.e. Federal, State, County, or private insurance). After these funding sources are in place, I agree to pay any co-pay fees (or leftover costs) not reimbursed by the funding source. In the event of non-payment, accounts may be sent to collections.

“NO SHOW” Policy and Responsibilities

We request for our customers to provide 24 hour notice to change or cancel appointments. 24 hour notice allows for our team to effectively manage the previously scheduled time. If you do not call ahead to cancel, or if you miss appointments more than two times, you may miss your opportunity for treatment/services. If insurance allows, you may be assessed a no show fee.

I attest to my understanding of the responsibilities described above by signing form #159.

Customer Full Name:

Date of Birth:

Medicaid ID#:

OPTIMAE LIFESERVICES GRIEVANCE/APPEALS PROCESS

Optimae LifeServices (“Optimae”) intends to provide services in every way that respects and enhances a Customer’s rights, choices, sense of autonomy, privacy, dignity, self-esteem and ongoing involvement in services.

Optimae LifeServices does not discriminate in the provision of services to an individual (a) because the individual is unable to pay, (b) because payment for those services would be made under Medicare, Medicaid or Hawk I (CHIP) or (c) based upon the individual’s race, color, gender identity or expression, national origin, disability, religion, spiritual beliefs, age, socioeconomic status, sex or sexual orientation (or any other characteristic protected by law).

A Customer or a person acting on the Customer’s behalf has the right at any time to ask questions, express concerns, or make recommendations or complaints (all generally referred to as “grievances”) about Optimae policies and procedures or staff actions. .

A Customer or a person’s action on the Customer’s behalf also has the right to appeal the application of policies, procedures or any staff action that affects the Customer’s services without any fear of interference, coercion, discrimination or reprisal.

If you are experiencing difficulties with Optimae LifeServices, then your service coordinator, therapist, local administrator or the outside advocacy agency of your choice is available to help you resolve the issue or support you in beginning the appeals process.

At the Customer’s intake and annually thereafter, this Grievance and Appeals Process will be reviewed with the Customer or a person acting on the Customer’s behalf. A signature must be obtained indicating that this Grievance and Appeals process has been reviewed.

Procedure for Grievances

A grievance is any question, concern, recommendation or complaint about an Optimae policy, procedure or staff action. A grievance should be handled as follows:

1. The Customer should speak to the Optimae Service Coordinator or designee within five working days of the onset of the concern. The Service Coordinator or designee will make every attempt to resolve the Customer’s concern.
2. If after meeting with Service Coordinator or Designee the Customer believes the grievance was not adequately addressed and the outcome, action or decision affects the Customer’s services, a formal appeal may be submitted through the process below.

Procedure for Appeals

1. A formal appeal must be made in writing (handwritten or typed) by the Customer or a person acting on the Customer’s behalf and submitted to the Program Director within five working days of the Service Coordinator or Designee’s determination. If a customer is unable to write the appeal, the Customer may ask the Service Coordinator or another representative to assist with the process. The Customer, the Customer’s Service Coordinator, therapist, or any third party may present the appeal on the Customer’s behalf. The written appeal must:

- A. Identify the Customer who is filing the appeal and the relationship of any third party assisting with the appeal;

Customer Full Name:

Date of Birth:

Medicaid ID#:

- B. Contain the following statement: "I disagree with the (*describe the decision or action*) taken by Optima LifeServices and wish to appeal"; and
- C. Be signed and dated by the Customer and/or the third party assisting the Customer with the appeal.

2. After consultation with the appropriate persons, the Program Director will make a decision and notify the Customer and/or the third party assisting the Customer with the appeal of the Program Director's decision. The decision will be made in writing and issued within ten working days of receipt of the Customer's appeal.

3. If the Customer is not satisfied with the Program Director's decision, the Customer or the third party assisting the Customer with the appeal may request review of that decision by the Regional Director. The request for review must be submitted to the Regional Director within ten working days of the Program Director's decision. The request for review can be made by submitting a copy of the Program Director's decision and indicating (preferably in writing) that the Customer requests review. The request for review should be signed by the Customer or the third party assisting the Customer. The Regional Director may consult with the Risk Management Director during this review. The Regional Director will notify the Customer and/or the third party assisting the Customer with the appeal of his/her decision in writing within ten working days of receiving the request for review.

At any time, the Customer and/or anyone acting on the Customer's behalf may also file a complaint with one of the several agencies serving as consumer advocates listed below:

IOWA SMP

Answers questions or addresses concerns regarding Medicare or Medicaid fraud, waste or abuse

1-800-423-2449 (toll free)

2101 Kimball Ave., Suite 320

Waterloo, Iowa 50702

IOWA DEPARTMENT OF INSPECTIONS &

APPEALS: Division of Health Facilities

Inspects FACILITIES to ensure compliance with state and federal standards

1-877-686-0027 (toll free)

Lucas Building, 3rd Floor

Des Moines, Iowa 50319-0083

IOWA PROTECTION AND ADVOCACY

Provides protection and advocacy for persons with mental illness or disabilities

1-800-779-2502 (toll free)

950 Office Park Rd., Suite 221

West Des Moines, Iowa 50265

LONG-TERM CARE OMBUDSMAN

Answers questions or assists in resolving concerns raised by or on behalf of residents

1-866-236-1430 (toll free)

Iowa Department on Aging

510 East 12th Street

Jessie M. Parker Building, Suite 2

Des Moines, Iowa 50319-9025