



Coshocton Public Transit
401 Main Street, Coshocton, OH 43812
740.622.7139 • Fax: 740.623.2591
transportation@coshoctoncounty.net

AAA/APS Welcome Letter

Coshocton Public Transit (CPT) would like to welcome you to our service! We partner with many local and state agencies to provide the best, most affordable transportation options to all of Coshocton County!

Coshocton County residents who are age 60 or older automatically qualify to receive transportation through CPT for daily living needs at no cost to them! We currently have two different grants that make transportation services possible for you: the AAA9, Title IIIB Grant and the APS Grant. Our office staff will register you under the best funding source for your needs and/or until the funding is depleted.

The APS Grant is secured and provided by the Ohio Department of Job and Family Services through dollars from the American Rescue Plan Act for Adult Protective Services (APS).

AAA9, Title IIIB Grant is provided by the Area Agency on Aging, Region 9 (AAA9). This is a first come, first served based grant so if/when funds are depleted for the year, no more trips will be accommodated. PLEASE SEE FURTHER GUIDELINES ON THE NEXT PAGE.

The AAA9 grant requires a 15% local cash match which is mostly supported by senior levy dollars. However, CPT does accept and appreciate consumer contributions for transportation services. These contributions are considered a gift from the client which help provide the local match necessary for this grant to continue! Donation Suggestions are as follows:

One-Way Suggested Donation Amounts:

In-County:	\$3.00
Out-of-County 0-25 Miles:	\$8.00
Out-of-County 26-50 Miles:	\$12.00
Out-of-County 51-75 Miles:	\$18.00
Out-of-County 76-100 Miles:	\$24.00
Out-of-County 101-130 Miles:	\$30.00

Donation amounts are suggestions only. You are welcome to give less or more, but the inability to donate does not affect your transportation! We appreciate your generosity!

Please complete, sign and date both the Registration Form and the Disclosure Statement and return them to our office.

It is truly our pleasure to serve you. If you have any questions about any of the information you have received, or transportation service in general, please feel free to contact me directly.

Respectfully,

Valerie Shaw

Valerie Shaw,
Executive Director

2026 AAA, Title IIIB Trip Guidelines

Due to a limited amount of funding received annually from the Area Agency on Aging, Region 9 grant, Coshocton Public Transit can only provide a limited number of trips through this grant. Below are the updated guidelines for 2026 AAA trips:

- Medical trips only
- Out-of-county trips only
 - Trips are limited to counties surrounding Coshocton County: Guernsey, Holmes, Knox, Licking, Muskingum, & Tuscarawas.
 - Trips are limited to these counties only and can be no less than 20 direct miles and no more than 50 direct miles.
- Trips are first-come, first served
 - When grant funding for the year has been depleted, no more trips will be accommodated.
 - Passengers have the option to pay the General Public fare rates once AAA funds are gone.

The CPT Director reserves the right to make exceptions on a case-by-case basis and/or change these guidelines at any time.



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Client Registration / Reduced Fare E&D Application/ Title IIIB AAA9 Form

If you are applying for an E&D Half-price fare card you must submit proof of age or disability.

1. First Name _____ MI _____ Last Name _____

2. Date of Birth ____ / ____ / ____

3. Are you Elderly (age 60+)? Yes No 3a. If you are Age 60+, please turn over

4. Gender: Male Female Unspecified 5. Language: English Other: _____

6. Mobility (Please check one):

Ambulatory (Can walk and use steps to enter vehicle)

Wheelchair: Power *Manual *Can you transfer into a seat? Yes No

Cannot use steps, but **CAN** get into a mini-van/SUV

Cannot use steps and **CANNOT** get into mini-van/SUV

7. Race/Ethnicity: Caucasian (White) Native American Asian Hispanic African American

8. Do you live alone? Yes No 9. Is your income less than \$1,300/month? Yes No

10. Phone#: (____) _____ - _____ 10a. Alt. Phone# (____) _____ - _____

11. Social Security#: _____ - _____ - _____ 12. Medicaid # (if applicable) _____

13. Are you considered Disabled by a Medical Professional? Yes No

14. Special Assistances (Please check all that apply):

Blind Cane Hearing Impaired Oxygen Walker Other: _____

15. Home Address: _____

City: _____ State: _____ Zip: _____ County: _____

16. Emergency Contact Name: _____ Phone#: (____) _____ - _____

Relationship to you: _____

All information is true and correct to the best of my knowledge. I understand that any information provided may be shared with any other department/funder in support of CPT provided services to ensure CPT is compliant with State and Federal Agencies monitoring requirements. If needed, I authorize CPT to verify any information provided.
I HAVE ATTACHED A COPY OF PROOF OF MY AGE/DISABILITY IN ORDER TO RECEIVE AN E&D CARD, IF APPLYING FOR ONE.

Client Signature _____ Date _____

Office Signature _____ Date _____

For Office Use Only

Date Received ____ / ____ / ____ Staff Signature _____ E&D? Yes - Card# _____ No

Title IIIB/AAA9 Disclosure Statement

The attached participant registration form was developed to assist the Ohio Department of Aging to monitor the effectiveness of senior programs offered to the citizens of Ohio. Any participant information obtained from this form will be kept confidential and no personal identifying information (e.g., Name, address, telephone number, ID no., etc) will be released to the public without your expressed written consent, or unless otherwise required under Federal Law.

The data collected (age, sex, race, low-income status, ADL's and IADL's) will be forwarded to the Area Agency on Aging and the Ohio Department on Aging in order to keep both State and Federal Legislators informed on the effectiveness of Senior programs (as required by the 1992 Older Americans Act Reauthorization.) While all participants receiving services under the Older Americans Act are asked to complete the attached form in full, no participant may be denied services for refusing to provide any of the information requested, including social security number.

If you have any further questions, do not hesitate to ask the staff why this release is necessary.



RELEASE OF INFORMATION:

1. I authorize the information contained in this participant registration assessment form to be used for the purpose of planning or to obtain services to meet my need(s).
2. I authorize release of information to any entity specified by State or Federal laws, HCFA, ODHS, ODA, AAA or any agencies necessary for the purpose of monitoring and/or evaluation.

Please initial
beside
both 1.
and 2.
and
sign at
bottom

INFORMATION RECEIVED:

- Complaint and grievance procedure
- Participant Rights
- Participant Financial Responsibility, if applicable
- Long Term Care Ombudsman Contact Telephone Number
- Telephone Number of Administrator of Agency Delivering Service(s)
- Telephone Number of Director of Area Agency on Aging
- Copy of Service plan, if applicable
- HIPAA Procedures

I GIVE CONSENT TO RECEIVE SERVICES:

Participant's Signature

Date

I have discussed/read/explained the Disclosure Statement with the client:

Employee Signature

Date

Coshocton Public Transit (CPT) Client's Right to Due Process

Clients served by Coshocton Public Transit (CPT) have the right to file a complaint if they are dissatisfied with the service provided by CPT, or if they are unable to be served due to actions on the part of the client, or because demand for the service is beyond the ability of CPT.

Denial of Service:

If a client makes a request for transportation, the request may be denied if:

- There are no available drivers.
- The request was not made in a timely manner.
- Registration of the client cannot be completed by the time of transportation.
- The client is deemed to be a danger to themselves, other passenger or the driver during transportation.
- The client is currently under a 30-day suspension for failing to keep appointments at least twice, resulting in a cost to the program.

The staff at the CPT office will determine if service is denied.

Clients will be informed via the telephone if service is not available. In all cases, the client's personal file will be documented by the CPT staff.

Clients have three options to appeal the decision:

- The transportation coordinator is accessible to hear all concerns regarding the program's policies and its implementation.
- A caseworker may call the coordinator to explain extenuating circumstances or a change in the client's circumstances that would warrant a reversal of a decision.
- Clients may contact The Coshocton County Commissioners office, at 622-1753. The Commissioners not only oversee the program, but Mr. Dane R. Shryock is also a board member of the CPT.

Follow up procedure:

- The transportation coordinator will follow-up with the client within 14 days of the incident to update them on the claim, and will remain to be the point person for the client until the claim is resolved.

If these methods do not result in satisfaction by the client, the issue may be presented to the CPT board. The issue may come in a written format, the client may personally address the board, any board member may raise the client's concern.

Due process is the right of all clients and exercising their rights will not result in subsequent discrimination or reprisal. The name of the client filing the complaint has the right to remain anonymous. Their right to confidentiality will be preserved.

Coshcocton Public Transit (CPT)
Notice to the Public - Rights Under Title VI and Complaint Procedure

Coshcocton Public Transit operates its programs and services without regard to race, color, and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes she or he has been aggrieved by any unlawful discriminatory practice under Title VI may file a complaint with The Coshcocton County Coordinated Transportation Agency.

Any individual, group of individuals or entity that believes they have been discriminated against on the basis of race, color, or national origin by the Coshcocton County Coordinated Transportation Agency may file a Title VI complaint by completing and submitting the agency's Title VI Complaint Form to Mary Beck, Administrator/Clerk, Coshcocton County Board of Commissioners.

Any individual having filed a complaint or participated in the investigation of a complaint shall not be subjected to any form of intimidation or retaliation. Individuals who have cause to think that they have been subjected to intimidation or retaliation can file a complaint of retaliation following the same procedure for filing a discrimination complaint.

A complaint must be filed with Mary Beck, Administrator/Clerk Coshcocton County Board of Commissioners no later than 180 days after the following:

1. The date of the alleged act of discrimination; or
2. The date when the person(s) became aware of the alleged discrimination; or
3. Where there has been a continuing course of conduct, the date on which that conduct was discontinued or the latest instance of the conduct.

Once the complaint is received, Mary Beck, Administrator/Clerk Coshcocton County Board of Commissioners will review it to determine if our office has jurisdiction. A copy of each Title VI complaint received will be forwarded to the Ohio Department of Transportation within ten (10) calendar days of receipt. The complainant will receive an acknowledgement letter informing her/him whether the complaint will be investigated by our office.

Mary Beck, Administrator/Clerk Coshcocton County Board of Commissioners has 45 days to investigate the complaint. If more information is needed to resolve the case, the Administrator/Clerk Coshcocton County Board of Commissioners may contact the complainant requesting further information. The complainant has 15 business days from the date of the letter to send requested information to the investigator assigned to the case. If the investigator is not contacted by the complainant or does not receive the additional information within 15 business days, the Administrator/Clerk Coshcocton County Board of Commissioners can administratively close the case.

After the investigator reviews the complaint, she/he will issue one of two (2) letters to the complainant: a closure letter or a letter of finding (LOF).

- ✓ A closure letter summarizes the allegations and states that there was not a Title VI violation and that the case will be closed.
- ✓ A letter of finding (LOF) summarizes the allegations and the interviews regarding the alleged incident, and explains whether any disciplinary action, additional training of the staff member, or other action will occur.

If the complainant wishes to appeal the decision, she/he has 15 days after the date of the closure letter or the letter of finding to do so. The appeal process information will be included in the letter.

A person may also file a complaint directly with the: Ohio Department of Transportation, Attn: Office of Equal Opportunity, 1980 West Broad Street, Mailstop 3270, Columbus, OH 43223; or Federal Transit Administration, Office of Civil Rights, Attention: Complaint Team, East Building, 5th Floor- TCR, 1200 New Jersey Ave., SE Washington, DC, 20590.

If information is needed in another language, then contact (740)622-7139.



AREA AGENCY
on AGING
Region 9

HIPAA NOTICE OF PRIVACY PRACTICES

**THIS NOTICE DESCRIBES HOW MEDICAL AND HEALTH INFORMATION
ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET
ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This notice describes how we, Area Agency on Aging Region 9, Inc. ("AAA9"), use or disclose your Protected Health Information ("PHI"). PHI is information that identifies you and relates to health care services, the payment of health care services or your physical or mental health or condition, in the past, present or future. This notice also describes your rights to access and control your PHI.

Our Responsibilities

Federal law requires that we maintain the privacy of your PHI and provide to you with this Notice of our legal duties and privacy practices. We are required to notify affected individuals following a breach of unsecured PHI. We are required to abide by the terms of this Notice, which may be amended from time to time. We reserve the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI that we maintain. We will promptly revise and distribute this Notice whenever there is a material change to the uses or disclosures, your rights, our duties, or other practices stated in this Notice. Except when required by law, a material change to this notice will not be implemented before the effective date of the new notice in which the material change is reflected.

How We May Use or Disclose PHI for Treatment, Payment, and Health Care Operations

For Treatment. We may use and disclose your PHI to coordinate or manage your care within the AAA9 and with other individuals or organizations outside of the AAA9 that are involved in your care, such as your attending physician, other health care professionals, contracted service providers or related organizations. For example, certain service providers involved in your care may need information about your medical condition in order for us to deliver services properly and appropriately.

To Obtain or Provide Payment. We may include your PHI in invoices to collect or provide payment to or from third parties for the care you receive through the AAA9. For example, some PHI is transmitted to the Ohio Department of Aging and the Ohio Department of Job and Family Services when billing transactions are conducted.

To Conduct Health Care Operations. We may use and disclose PHI for our own operations and as necessary to provide quality care to all of our service recipients. Health care operations includes but is not limited to the following activities: quality assessment and improvement activities; activities designed to improve health or reduce health care costs; protocol development, case management and care coordination; professional review and performance evaluation; review and auditing, including compliance reviews, medical reviews, legal services and compliance programs; and business management and general administrative activities of the AAA9. For example, we may use PHI to evaluate our staff performance or combine your health information with other consumer PHI to evaluate

how to better serve all of our consumers. Another example may be the disclosure of your PHI to staff or contracted personnel for certain limited training purposes.

How We May Use or Disclose PHI For Appointment Reminders, Treatment Alternatives, or Fundraising Activities

We may use and disclose your PHI to contact you as a reminder that you have an appointment for a home visit. We may use and disclose your PHI to advise you or recommend possible service options or alternatives that may be of interest to you. We may contact you for fundraising activities. However, you will be provided the opportunity to opt out of receiving such fundraising communications.

Disclosures You May Authorize Us to Make

We will not use or disclose your PHI without authorization, except as described in this Notice. Most uses and disclosures of psychotherapy notes, as applicable, require your authorization. Subject to certain limited exceptions; we may not use or disclose PHI for marketing without your authorization. We may not sell PHI without your authorization. You may give us written authorization to use and/or disclose health information to anyone for any purpose. If you authorize us to use or disclose such information, **you may revoke that authorization in writing at any time.**

Other Specific Uses or Disclosures

When Legally Required. We will disclose your PHI when required by any Federal, State or local law.

In the Event of a Serious Threat to Life, Health or Safety. We may, consistent with applicable law and ethical standards of conduct, disclose your PHI if we, in good faith, believe that such disclosure is necessary to prevent or lessen a serious and imminent threat to your life, health, or safety, or to the health and safety of the public.

When There Are Risks to Public Health. The AAA9 may disclose your PHI for public activities and purposes allowed by law in order to prevent or control disease, injury or disability; report disease, injury, and vital events such as birth or death; conduct public health surveillance, investigations, and interventions; or Notify a person who has been exposed to a communicable disease or who may be at risk of contracting or spreading a disease.

To Report Abuse, Neglect or Domestic Violence. We may notify government authorities if we believe a consumer is the victim of abuse, neglect or domestic violence. We will make this disclosure only when required or authorized by law, or when the consumer agrees to the disclosure.

To Conduct Health Oversight Activities. We may disclose your PHI to a health oversight agency for activities including audits, civil administrative or criminal investigations, inspections, licensure or disciplinary action. However, we may not disclose your PHI if you are the subject of an investigation and your PHI is not directly related to your receipt of health care or public benefits.

In Connection with Judicial and Administrative Proceedings. We may disclose your PHI in the course of any judicial or administrative proceeding in response to an order of a court or administrative tribunal as expressly authorized by such order, or, in response to a subpoena, discovery request or other lawful process, if we determine that reasonable efforts have been made by the party seeking the information to either notify you about the request or to secure a qualified protective order regarding your health information. Under Ohio law, some requests may require a court order for the release of any confidential medical information.

For Law Enforcement Purposes. As permitted or required by law, we may disclose specific and limited PHI about you for certain law enforcement purposes.

For Research Purposes. We may, under very select circumstances, use your PHI for research. Before we disclose any of your PHI for such research purposes in a way that you could be identified, the project will be subject to an extensive review and approval process, unless otherwise prohibited as with Medicaid.

For Specified Government Functions. Federal regulations may require or authorize us to use or disclose your PHI to facilitate specified government functions relating to military and veterans; national security and intelligence activities; protective services for the President and others; medical suitability determinations; and inmates and law enforcement custody.

For Workers' Compensation. We may use or disclose your PHI for workers' compensation or similar programs.

Transfer of Information at Death. In certain circumstances, we may disclose your PHI to funeral directors, medical examiners, and coroners to carry out their duties consistent with applicable law.

Organ Procurement Organizations. Consistent with applicable law, we may disclose your PHI to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purposes of tissue donation and transplant.

Your Rights with Respect to PHI

You have the following rights regarding PHI that we maintain:

Right to a Personal Representative. You may identify persons to us who may serve as your authorized personal representative, such as a court-appointed guardian, a properly executed and specific power-of-attorney granting such authority, a Durable Power of Attorney for Health Care if it allows such person to act when you are able to communicate on your own, or other method recognized by applicable law. We may, however, reject a representative if, in our professional judgment, we determine that it is not in your best interest.

Right to Request Restrictions. You may request restrictions on certain uses and disclosures of your health information. You have the right to request a limit on our disclosure of your PHI to someone who is involved in your care or the payment of your care. Although we will consider your request, please be aware that we are under no obligation to accept it or to abide by it unless the request concerns a disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains solely to a health care service for which the provider has been paid out of pocket in full. To request such restrictions, please contact your AAA9 case manager or Zane V. Wells at (740) 435-4931.

Right to Receive Confidential Communications. You have the right to request that we communicate with you in a confidential manner. For example, you may ask us to conduct communications pertaining to your health information only with you privately, with no other family members present. If you wish to receive confidential communications, please contact your AAA9 case manager or Zane V. Wells at (740) 435-4931. We may not require that you provide an explanation for your request and will attempt to honor any reasonable requests.

Right to Inspect and Copy Your PHI. Unless your access to your records is restricted for clear and documented treatment reasons, you have a right to see your PHI upon request. You have the right to inspect and copy such health information, including billing records, at a reasonable time and place. A request to inspect and copy records containing your PHI may be made to your AAA9 case manager or Zane V. Wells at (740) 435-4931. If you request a copy of such health information, we may charge reasonable copying, processing, and personnel fees.

Right to Amend Your PHI. You have the right to request that we amend your records, if you believe that your PHI is incorrect or incomplete. That request may be made as long as we maintain the

information. A request for an amendment of records must be made in writing to your AAA9 case manager or Zane V. Wells, AAA9, 710 Wheeling Avenue, Cambridge, Ohio 43725. We may deny the request if it is not in writing, or does not include a reason for the amendment. The request also maybe denied if your health information records were not created by us, if the records you are requesting are not part of our records, if the health information you wish to amend is not part of the health information you are permitted to inspect and copy, or if, in our opinion, the records containing your health information are accurate and complete. We take the position that amendments may take the form of including a written statement from you and may not include changing, defacing or destroying any necessary information related to your health care.

Right to Know What Disclosures Have Been Made. You have the right to request an accounting of disclosures of your PHI made by us for certain reasons, including reasons related to public purposes authorized by law, and certain research. The request for an accounting must be made in writing to your AAA9 case manager Zane V. Wells, AAA9, 710 Wheeling Avenue, Cambridge, Ohio 43725. The request must specify the time period for the accounting starting on or after April 14, 2003. Accounting requests may not be made for periods of time in excess of six (6) years prior to the date on which the accounting is requested. We will provide the first accounting you request during any 12-month period without charge. Subsequent accounting requests may be subject to a reasonable, cost-based fee.

Right to a Paper Copy of This Notice. You have a right to receive paper copy of this Notice at any time, even if you have received this Notice previously. To obtain a paper copy, please contact your AAA9 case manager or Zane V. Wells at (740) 435-4931.

Where to File a Complaint

You have the right to complain to us if you believe that your privacy rights have been violated, including the denial of any rights set forth in this Notice. Any complaints to us shall be made in writing to your AAA9 case manager or the Office of the HIPAA Privacy Officer, Zane V. Wells, AAA9, 710 Wheeling Avenue, Cambridge, Ohio 43725. We encourage you to express any concerns you may have regarding the privacy of your information. You will not be retaliated against in any way for filing a complaint.

You may also file a written complaint with the Secretary of the U.S. Department of Health and Human Services, 200 Independence Avenue SW, Washington, D.C., 20201 or call toll-free (877) 696-6775, by e-mail to OCRComplaint @ hhs.gov, or to Region V, Office for Civil Rights, U.S. Department of Health and Human Services, 233 N. Michigan Ave., Suite 240, Chicago, Ill. 60601, Voice Phone (312) 886-2359, FAX (312) 886-1807, or TDD (312) 353-5693.

Contact Persons

We have designated the Office of the Executive Director/CEO as our contact point for all issues regarding consumer privacy and your rights under this Notice. If you have any questions regarding this Notice, please contact AAA9 through your AAA9 case manager or through Zane V. Wells at (740) 435-4931, or at AAA9, 710 Wheeling Avenue, Cambridge, Ohio 43725.

Effective Date

This Notice is effective June 1, 2013.

**If you have any questions regarding this notice,
please contact your AAA9 case manager or
Zane V. Wells at (740) 435-4931.**

AAA9 Grievance Procedures

Individuals wishing to report grievances orally will be encouraged to submit their grievance in writing to assure accuracy and completeness. If, for any reason, an individual is unable to prepare a written grievance, or chooses not to, the AAA will transcribe the grievance on behalf of the individual; however, the individual will be asked to sign the grievance as prepared by AAA9 to confirm its accuracy.

When acknowledging its receipt of a grievance, AAA9 shall refer the individual to the Ombudsman Program for assistance in remedying the grievance.

AAA9 will never refuse to address a grievance, or an individual's concerns, because the person did not comply fully with the grievance submission policy.

4. **Fairness/Timeliness:** AAA9 will address any grievance it receives in a fair and timely manner. Every effort will be made to resolve grievances as early in the process as possible, preferably at the provider level. To this end:
 - a. The grievance procedure shall ensure that the individual charged with responding to a grievance, the Quality and Planning Director unless otherwise assigned by the Executive Director, is neutral and was not involved in any of the events that serve as the basis for the grievance; and,
 - b. If the Quality and Planning Director was involved in the events that serve as a basis for the grievance, the grievance will be handled by the AAA9 Executive Director.
 - c. Unless otherwise agreed to by AAA9 and the individual, the AAA must render a decision, in writing, as to each grievance received within 15 calendar days of its receipt by AAA9.
5. **Face-to-Face Discussion:** The AAA9 grievance procedure allows the individual who submits a grievance, and/or the individual's representative, if any, the opportunity to discuss the grievance in person with AAA9 representatives as assigned by the Executive Director prior to the AAA's issuance of any decision as to the grievance.
6. **Written Responses:** All decisions rendered by AAA9 in response to a grievance will be provided in writing to the individual who submitted the grievance, and/or the individual's representative, if any.
7. **Further Consideration:** The individual who submitted the grievance, or the individual's representative, if any, has no less than 10 calendar days to review the AAA's response to the grievance and offer a written response to AAA9 before the AAA's decision becomes final.

C. **Retaliation:** AAA9 will not retaliate or discriminate against any individual who submits a grievance to AAA9 or one of its provider agencies. An individual's failure to submit a grievance in strict conformance with the AAA9 policy shall never result in the AAA refusing to address the individual's concern.

E. **Records Retention:** For monitoring purposes, AAA9 will retain a copy of all grievances it receives, and its written responses to those grievances, for a period of 90 days after the date of first monitoring visit conducted by the ODA after the date on which the AAA's response became effective, whichever date is later.

F. **Area Plan:** AAA9 shall include a copy of this grievance process with its area plan submission for approval by ODA.

AAA9 Grievance Procedures

Policy

The Area Agency on Aging Region 9 (AAA9) has established this grievance procedure for use by older individuals who are dissatisfied with or denied any services funded through the Older Americans Act (OAA), and who are seeking a resolution of their grievances from the AAA9.

A. **Participant Rights:** AAA9 recognizes and acknowledges the rights of older individuals. These rights include the following:

1. The right to contact the Office of the State-Long-Term Care Ombudsman (Ombudsman Program) at 1-800-967-0615 to seek assistance in resolving grievances against the AAA or a provider.
2. The right to be fully informed, in advance, about each service that AAA9 or its providers offer to the individual, and about any change in the services being received by the individual that may affect the individual's well-being;
3. The right to participate in planning and changing services provided under the OAA by AAA9 or its providers, unless the individual has been judicially adjudicated incompetent;
4. The right to voice grievances with respect to any service that AAA9 provides, or fails to provide, to the individual without discrimination or reprisal as a result of having voiced the grievance;
5. The right to confidentiality of records relating to the individual;
6. The right of the individual to have the individual's property treated with respect;
7. The right to be fully informed (orally, and in writing), in advance of receiving a service of such persons rights under the OAA; and,
8. The right to receive a written response from AAA9 or its providers to every grievance voiced by the individual.

B. **Grievance Procedure Guidelines:**

1. **Notification of procedure:** A copy of AAA9's written grievance procedure, and contact information for the Ombudsman Program is provided to an individual when:
 - a. When the individual applies to AAA9 or a provider for the receipt OAA services;
 - b. When AAA9 or its provider denies the individual's request for OAA services;
 - c. When AAA9 or its provider reassesses the consumer's eligibility for OAA services; and,
 - d. When AAA9 or its provider proposes to reduce or terminate the individual's OAA services.
2. **Submission of grievances:** Grievances must be submitted in writing to:

Area Agency on Aging, Region 9
710 Wheeling Avenue
Cambridge, OH 43725
3. **Acknowledgment of receipt:** Once the Grievance is received by AAA9, The Quality and Planning Director will acknowledge its receipt of the grievance(s) in writing within 5 business days of the date on which the grievance is received, unless the AAA is able to resolve the grievance sooner.