



**Family Service Coordination through Wraparound
Greene County Family and Children First Council**

CONSENT FOR RELEASE OF INFORMATION

<u>Name of Youth:</u>	<u>Date of Birth:</u>	<u>Social Security Number:</u>
<u>Guardian / Parent Print Name:</u>	<u>Guardian / Parent Signature:</u>	<u>Date:</u>

The following have my permission to exchange any and all relevant information, including identifying, case related, medical, psychiatric, educational drug / alcohol abuse, and financial information, for the purpose of securing, coordinating, planning, and/or providing services for the above-named person. **Please indicate agreement by initialing.**

<input type="checkbox"/> CASA	<input type="checkbox"/> Greene County Family and Children First
<input type="checkbox"/> Council on Rural Services	<input type="checkbox"/> Greene County Juvenile Court
<input type="checkbox"/> Greene Academy	<input type="checkbox"/> Help Me Grow
<input type="checkbox"/> Greene County Board of Developmental Disabilities	<input type="checkbox"/> Mental Health and Recovery Board of Greene County
<input type="checkbox"/> Greene County Children Services	<input type="checkbox"/> Miami Valley Juvenile Rehabilitation Center
<input type="checkbox"/> Greene County Combined Health District	<input type="checkbox"/> Parent Advocacy Connection
<input type="checkbox"/> Greene County Department of Job and Family Services	<input type="checkbox"/> School District: _____
<input type="checkbox"/> Greene County ESC and LC	<input type="checkbox"/> TCN Behavioral Health/Family Solutions
_____	_____
_____	_____
_____	_____



Greene County Family and Children First
158 E. Main Street
Xenia, Ohio 45385
Phone: (937) 562-5600
Fax: (937) 562-5601

Contact: Melissa Baughn
Wraparound Coordinator
Phone: (937) 562-5607
Email: melissa.baughn@greencountyohio.gov



CONSENT FOR RELEASE OF INFORMATION (PAGE 2)

<u>Name of Youth:</u>		<u>Date of Birth:</u>	
<p>This information will remain in effect for 365 days after I sign this date unless I specify an earlier expiration date in this space: _____ . The revocation does not include information that has been shared between the time that I gave permission until the time it was revoked. I understand that my records are protected under the Federal Regulations Governing Confidentiality of Alcohol and Drug Abuse. Federal Regulations 42 CFR Part 2 prohibits you from making further disclosure of it without my specific written consent. Federal Regulations also restrict any use of information to criminally investigate or prosecute for any alcohol or drug abuse client.</p> <p>This consent expires on the _____ day of _____, 20 _____</p>			
_____ Signature of Person (Age 16 or Older)	_____ Date	_____ Signature of Guardian / Parent	_____ Date
_____ Signature of Agency Representative	_____ Date		

<u>REVOCAION OF AUTHORIZATION OF RELEASE OF INFORMATION:</u> I hereby revoke this authorization.			
_____ Signature of Person (Age 16 or Older)	_____ Date	_____ Signature of Guardian / Parent	_____ Date
_____ Signature of Agency Representative	_____ Date		

A violation of Federal Law Regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

TO ALL AGENCIES RECEIVING INFORMATION DISCLOSED AS A RESULT OF THIS SIGNED CONSENT:

1. If the record released includes an information of any diagnosis or treatment of drug or alcohol abuse, the following statements apply: Information disclosed pursuant to this consent has been disclosed to you from records whose confidentiality is protected by law. Federal Regulations 42 CFR Part 2 prohibits you from making any further disclosure of it without the specific written consent of the person to who it pertains, or as otherwise permitted by such regulations. As general authorization for the release of medical or other information is NOT sufficient for this purpose.
2. If the records released includes information of an HIV-related diagnosis or test results, the following statement applies. This information has been disclosed to you from confidential records protected from disclosures by State law. You shall make no further disclosure of this information without the specific, written, and informed release of the indivual to who m it pertains, or as otherwise permitted by State law. A general authorization for the release of medical or other information is NOT sufficient for the release of HIV test results or diagnoses.
3. The information has been disclosed to you from records protected by Federal and / or State confidentiality rules. Any further releases of it is prohibited unless the person to whom it pertains. DYS in the case of youth records, or applicable Federal and / or State law, expressly permits the further disclosure.



FAMILY – CENTERED SERVICES AND SUPPORT FUNDING

<u>Name of Youth:</u>	<u>Date of Birth:</u>
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Family-Centered Services and Supports money is a combination of federal child welfare dollars and state general revenue funds. This funding is limited to youth age 0 to 21 whose family has an open plan or High-Fidelity Wraparound service plan. The family must meet monthly with the High-Fidelity Wraparound team on identifying family and youth needs. The service must be written into the service coordination plan and be identified as a part of the plan to strengthen the family. Funds are temporary and limited due to the community needs. Funds are restricted to being used for community-based services which promote the stability and well-being of children and families. They cannot be used for the following:

- Services to support a child in an out-of-home placement setting
- Court-related expenses
- Clinical interventions
- Medical services and equipment
- Food, clothing, shelter, utilities or household expenses
- Classroom instruction including, but not limited to, tutoring, summer school or credit recovery
- Family- and work-related childcare

Respite services are funded only when part of the wraparound plan and pre-approved by the service-coordinator prior to receiving the service. Respite invoices must be turned in by the 15th of the month following service.

When turning in an invoice for payment, bills must be on the organization's letterhead with address, type of service provided, client name, service start date, service end date, and the organization's Federal Tax ID (EIN) Number. All invoices must be pre-approved by the service coordinator prior to being submitted for payment.

** Please note, we make every effort to process invoices within 30 days. This may be delayed if invoices are incomplete or when grant funds from the state are not received in a timely manner. **

<hr/> Signature of Guardian / Parent	<hr/> Date
<hr/> Signature of Service Coordinator	<hr/> Date



DISPUTE RESOLUTION POLICIES AND PROCEDURES

Any agency represented on the Greene County Family and Children First Council or any parent or guardian whose child is receiving services through a service coordination mechanism including *Help Me Grow*, may initiate a dispute resolution process in the event that they feel any consumer rights have been violated or in the event that a consensus cannot be attained in construction of any aspect of a comprehensive individual family service coordination plan.

It is the goal of a comprehensive individual family service coordination planning process to reach a consensus on the type, quality and cost of services, as well as which entities will bear the cost. It is also incumbent on agency personnel to ensure that all consumer rights are respected during the process. From time to time, especially in times of restricted funds, one or more entities may disagree on aspects of the plan or may feel that certain consumer rights have been infringed upon. If attempts to address these issues falter during the team process, one or more entities, including the family being serviced by the plan, may exercise their right to the dispute resolution process. Families involved with *Help Me Grow* may request mediation at any point in the dispute resolution process. (Agency specific concerns or concerns not involving the service coordination process or client rights violations should be brought directly to the attention of the involved agency for resolution.)

1. Parents and agencies will be made aware of the local dispute resolution process through local service coordination training and at the beginning of the High-Fidelity Wraparound process, as well as during the process when it appears that a difference is not reaching resolution informality.
2. If an entity, including parent or legal guardian of a child receiving service coordination has an unresolved dispute or if they feel the consumer rights may have been violated, they may file a written grievance with the Greene County Family and Children First Council and/or Department Director.
3. The grievance must state the facts of the case and must specify what issues or consumer right is in dispute. It is to be mailed to: **Greene County Family and Children First, Attn: Director, 158 E Main St, Xenia OH 45385**
4. In the case of a dispute within the Help Me grow process, the Family and Children First Department Director or designee shall notify the Department of Developmental Delays (DODD) of the dispute in writing (via email or fax) within seven (7) calendar days of receipt of the complaint. The email for DOD is **dodd.support@dodd.ohio.gov** and the phone number is **1.800.617.6733**.
5. If a consumer rights violation is alleged, that alleged violation must have occurred not more than one year before the date that the grievance is received unless a longer period is reasonable because the alleged violation continues for that child or other children, or the filing party is requesting reimbursement or corrective action for a violation that occurred not more than three years before the date on which the grievance was received.
6. The Family and Children First Council Steering Committee will appoint one or more individuals who have no vested interest in the outcome of the process to investigate the grievance by doing at least the following:
 - Conduct an on-site investigation as determined necessary.
 - Interview the person filing the grievance and allow them an opportunity to submit additional information, orally or written, about the dispute.
 - Interview relevant providers and give providers an opportunity to submit additional information, orally or written, about the dispute.
 - Review all relevant information and decide as to whether there have been any consumer rights violations and/or offer suggestions for resolutions of the dispute and forward findings to FCFC Steering Committee.
7. The FCFC shall issue a written decision to all parties, including DODD for *Help Me Grow* consumers, within thirty (30) calendar days from receipt of the grievance. The statement shall address each grievance specified in the original filing and shall include findings of fact and conclusions and the reasons for the given decisions.

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DISPUTE RESOLUTION POLICIES AND PROCEDURES [Page 2]

8. If the FCFC Steering Committee determines there was a violation of consumer rights or a substantiation of grievance, the FCFC will ensure that corrective action is taken within 45 days of receipt of the findings of fact. Corrective actions may include:
 - Participation of a provider or agency in specific technical assistance activities.
 - Allocation of monetary reimbursement for services received appropriate to the needs of the child and family.
 - Trainings at the system or county level to achieve compliance in the appropriate future provision of services to children and families.
 - Modification of individual family service coordination plans.
9. A copy of the corrective action plan will be provided to all parties, including DODD for HMG involved families.
10. If *Help Me Grow* involved disputant is not satisfied with the resolution at this point in the process, the mediation and administrative hearing procedures set forth in the *Procedural Safeguards* manual for *Help Me Grow* agencies will be followed.
11. In the case of dispute regarding a service coordination plan developed via the Family and Children First Service Coordination mechanism; if satisfactory resolution is not achieved via the process outlined above, the FCFC Steering Committee may refer the case to Ohio Family and Children First Service Coordination Committee for administrative review and dispute resolution recommendations.
12. Ohio Family and Children First will submit a written report of recommendations to the FCFC Steering Committee and Department Director, within 30 days of receipt of request for review.
13. Service coordination plans will be amended accordingly and copies sent to all parties.
14. If a dispute remains unresolved beyond this point, the final arbitrator in the dispute resolution process is the elected juvenile court judge. Following an unsuccessful dispute resolution process, a disputant may, within seven (7) calendar days of receiving a response from OFCF, request a juvenile court hearing.
15. Written notification of this request must be sent to the FCFC Chair and Department Director who will provide the court with information on previous resolution proceedings, the initial comprehensive family service coordination plan and with all related inter-agency assessment and treatment information.
16. The juvenile court will schedule this hearing as expeditiously as possible.
17. The disputant filing with the court is responsible for any cost incurred with the court.
18. In the event of an emergency situation where the health or safety of a child is at risk, an immediate solution to alleviate the risk will be developed by the team or, if needed, an immediate referral to Greene County Children Services will be made.
19. **Section 121.382 of the Ohio revised Code requires that each agency represented by the county Family and Children First Council that is providing services or funding for services that are the subject of dispute resolution process initiated by a parent or guardian shall continue to provide those services and funding for these services during the dispute resolution process.**





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 Xenia, Ohio 45385
 Phone: (937) 562-5600
 Fax: (937) 562-5601



Family Service Coordination
 through Wraparound
 Greene County
 Family and Children First Council

**ACKNOWLEDGEMENT OF RECEIPT OF SERVICE COORDINATION GUIDE
 AND DISPUTE RESOLUTION POLICIES AND PROCEDURES**

I, the Parent / Guardian of _____,
 Youth's Name (Printed)

have received a copy of the Greene County Family and Children First Dispute Resolution Policies and Procedures.

 Parent/Guardian Signature: Date _____

 Parent/Guardian Name (Printed)

For Office Use Only:

Date Received at FCF: _____

Received By: _____

**** Please contact the Family Stability Coordinator, Melissa Baughn at +1 (937) 562-5607 with any questions regarding the Dispute Resolution policies and procedures. ****

