HCBS—SUPPORTED COMMUNITY SUPPORTED LIVING SERVICES AGREEMENT

This agreement is made between RISE Ltd. and **(NAME)** an individual receiving HCBS Community Supported Living Services that are provided by RISE Ltd., a provider. This agreement is entered on **(DATE)** . This agreement shall be reviewed annually.

RISE's responsibility shall be to assist the individual in the implementation of the IPP as agreed upon by all the parties involved. The items contained in the IPP shall be referred to as services. RISE will provide services as identified by the goals and objectives of the IPP. RISE will schedule required meetings and document progress in a timely fashion in order to document services. RISE will notify the individual receiving services, their guardian if applicable, and their Case Manager of any difficulties with services.

The Individual's responsibility shall be to provide input into the IPP on an ongoing basis. The individual receiving services also agrees to participate in the implementation of the services. The individual receiving services agrees to pay any identified charges in this agreement. The individual receiving services agrees to attend meetings called and cooperate with their Case Manager as related to the development of future IPP's and the determination of ongoing eligibility for HCBS services.

The cost of these services shall be **$114.27** a/an **day**. This fee will be paid by (**MCO/INSURANCE)**. Your cost as an individual receiving services shall be **$0 per day** for services.

The Individual Rights are defined in the document "INDIVIDUAL RIGHTS" as it relates to this service contract.

The Individual receiving services or RISE shall have the right to terminate this service agreement with a *24 hour* notice unless an emergency occurs which dictates less time of notice.

RISE Ltd. will terminate this Agreement if:

1. A request for termination of services is made by the individual themselves or their legal guardian. A reasonable notice of at least ***24 hours*** must be given to RISE.
2. Medical needs occur necessitating a different level of care (physical or psychological) which RISE is unable to meet.
3. Behavior exhibited by the individual, which on a consistent basis endangers their welfare, or the welfare of other individuals and/or staff in their immediate environment, and if RISE is unable to affect appropriate behavior changes to eliminate the inappropriate behavior.
4. Non-payment occurs.
5. Referrals or transfers is requested.
6. When circumstances warrant a recommendation that you are no longer benefiting from programs/services offered by RISE. This must be stated in writing and include:
    a. Rationale for discharge/transfer
    b. Recommendations for future services.

You have the right to complain to R.I.S.E. staff and/or an outside representatives of your choice about the services you receive or received, how you are treated, and/or give suggestions to change policies without feeling you will get in trouble if you do. The steps are as follows:

a. Tell a RISE staff member your problem/suggestion.
b. If the staff member is unable to help you, complete the RISE, Ltd. Grievance Form and give it to Director of Daily SCL Services (Elkader). You can ask for help, from the person of your choice, to complete this form. The Director of Daily SCL Services (Elkader) may call an interdisciplinary team meeting, if they feel it is necessary. The Director of Daily SCL Services (Elkader) will give you written notice and discuss his/her answer with you within 14 days.
c. If you think the Director of Daily SCL Services (Elkader) did not solve the problem, within the next 14 days, you are invited to write a letter or make a verbal report to the Executive Director. She must give you a written notice of her answer and discuss her answer with you within 7 working days.
d. If you are still unhappy with the services received or how you are treated, you *may* ask for a meeting with the RISE Board of Directors. Their decision is final.The RISE, Ltd. Board of Directors contact is Allan Nelson, 563-964-9205.

Making a complaint will not result in retaliation, humiliation, neglect, or other barriers to services. You may request an advocate or other assistance as you need to make your complaint.

In the event that issues cannot be resolved with RISE, Ltd., an individual receiving HCBS services may contact your Case Manager OR Iowa Medicaid Enterprise at 1-800-338-7909

And anyone may contact:
IOWA PROTECTION AND ADVOCACY (515) 278-2502

Individual Receiving Services	**Legal Representative**
Assistant Executive Director	**DATE**

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