



Hope Haven
Area Development Center Corporation

Client Services Guide

Referral, Admissions and Program Information

Hope Haven Area Development Center

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The purpose of this handbook is to share information about Hope Haven Area Development Center Programs with individuals and their families who are interested in receiving services. We hope that it will be helpful in giving you an overview of our agency, but we would also encourage you to call and speak with our program staff if you have any questions.

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INTRODUCTION TO HOPE HAVEN

Hope Haven Area Development Center Corporation is a private, non-profit organization incorporated in 1972. Hope Haven provides vocational, residential, community employment, and living services for persons who are intellectually and physically disabled, or mentally ill. Services are currently provided in Des Moines, Lee, Henry, and Louisa counties.

Our Mission

Hope Haven's mission is to assist persons with disabilities to live a life of opportunity and well-being.

Our Vision

Hope Haven Area Development Center, through its commitment to excellence in care and services, will set the standard for support to persons with disabilities.

Our Guiding Principles

Hope Haven Area Development Center commits to provide services, employment, and advocacy in a manner that is consistent at all times with the following principles:

- **THE WORTH AND DIGNITY OF ALL INDIVIDUALS**
Hope Haven recognizes that best practices demand compassion, empathy, honesty, fairness, civility, and respect for individual rights and choices. We will strive to adhere to "best practices" in all operations.
- **ENCOURAGEMENT AND ADVOCACY FOR INDIVIDUAL CHOICE**
Hope Haven will strive to promote a positive environment in which individuals served and employed will be encouraged, supported, and guided throughout their association with the agency.
- **HONESTY AND INTEGRITY**
Hope Haven will strive for the highest standards of honesty, truth, fairness, and consistency in all operations and practices.
- **EFFECTIVE USE OF TIME, TALENTS, AND RESOURCES**
Hope Haven recognizes the array of knowledge and skills inherent in the organization and commits to utilizing such diversity for the benefit of the client, agency, and community. We will use our resources to focus on the well-being of the client and seek to be financially responsible. We will continuously assess quality and take an active role in determining the changing needs of society and our ability and responsibility to meet those needs.
- **QUALITY TEAMWORK THROUGH THE PURSUIT OF EXCELLENCE**
Hope Haven recognizes the benefits of seeking excellence for those served and the reciprocal effect upon the agency when successful. We recognize the power of committed teamwork and strive to recruit and retain employees who recognize and foster team approach.

What We Believe

- We believe that the guiding force for programs and services should be the person receiving services.
- Each individual is unique in terms of strengths, abilities, needs, and preferences and should be supported with options and choices at all stages of services and programs.
- Hope Haven should advocate for, protect and promote the rights, dignity, and worth of individuals served.
- All persons, regardless of disability, should have equal opportunity and be an equal member of their community to the fullest extent possible.
- Everyone can continue to learn and grow and should be given opportunities to do so.
- It is our responsibility, and your right to receive an individual program plan that fits your needs and desires and helps you reach your goals.
- Our responsibility is to provide the training, supervision, and supports you need to function as independently as possible at work, in the community, and in your living situation.

CARF ACCREDITATION

CARF is an independent, not for profit, accrediting body, which was established in 1966. Currently they accredit over 37,000 services in the United States, Canada, and Europe. The purpose and mission of CARF is to enhance lives of persons served by improving the quality of services provided. The CARF standards focus on client driven results, stakeholder satisfaction, and quality improvement. CARF accreditation is internationally recognized and is seen as a hallmark of quality.

Hope Haven is currently CARF accredited in the following service areas:

- Community Integration
 - Day Habilitation
- Employment Services
 - Employment Supports, Job Development, Employee Development Services

If you are interested in further information about CARF, you can visit their website at www.carf.org.

Licensure

Hope Haven operates the following facilities, which are licensed by the State of Iowa:

- Woodlake ICF/ID (Intermediate Care Facility for Persons with Intellectual Disabilities) - Brueck and Ertz Group Homes
- Walton, RCF/ID (Residential Care Facility for Persons with Intellectual Disabilities) Group Home
- River Cross RCF (Residential Care Facility)

The Iowa Department of Inspection and Appeals Health Facilities Division is the designated state survey and certification agency responsible for inspecting and licensing these facilities. Survey teams from the Division conduct unannounced on-site inspections at Hope Haven's licensed facilities to assess the quality of care and services provided to the residents. If problems are discovered during an inspection, the Division can initiate corrective and/or disciplinary action to assure a facility's compliance with state and federal rules. Health Facilities Division personnel also investigate complaints alleging improper care or treatment of residents in these licensed facilities.

GETTING SERVICES FROM HOPE HAVEN

Services Available

Vocational/Day Services

- Community Employment Services
- Unterkircher Day Habilitation Services
- Adult Development Program Day Habilitation Services
- Lee County Drop-In Center
- MOTTS Drop-In Center
- MOTTS Day Habilitation Services
- Keokuk Day Habilitation Services
- Pre-Vocational/Career Exploration Services
- Employment Services

Community Living

- Supported Community Living Services (daily and hourly)
- Group Respite
- Great River Recreation Club
- Crisis Stabilization Services

Residential Services

- RCF/ID Group Homes
- ICF/ID-Group Homes
- River Cross Residential Care Facility

APPLYING FOR SERVICES

It is the policy of Hope Haven Area Development Center Corporation of Burlington, Iowa, to operate without discrimination. This means that unless an individual fails to meet established eligibility criteria, no person will be refused services or employment on the basis of culture, age, gender, sexual orientation, spiritual beliefs, gender identification, socio-economic status, or language. Services recommended and received will be based on individual client need. Services are available within Des Moines, Lee, Henry, and Louisa counties.

Who We Can Serve-General Admission Criteria

Hope Haven provides day programs, residential services, and community services to eligible persons with mental, physical, and emotional disabilities typically age five years and older (depending on program) who meet program guidelines and who, at the time of admission, cannot obtain/maintain competitive employment and/or live independently and can benefit from the services offered.

The following criteria must be met before you can be admitted into any Hope Haven program. There may also be additional information required per program/service.

- We must have written documentation of your disability or nature of your condition.
- You must be motivated to participate in Hope Haven services and you, your guardian, and interdisciplinary team members must agree to abide by Hope Haven regulations, rules, policies, and procedures.

- Hope Haven must be the least restrictive environment. Every effort is made to place you in programs that provide compatible social and functional relationships.
- A funding source must agree to pay for services, you, or your guardian or representative payee may agree to pay privately.
- You must not exhibit serious emotional, psychological, or behavior problems which interfere with personal adjustment or are outside the scope of Hope Haven’s ability to provide services. (Each case will be reviewed on an individual basis.)
- Hope Haven will not admit you if you have a primary diagnoses of narcotic, alcohol, or chemical dependencies, or sexually deviant or sexually assaultive disorders. (Each case will be reviewed on an individual basis.)
- All admission forms must be completed and necessary referral information provided by you, your guardian, your family, or your referral source.
- An individual who has been discharged from an agency program, for non-payment of fees, will generally be ineligible for services until past balances are paid in full. Each case will be looked at on an individual basis.

Program specific criteria are included in the program sections of this handbook.

General Admission Requirements

The following information must be received before an Intake Team meeting will be scheduled:

- Current social history needs to be documented.
- Admission forms must be completed, signed, and dated.
- Medical background information may be required.
- A statement of referral by the referring agent noting the purpose of the referral, your needs and tentative goals in Hope Haven services.
- Current evaluations, program plans and relevant documentation needs to be obtained from your referral source or other agencies/persons that have relevant involvement with you.
- Authorizations for Release of Confidential Information must be signed and dated to gather necessary confidential information from agencies/persons.
- If you or your guardian refuses to give us permission to give or get information about you, it may result in Hope Haven not being able to provide services to you. We will let you know ahead of time if refusing to give us information would cause Hope Haven to not provide services to you.
- If you have a criminal record, you will be asked to provide information regarding your criminal history. Hope Haven follows all state and federal guidelines and will work with authorities as appropriate.

Procedure for Referral

1. You will meet with Program staff and will be given a tour upon request.
2. If interested in pursuing application to Hope Haven, you will be given a packet of Hope Haven forms, releases and information on the admission criteria and process. If information is needed in alternative formats – verbal, sign language, Braille, other language – Hope Haven will assist in making the alternative format available to you based on your need.
3. You are told that the packet of information gathered will be carefully reviewed to determine whether you are eligible and would benefit from Hope Haven services. Information gathered is treated confidentially and is placed in your case record file.

4. After all completed forms have been received, they will be reviewed and within thirty (30) days, you and/or involved agencies/persons will be contacted and informed as to the decision reached by the Admissions Committee.
5. If you are accepted for services, a time and date will be scheduled for an Intake Staffing with you and your Interdisciplinary Team Members.
6. If you are denied for services, you will be told the reason for the denial and if available, we will refer you to other services that may meet your needs. You will also be given information on your right to appeal Hope Haven's denial. Information on how to file an appeal is included in this handbook under "Grievances and Appeals". The final decision will rest with Hope Haven's Intra Agency Admissions Committee.
7. If a decision on your admission is deferred, this means that we may need more information or consideration in order to make a decision. You will be notified of this deferral.

Order of Service

Order of acceptance for services is based on date of application, completion of all required documentation, and eligibility for services. Exceptions to this may be made by Hope Haven's Intra Agency Admissions Committee due to an emergency need.

Length of Service

The length of services is based on your needs and desires and will be discussed with you and your team at your Intake staffing. It will also be reviewed with you at your annual team meeting or when your needs and/or desires change. Any specified timelines will be written into your Individual Service Plan.

Payment for Service

The costs for your services will vary from program to program and may be paid for in several different ways, which may include, but are not limited to:

- Region
- State
- Medicaid (Home and Community Based Waiver or Habilitation Services)
- Private Insurance
- United Way, grants, and donations
- Iowa Vocational Rehabilitation Services
- Self Pay
- School
- Ticket to Work (HHADC is an Employment Network through Social Security)

Cost information will be provided to you as requested. If you are responsible for payment, specific program costs will be discussed with you and/or your payee, and payment arrangements will be outlined in a written admission agreement.

You typically pay for living costs such as rent, food, transportation, clothing, personal needs, spending money, utilities, etc.

Necessary Personal Paperwork

To start services, we may need to collect the following information at the time of or before the start of services dependent on the services to be provided and the requirements of those services:

Personal

- Copies of Guardianship, Conservatorship, Power of Attorney Papers
- Original or notarized copy of birth certificate
- Social Security Card
- State I.D. Card

Financial (if Hope Haven is acting as financial representative)

- Authorization to act as representative payee
- Verification of any wages earned during the last 3 months (pay stubs or written information from employer) prior to admission
- Verification of Checking or Savings Accounts including:
 - Balance on the 1st day of services (in RCF/ID, ICF/ID, RCF)
 - Interest earned in the last 3 months
 - Statements for the last 3 months
- Copies of Life Insurance policies
- Copies of Trust Accounts
- Copies of Burial Plot Deed
- Copies of Stocks and Bonds
- Copies of any other assets owned by you

Medical (if Hope Haven is supporting your access to medical services)

- Medicaid/Title XIX Card
- Medicare Card/Medicare D Drug Card
- Private or Other Health Insurance Card and information regarding
 - Premiums the individual pays
 - Coverage
 - Contact Information.
- Health Examination Form
 - Completed within 30 days prior to start of service – RCF, RCF/ID, ICF/ID only. Completed within 1 year prior to start of service for Community Living Services
 - May be required for Vocational Services if there are any physical limitation that need to be verified by a physician
 - Completed within 1 year prior to start of service – all other services
 - TB Skin Test within 30 days prior to start of service – RCF, RCF/ID, ICF/ID only
 - Certificate of Care signed by physician- RCF, RCF/ID, ICF/ID only
- Unfilled Medication Prescriptions- RCF, RCF/ID, ICF/ID only
- Written Doctor's Orders- medications, diet, activity level, other specialized orders
- Dental or other exams may be required based on individual circumstances

YOUR INDIVIDUAL SERVICE PLAN

Your first 30 days of service from Hope Haven will be an evaluation or assessment period unless additional time is agreed upon by your team. Areas to be evaluated/assessed are reviewed at the Intake Staffing. Your evaluation/assessment is an on-going part of your Individual Service Plan that looks at the following:

- Your hopes, dreams, desires
- Your strengths and abilities
- Your preferences
- Your medical and/or mental health history
- Supports you may need
- Health and Safety concerns
- Your social history – family, education, work, cultural background, personal history
- Any behavioral needs
- Services you may have received before or are currently using that may be helpful in planning your Hope Haven services

This is your program and you are the most important member of your team, so you need to let us know what your needs and wants are with regard to your program. We are interested in hearing what you want to be doing now as well as in the future so that Hope Haven and your team can support you to live a life of opportunity and well-being, which is our mission. It is important that you work hard to achieve your program goals. You need to ask questions if you do not understand any part of your program or services.

Each individual participating in a Hope Haven program will have an Individualized Service Plan (ISP) for programming and services provided. This plan will explain what program(s) you will be involved in and what goals and objectives you will be working on. Your ISP will be developed by an interdisciplinary team. This team will include you, your family or guardian when appropriate, your direct support staff, Program Administrator, Social Worker/Case Manager, IVRS Counselor, and/or other relevant staff or persons identified as ISP Team Members. We review your personal, social, medical, mental-health, and service information in order to develop a plan that best meets your needs, desires and experiences.

You and other members of your team will have the opportunity to receive a copy of your ISP/IPP and the original will be in your Hope Haven case record. If you need the copy in an alternative format, Hope Haven staff will arrange for this on request.

Depending upon your program, team meetings will be held at least annually. Your progress and performance in the program will be reviewed regularly and at your annual team meeting. From this information, goals will be recommended and developed. You will help decide what training, classes, activities, goals, etc. you feel would benefit you.

THE PEOPLE WHO WILL BE WORKING WITH YOU

Hope Haven Area Development Center tries to provide the highest quality professional staff, trained specifically to support individuals with disabilities.

All Hope Haven staff must meet the following minimum requirements:

- Criminal background check
- Dependent adult & child abuse registry check
- Office of Inspector General: Fraud Prevention and Detection Check
- Pass a pre-employment drug test
- Department of Transportation driving record check
- Valid chauffeur's driver's license for staff transporting clients.
- Physical Examination including TB Test
- Personal reference check

- Direct Service positions require a minimum High School Diploma or GED. For supervisory staff we prefer a Bachelor's Degree or experience in lieu of a degree.
- Provide proof of automobile insurance and current driver's license at hire and annually
- Participate in initial agency orientation and training, including CPR, First Aid, rights, abuse reporting, behavior support, ethics, confidentiality, etc.
- Participate in ongoing training and re-certification

VOCATIONAL/DAY SERVICES

Employment Services

The purpose of Employment Services Program is to assist individuals in obtaining and maintaining community employment. Community Employment Services includes Prevocational services, Career Exploration, Job Development, Follow Along, Small Group Employment. An individualized placement plan or assessment plan is implemented to identify job goals, strengths, skills, supports, and accommodations needed. The purpose of prevocational services is to provide the needed training, supervision, and supports to develop and maintain employability skills, abilities, and attitudes to assist the individual served toward community employment. One-on-one community assessment or training may be provided in such areas as job interests, work skills, transportation, social skills, co-worker relationships, etc., to assist the individual to obtain and learn their job. Both long and short-term support services are offered depending on the person's plan and needs. It is designed as a specialized employment service to assist businesses with their labor needs. All staff are certified as Employment Consultants or Job Coaches. Another opportunity for employment offered within Community Employment Services is Enclave. An enclave offers a community employment opportunity that involves a few workers performing different aspects of the same job in a community setting with one job coach overseeing the work.

Unterkircher Program

The Unterkircher Program provides individualized services to adults with an intellectual disability, mental illness, and/or physical disabilities in the surrounding area. Unterkircher offers assistance with life skills in areas of self-esteem, self-awareness, decision-making, and self-confidence. There are activities to establish new friendships and participate in community outings. These services take place in Burlington and focus on socialization within the community.

Adult Development Program (ADP)

Hope Haven's Adult Development Program offers Day Habilitation services to those adults with intellectual disabilities and/or physical disabilities in a smaller staff to client ratio. Individuals in this program focus on social skills and community integration and activities are provided that assist with building friendships and learning social skills. This program is located in Burlington.

Flexible Services

Hope Haven's Flexible Services is a day program serving adults with intellectual disability, mental illness, and/or physical disabilities in the Henry County area. Flex offers assistance with life skills in areas of self-esteem, self-awareness, decision-making, and self-confidence. There are activities to establish new friendships and participate in community outings.

Lee County Drop-In Center

Located in Fort Madison, the Drop-In Center provides a safe and supportive environment for adults with disabilities. Opportunities are offered to increase social, communication, and recreational skills. The environment is relaxed with minimal structure. Activities may include games, special guests or speakers, and community events. Participants assist with menu planning and preparation of the evening meal as well as keeping the center clean.

MOTTS Center

The MOTTS program is located in Wapello and serves adults of all ages. Services are primarily day habilitation providing assistance with life skills in areas of self-esteem self-awareness, decision-making, and self-confidence, social interaction, and community integration. There are activities to establish new friendships and participate in community outings. MOTTS also provides a drop in center that provides a safe and supportive environment for adults with disabilities. Opportunities are offered to increase social, communication and recreational skills. The environment is relaxed with minimal structure. Activities may include games, special guests or speakers and community events. A meal is served each evening or a dinner outing is included. Participants assist with menu planning and preparation of the meal as well as keeping the center clean. This program operates in the evening after the Day Hab Program.

Keokuk (Lee County) Day Habilitation

Hope Haven's Lee County Day Habilitation services is a day program serving adults with intellectual disability, mental illness, and/or physical disabilities in the Lee County area. Lee County Day Hab offers assistance with life skills in areas of self-esteem, self-awareness, decision-making, and self-confidence. There are activities to establish new friendships and participate in community integration outings.

Services and Products

Can Redemption Center

Hope Haven operates a Can Redemption Center providing employment opportunities for individuals with disabilities.

Contract Production Services

Hope Haven provides business production services to area businesses for the over 35 years. We have worksite locations in Burlington and Mt. Pleasant. Hope Haven provides the following contract production services:

- Bailing
- Collating/labeling/mailing
- Shredding confidential documents

Window Washing

Hope Haven provides both commercial and residential window washing.

Hopefully Yours Thrift Store

Hope Haven operates a "new-to-you store offering a variety of treasures". Please stop by our thrift store located at 617 Jefferson Street in Burlington.

APPLYING FOR VOCATIONAL/DAY SERVICES

Specific Admission Criteria and Admission Requirements for:

- Work Services
- Community Employment Services
- Unterkircher Program
- Flexible Services
- Lee County Drop-In Center
- MOTTS Center
- Lee County Day Habilitation
- Adult Development Day Habilitation Program

Admission Criteria

In addition to the general criteria, the following criteria must be met before an applicant can be admitted:

- Applicant must be at least 16 years of age. Applicant must be at least 18 years of age for the Drop-In Center.
- Applicant must require no more than minimal assistance with eating and toileting.
- Applicant must require no more than minimal assistance with ambulation.
- For all work programs applicant must have a Social Security card and a current photo I.D. or a copy of their birth certificate.

Admission Requirements

- A psychological and/or psychiatric evaluation with a stated diagnosis to verify mental disability.
- A current physical examination **may** be require in cases where medical issues may be of concern or require restrictions. Exams are to be completed within six (6) months of application to Hope Haven. A medical examination must be signed and dated by the attending physician.

Specific Admission Criteria and Admission Requirements for the Adult Development Program (ADP):

1. Before admission to the Adult Development Program the applicant must:
 - a. Have a primary or secondary diagnosis of intellectual disability;
 - b. Be able to participate in and benefit from an active plan of habilitation and treatment designed to promote progress in skill development;
 - c. Have had a comprehensive interdisciplinary evaluation including physical, social, and psychological, no more than three months prior to admission;
 - d. Be 16 years of age or older;
 - e. Be legally competent, or if not legally competent must have a legal guardian.
2. The Adult Development Program will **not** admit persons:
 - a. In active or acute stages of communicable diseases, or who require continuous strict isolation;
 - b. Whose behavior poses a serious continuing threat to themselves or others or who have displayed these behaviors in the last six months;
 - c. Needing maternity care;
 - d. Having primary diagnoses of mental illness or emotional disturbance;

- e. With unalterable behaviors or needs which would adversely affect or jeopardize the rights of other persons attending Adult Development Program;
- f. Requiring medical or life-sustaining procedures, services, or equipment, which cannot be provided at the Adult Development Program.

PLANNING YOUR SERVICES

Examples of Services/Supports Offered

As a participant of Hope Haven Vocational/Day Services programs, you are offered the following services:

- Individualized training/assistance in any personal/vocational area identified as needed. This may include, but is not limited to:
 - Personal care, grooming, and dress
 - Work habits such as attendance, punctuality, relationships with supervisors and coworkers, attitudes, safety practices, etc.
 - Work related or personal skills such as money management, time management, communication skills, self-advocacy, healthy lifestyles, use of technology
 - Work expectations of employers, payroll and benefit information, work quantity and quality expectations, work ethics, etc.
- Ongoing assessment
- Individual service planning
- Individual and group counseling
- A nurse for medication administration and first aid (only available at Burlington locations)
- Paid work for those involved in vocational training
- Transportation training or assistance with transportation needs
- Follow-up after discharge
- Will arrange with other agencies/services:
 - Mental health counseling
 - In-home services
 - Other referrals as needed

In addition, for those involved in Supported and Community Employment services you are offered:

- An individual Placement Plan that will be developed in order to help in the job search process. It is very important that you let us know what your dreams/desires, interests, and choices are so that we can help you with a job match that is just right for you. In addition, we will develop a plan that keeps in mind your work and school history; previous experience or training; your personal/social background; the availability of all needed supports/accommodations; options for job growth; and benefit planning/management.
- Job Readiness which may include information such as the following:
 - Job search information
 - Completing applications
 - Job interviewing
 - Preparation for community employer/job expectations
- Job Development to help you find a job you want in the community where you want to work

- Job Coach Training to help you in a variety of ways including, but not limited to:
 - Learn your new job duties and understand employer expectations, rules, and benefits;
 - Act as a resource to employers, help with developing any necessary accommodations;
 - Help you adjust to the job setting and new coworkers/supervisors
- Follow Along Services to provide the ongoing support you need to help you keep your job
- Enclave Services to provide job coaching and job training to a group of 2-8 individuals with disabilities in a community business.

RESIDENTIAL AND COMMUNITY LIVING SERVICES

Hope Haven is committed to providing Residential and Community Living Services that meet your desires and preferences while also providing for your support needs and offering you a variety of options from which to choose. We recognize that while some individuals may be most happy staying in a consistent environment over a long period of time, there are others who desire to explore new opportunities and we wish to support that choice. In addition, we know that a person’s circumstances (health especially) may change, and that this can affect the amount of support they may need. Working with you and your team, Hope Haven will make every effort to ensure that you are living in a safe and secure environment that affords you the privacy you desire while providing the supports you need. You are encouraged to visit with Hope Haven staff at any time that you would like to consider new or different living options.

Examples of Services/Supports Offered

Hope Haven’s Supported Living may include, but not be limited to, the following kinds of support:

- Nutrition
- Personal Care
- Health and Safety
- Home Management
- Community Services
- Recreation and Leisure
- Financial Management
- Personal Support
- Emergency Support

Residential services

Residential Care Facility (RCF)/ID Group Homes

Hope Haven owns and operates a 12-bed RCF/ID group home, Walton Group Home and one RCF River Cross. Each home is licensed by the Iowa Department of Inspections and Appeals providing daily support, supervision, and care. Walton is located in Burlington on a lovely lake setting. River Cross is located in a residential neighborhood within Burlington. Walton serves individuals with a primary

diagnosis of intellectual disability as well as other developmental disabilities. River Cross primarily serves individuals with mental illness and a secondary diagnosis or substance abuse. The homes provide long term and transition care and training depending on your unique needs and abilities. Services include training in activities of daily living skills, recreational services, behavior therapy, support services, community awareness, and transportation services.

RCF/ID Specific Admission Criteria

In addition to the general criteria, the following criteria must be met before an applicant can be admitted to any Hope Haven RCF/ID group home:

1. Applicant must be at least 18 years of age
2. Applicant must be independent in eating and toileting. Applicant may require minimal assistance. This will be reviewed on an individual bases.
3. Applicant must be ambulatory or mobile non-ambulatory.
4. Applicant must have a social security number.

Walton Group Home (RCF/ID): applicants must also meet HUD eligibility requirements

- Applicant must meet income guidelines.
- Applicant must meet criteria for a drug free-living environment. Admission will be denied to any applicant who fits into the following categories:
 - If the applicant has been evicted from Federally- Assisted housing for drug related criminal activity for three years from the date of eviction
 - If the applicant is currently engaging in illegal drug use
 - It has been determined that there is reasonable cause to believe that the applicant's illegal use or a pattern of illegal use of a drug may interfere with the health, safety, or right or peaceful enjoyment of the premises by other residents.
 - It has been determined that there is reasonable cause to believe that the applicant's abuse or pattern of abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of the premises by other residents.
- Admission will be denied to an applicant if, during a reasonable time before the date of the admission decision, the applicant is currently engaging in or has engaged in:
 - Drug-related criminal activity
 - Violent criminal activity
 - Other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents, or of the site's employees, contractors, or agents.
- Admission will be denied to an applicant if the applicant is subject to a lifetime registration requirement under a state sex offender registration program.

Intermediate Care Facility (ICF)/ID Group Homes

Hope Haven's Woodlake ICF/ID owns and operates two group homes: Brueck and Ertz. The two eight-bed group-homes serve individuals that have a primary diagnosis of intellectual disability. Our services

are directed towards supporting you in acquiring the behaviors necessary for you to function with as much self-determination and independence as possible, as well as toward the prevention of loss of skills. We provide 24 hour nursing staff, a one-to-two staff-to-client ratio, consultant professionals including occupational therapists, physical therapist, psychologist, dietitian, pharmacy, dental, and medical services.

ICF/ID Specific Admission Criteria and Requirements

1. Hope Haven admits to the ICF/ID level of care only those individuals:
 - a. Who have a primary diagnosis of intellectual disability and who are certified by physician and the Iowa Foundation for Medical Care as needing ICF/ID level of care
 - b. Who are able to participate in and benefit from an active plan of habilitation and treatment designed to promote progress in skill development
 - c. Who have had a comprehensive interdisciplinary evaluation including physical, social, and psychological, no more than three months prior to admission.
 - d. Who are legally competent or if not legally competent, have a legal guardian.
2. ICF/ID level of care is provided for individuals of varying ages. Determination of living unit, at admission and thereafter, is made by the Interdisciplinary team, based on the following considerations:
 - a. Age of individual
 - b. Developmental level
 - c. Presence of unwanted behaviors
 - d. Abilities and needs of the individuals residing in each unit.
3. Each individual may be enrolled in a day program as determined appropriate by the Interdisciplinary Team.

Waiting List

Applicants or representatives must make contact with Hope Haven's ICF/ID at least once a year to remain on the Potential Applicant List. If Hope Haven has not received any contact from the potential applicant or representative, a notice will be sent to them. A response to the letter must be received within 30 days if the individual is to remain on the list. If no response is made, it will be assumed that the individual no longer desires placement and his/her name will be taken off of the list. All records will be kept on file for two years and will then be destroyed.

River Cross Residential Care Facility

Hope Haven operates the River Cross Residential Care Facility in Des Moines County. River Cross provides a residential setting for up to 15 individuals who need a supported living environment due to chronic mental health diagnoses and a substance abuse diagnosis. Services include training in activities of daily living skills, recreational services, behavior therapy, support services, community awareness and transportation services.

River Cross Specific Admission Criteria

In addition to the general criteria, the following criteria must be met before an applicant can be admitted into residential services:

- Applicant must be 18 years of age or older
- Applicant must be independent in eating and toileting
- Applicant must be ambulatory or mobile non-ambulatory
- Applicant must be capable of communicating basic needs verbally or non-verbally
- Applicant must have a social security number

River Cross Specific Admission Requirements

- A current general medical examination must be completed and the forms returned. Exams need to be completed within six (6) months of application to Hope Haven. A medical examination must be signed by the physician. A TB test is required prior to admission.
- A psychological and/or psychiatric evaluation providing findings and conclusions for verification of mental handicap. There must be a stated diagnosis. In some cases, a more recent report may be requested.

Waiting List

Applicants or representatives must make contact with Hope Haven at least once per year to remain on the Potential Applicant List. If Hope Haven has not received any contact from the potential applicant or representative, a notice will be sent to them. A response letter must be received within 30 days if the individual is to remain on the list. If no response is made, it will be assumed that the individual no longer desires placement and his/her name will be taken off the list. All records will be kept on file for two years and will then be destroyed.

What you will need if you will be living in a licensed care facility

- **RCF/ID Group Homes**
- **ICF/ID Group Homes**
- **River Cross Residential Care Facility**

In licensed care facilities, Hope Haven is required to provide you with basic furniture if you need it. This would include a bed, dresser, nightstand, mirror, lamp, and chair. You have the right to refuse any of these required furniture items. In addition, Hope Haven will provide you with personal care and linen items. We encourage you to bring your own furnishings if you have them. You will also be able to decorate and personalize your room. You are also welcome to bring or purchase your own personal care products and linens if you would like. Some of the items that you may want to bring with you include personal clothing and accessories for your room.

COMMUNITY LIVING SERVICES

Community Living Services provides hourly or daily support to persons with disabilities who choose to live in the community. Support can be provided while you live in your family home, in an apartment, with roommates, as married couples, or in whatever way you choose to live. Components of the service include individualized skill training in the areas of: daily living, personal care, domestic therapies, social skills, recreational/leisure, money management, medication management, transportation, personal development, community involvement, behavioral management, and others as needed.

Community Living Services Specific Admission Criteria for the following:

- Hourly Supported Community Living
- Group Respite
- Community Waiver Site

The following must be met or already have occurred prior to initiation of Community Living Services:

- Applicant must be determined to have a disability of intellectual disability
- Applicant must be currently receiving Medicaid benefits or be eligible to receive Medicaid through the waiver
- Applicant must have a Case Manager and a payment slot
- Applicant must state that Hope Haven is the provider of choice
- Applicant must be certified by the CMMS as in need of long term ICF/ID care

Group Respite

Hope Haven offers Group Respite to the caregivers of both children and adults with developmental disabilities. The adult program includes weekly groups where individuals work on crafts, plan activities together and/or attend community outings with staff support and transportation. Group Respite cannot be provided while the caregiver is working.

Supported Community Living: Living Arrangements

Both hourly and daily supported living is available to you from Hope Haven. You will be given opportunities to decide where you live and with whom you live. You also have options to make changes in your living arrangements. You, your family, or your team can request a change based on your needs and desires. We will make every effort to help you make informed choices. Hope Haven staff will work with you to find safe, affordable, and acceptable housing when appropriate.

What You Will Need If You Will Be Living In Your Own/Shared Home or Apartment

You will be furnishing and decorating your home so you will need to provide the standard furnishings of a home. When sharing a home with others it may be helpful to talk with your roommates about what items they already have and are willing to share. You may be eligible to receive assistance to help with purchasing needed items. In 24- hour SCL homes owned by Hope Haven, communal furnishings and household items are provided.

Crisis Stabilization Services

The Crisis and Transition Services program is a community based service setting with individualized supportive services for mentally ill and dual diagnosed intellectually disabled adults. Services are completely voluntary and are targeted at individuals seeking support to resolve mental health crisis. Our supportive services may include, but are not limited to:

- Assistance in establishing linkages to referral programs, service providers, medical care and appropriate treatment programs
- Personal support services and assistance in meeting basic human needs
- Medication support and monitoring
- Housing and living arrangements
- Crisis intervention
- Social rehabilitation
- Peer support
- Social skills, leisure time education, and vocational rehabilitation
- Family and community support, assistance and education
- Protection and advocacy
- Service coordination
- Transportation
- Access to religious activities and services

Crisis Stabilization Services Admissions Criteria:

- The client must demonstrate a significant incapacitating or debilitating disturbance in mood or thought interfering with ADLs to the extent that immediate stabilization is required.
- The client must be a resident of the eight county SEIL region, which includes Des Moines, Lee, Louisa, Henry, Washington, Jefferson, Keokuk, and Van Buren counties.
- The client must have one or more of the following diagnoses: Mental Illness, Intellectual Disability, or Developmental Disability. Crisis response services will not be denied due to the presence of a co-occurring substance abuse condition or developmental or neurodevelopmental disability.
- The evaluation of a client's condition will be completed by a qualified mental health professional and must indicate a sudden decompensation with potential for danger – but not imminently dangerous – to self or others, and the client has no available supports to provide continuous monitoring.
- The client requires 24-hour observation and supervision, but not the constant observation of an inpatient psychiatric setting.
- The evaluation indicates the client can be effectively treated with short-term intensive crisis intervention services and returned to a less intensive level of care within a brief timeframe.
- The client must not be a registered sex offender.
- The client must be an adult, at least 18 years of age.

- The client must be checked out and medically cleared to enter the Crisis Stabilization program by a physician, including the effects of drugs and alcohol.
- An outpatient substance abuse evaluation will be done if any substance abuse concerns are identified.
- The client must be willing to follow the Crisis Stabilization program rules.

Quality Improvement

It is the policy of Hope Haven to provide you with quality services. To help us do that, Hope Haven has a Quality Improvement Plan that looks at what we are doing, develops plans to fix any problems or concerns, and checks to make sure that the problem or concern has been fixed. As a part of our Quality Improvement Plan, we are interested in knowing how you think we are doing. We are committed to using your input to evaluate and continuously improve our services.

- We encourage and will ask for your thoughts and ideas at all stages of your services with Hope Haven. This can include:
 - Your desires, hopes and dreams, and interests;
 - What you like best;
 - Support you will need in order to meet your goals;
 - Better or easier ways to get to and use work, home and community activities;
 - What you expect from yourself and others;
 - Feelings about your program and services.
- Your input is important from the first contact with Hope Haven all the way through to your last contact with us.
- You are the key member at all meetings in which you are involved.

Occasionally you, your family, and other members of your team are given the opportunity to complete a satisfaction survey to help everyone share their comments and opinions on Hope Haven services. In addition, you may be asked for similar information at your annual planning meeting.

As a result of our Quality Improvement Plan, Hope Haven completes an Outcome Management Report each year. This report helps Hope Haven to plan and improve the services provided and better meet your needs and the needs of others. This report shows the information that we gather, including any satisfaction survey results, any problems and concerns we find, the plans to correct them, and the results of those plans. We share that information with you, management, employees, families, and stakeholders at team and program meetings. At the administrative office, copies of full reports are available to read. We also share general information from this report on our website (www.hopehavencorp.com) and in our agency newsletter.

YOUR INDIVIDUAL SERVICE PLAN

Areas to be evaluated/assessed are reviewed at the Intake Staffing. In residential services, there will be an assessment after the initial 30 days to determine if any changes are needed in your plan. Your evaluation/assessment is an on-going part of your Individual Service Plan that looks at the following:

- Your hopes, dreams, desires
- Your strengths and abilities
- Your preferences
- Your medical and/or mental health history
- Supports you may need
- Health and Safety concerns
- Your social history – family, education, work, cultural background, personal history
- Any behavioral needs
- Services you may have received before or are currently using that may be helpful in planning your Hope Haven services

This is your program and you are the most important member of your team, so you need to let us know what your needs and wants are with regard to your program. We are interested in hearing what you want to be doing now as well as in the future so that Hope Haven and your team can support you to live a life of opportunity and well-being, which is our mission. It is important that you work hard to achieve your program goals. You need to ask questions if you do not understand any part of your program or services.

Each individual participating in a Hope Haven program will have an Individualized Service Plan (ISP) for programming and services provided. This plan will explain what program(s) you will be involved in and what goals and objectives you will be working on. Your ISP will be developed by an interdisciplinary team. This team will include you, your family or guardian when appropriate, your direct support staff, Program Administrator, Social Worker/Case Manager, IVRS Counselor, and/or other relevant staff or persons identified as ISP Team Members. We review your personal, social, medical, mental health and service information in order to develop a plan that best meets your needs, desires and experiences.

You and other members of your team will have the opportunity to receive a copy of your ISP/IPP and the original will be in your Hope Haven case record. If you need the copy in an alternative format, Hope Haven staff will arrange for this on request.

Depending upon your program, team meetings will be held at least annually. Your progress and performance in the program will be reviewed regularly and at your annual team meeting. From this information, goals will be recommended and developed. You will help decide what training, activities, goals, etc. you feel would benefit you.

YOUR HEALTH AND SAFETY

Safety Policy/Procedures

Hope Haven has a responsibility to make sure that the people we support are healthy and safe to the best of our ability. The agency promotes safety through its policies and procedures, which include regular inspections. Each program maintains a safety manual that contains up to date information for you and your staff regarding emergency procedures. In addition, there is an agency Health and Safety Committee that meets regularly to review issues related to overall as well as your personal health and safety. It is their responsibility to monitor agency safety concerns, develop plans to correct those concerns, and evaluate the outcome of those plans.

Your Personal Safety and Health

You have the right to make choices about how to live your life and about the kinds of risk you are willing to take. Sometimes this creates a conflict if a decision you make about your health or a risk you are going to take puts you or others in a situation that would endanger health and safety. Hope Haven will support you in making good decisions by:

- Giving you information/offering training and/or support on safety and health issues
- Offering you safe and healthy choices
- Encouraging or coaching you to make good decisions
- Establishing health and safety standards
- Making agreements with you regarding limitations of your rights to make certain decisions

If you engage in risky decision-making or behavior that concerns your team, the potential short and long-term results will be reviewed and considered through the completion of your Individual Service Plan assessment. This may also occur through a team meeting specifically called to discuss a risk issue. In some situations, it may become necessary for us to stop providing services to you if you are unwilling to follow through with health and safety guidelines/restriction set by you and your team.

You have a responsibility to help Hope Haven maintain healthy and safe services by reporting any issues or concerns to staff and participating in regular safety reviews and/or drills. During these reviews, staff will work with you to identify any safety issues and make a plan on how to fix the problem.

When we develop your Individual Service Plan we will also look at health and safety issues and help you develop a Safety Plan that says what you need to do in emergency situations such as severe thunderstorm or tornado activity, winter weather advisories, fire, medical emergencies, or other emergency situations. This plan will also include any staff or assistive support you will need in order to follow your plan. This will be reviewed with you on a regular basis.

Emergency Procedures

Emergency Procedures exist in the following areas:

- Fire
- Tornado
- Natural Disasters
- Utility Failure
- Bomb Threat
- Evacuation
- Suicide/Attempted Suicide
- Biohazard event
- Elopement
- Adverse Winter Weather
- Acts of violence/threatening situations

In all facilities, formal drills will be conducted in these areas. Emergency practices will be developed and reviewed/practiced on a regular basis.

Emergency Medical Care

In the event of an emergency medical need, the staff will administer First Aid as appropriate and notify the primary caregiver within the same day. If necessary, 911 will be called and staff will accompany the individual to the hospital and remain with them until the primary caregiver is able to arrive at the hospital. You or your guardian will be asked to sign consent for Hope Haven to arrange emergency medical care.

Universal Precautions/Infection Control

Hope Haven has an exposure control plan, and staff are trained annually. Staff will help you learn about ways to protect yourself and others from infections and illnesses, which may include things like good hand washing techniques and housekeeping. Additional training will be provided to you based on your needs or requests. Copies of Hope Haven's exposure control plan are available on request.

MEDICATION MANAGEMENT

Some individuals may need assistance in managing or administering their medication. When you begin services with Hope Haven, we will ask you and your physician about this support need. We will also assess your needs in this area as a part of your Individual Service Plan. If you need Hope Haven staff to help manage or administer your medication, staff must follow any applicable regulations (for Medication Aides and Medication Managers) and our agency policies/procedures for administering medications. If we are administering your meds, we must:

- Have a written doctor's order for all medications, including PRN's
- Exactly follow doctor's orders for administration of all medications
- Keep medications in a secure location
- Receive medications in their original container
- Signed consent from you or your guardian to administer medications

In some cases Hope Haven staff does not have primary responsibility for your medication management (for those living at home with family or other residential providers) but we may be administering individual doses when we are providing community living, vocational, or respite services. In those cases, we will maintain contact with your primary caregiver regarding any concerns or questions related to your medication management. It will be the primary caregiver's responsibility to maintain contact with your physician. If your medication changes, we ask that you tell us so we will know what side effects to look for.

Even if the staff does not need to assist you with your medication, you may be asked to keep it in a secure location for safety reasons.

If you determine it, your doctor, and your team that you can develop the skills to manage your own medication, Hope Haven staff will work with you and your doctor to support you in this goal.

On your request, Hope Haven staff will help you, your family and/or guardian find information about your medications or will direct you to resources that can help you.

If a medication error occurs, staff will:

- Notify your Program Manager and the primary caregiver, as soon as possible upon discovery of the error.
- The Primary caregiver or Manager will contact the physician/pharmacy if needed. Based on consultation with physician/pharmacy, staff will take corrective action as directed, if any.
- In the event that a medication error results in a medical emergency, staff will then follow emergency medical procedures.

TRANSPORTATION

Our staff can assist you in arranging the transportation that fits your needs. As outlined in your Individual Service Plan, Hope Haven staff may assist you with transportation to appointments/events/leisure activities where staff will be supporting you. Transportation for other activities and daily rides to and from work can be obtained through a variety of public and private agencies in the area. We also provide training in how to access public transportation especially in Community Employment Services. Payment for transportation service is available through HCBS in Community Living Services if it is ordered in your plan.

THE PEOPLE WHO WILL BE WORKING WITH YOU

You will work with a team of staff from Hope Haven who will help you to reach your goals. Your team will include:

- Department Director- the person who will direct the activities of the program that provides your service
- Program Manager/Administrator/Site Manager- the primary individual that will help you direct the Hope Haven services that you are receiving
- Direct Support Professionals(DSP)- the people that will assist you with your daily living activities and/or will assist you with your leisure and skill building activities
- Job Coach/DSP- the people that will assist you with maintaining your employment

Hope Haven uses a variety of staffing patterns depending on the type of services being provided and your individual needs. This is discussed with you and your team at your intake staffing and throughout the year as a part of your Individual Service Plan. If you have questions about exactly when staff are available or who and how many staff will be working with you, please ask your Program Manager/Site Manager/Administrator. If you have questions or concerns about the staff who work with you, please feel free to visit with them or your Department Director.

AMERICANS WITH DISABILITIES ACT (ADA), ACCESSIBILITY & ASSISTIVE TECHNOLOGY

The goal of the ADA and accessibility efforts and assistive technology is to help you live as independently as possible while being an important and valued member of the community. As part of Hope Haven's commitment to accessibility, we have an Accessibility Plan that looks for and tries to remedy accessibility issues both within our organization and within the community so that you can have full access to the array of services and activities that are available. As a part of your service assessment, the staff who work with you will assist you in identifying any barriers and finding solutions.

Hope Haven can also assist you in obtaining and using any assistive technology that may help you to live your life in a more independent and dignified way. There are many different accommodations and assistive devices that may be useful to you. For more information talk with your Program Manager/Supervisor/Administrator, staff and support team about the options that are available.

STATEMENT OF RIGHTS AND RESPONSIBILITIES**

Hope Haven Area Development Center Corporation has policies and procedures to help you understand your rights and responsibilities. Hope Haven staff are trained and expected to promote and protect the rights of all persons served and employed by the agency. We know that each individual receiving services is protected by the same laws and has the same freedoms as anyone else who is a citizen of the United States :

- **You have the right to:**
- Vote
- Choose your religion
- Have freedom of speech
- Have sexual expression
- Not be discriminated against
- Have due process -- you can use the legal process the same way anyone else does.
- Have privacy
- Have a lawyer

Consumer Rights and Responsibilities



Guiding Principles

- You should have choices in how much service you receive. You should have enough information about the services so that you can make decisions that will be good for you.
- When your team makes decisions for your plan, everyone on that team should think about you and what you want in your life before making a decision.
- You should be part of your service at all different levels and you should be given support in order to use your rights, be respected, take responsibility, make choices, and take chances.
- Everyone at Hope Haven should respect you for who you are.
- When planning your services, everyone on your team should think about where and how you live and what your family's lifestyle is.
- Your services should be a natural part of your life and should not interfere with your life style.
- Your services should be done in a place where you can get around, get to things easily, be safe, and should not be in a place that is dirty or dangerous.
- Everyone at Hope Haven should help you stand up for yourself and what you need.



Your Rights

- You have the right to have your own plan of what kind of help you will get...and the responsibility to help decide what will be in the plan.
- You have the right to get this help without being made to feel bad about yourself. You have the right to get this help without anyone threatening you or doing hurtful things to you...and the responsibility to tell someone if you are being threatened.
- You have the right to get this help without being hurt, without taking medicine that makes you not think straight, without someone holding on to you or tying you up, and without being hurt if you don't do something "right"...and the responsibility to say "no" to abuse and to tell others if you are being hurt.
- You have the right to know what these rights mean...and the responsibility to ask someone to explain them when you don't understand.
- You have the right to say who can and who cannot read what is in your file. If you have a guardian, your guardian has that right for you...and you have the responsibility to ask someone if you want to see what is in your file.
- If you don't like the way you are getting your help, you have the right to ask for a change...and the responsibility to tell someone you are not happy and that you want a change.
- You have the right to decide how you will live your life, where you will live, and how you will spend your free time...and the responsibility to make good decisions about your life and ask support services if you need help.
- You have the right to be paid for the work you do, the same as anyone else doing the same work...and the responsibility to do your job to the best of your ability.
- You have the right to be told about anything you work with that might be dangerous for you...and the responsibility to follow rules at work.
- You have the right to choose whether or not you will be married and whether or not you will have children. If you have a guardian, your guardian has that right...and you have the responsibility to make wise choices.
- You have the right to live and work in a place that is easy for you to get around in...and the responsibility to keep the place free from clutter.
- You have the right to hire a lawyer if you need to...and the responsibility to ask someone to help you do this.
- You have the right to send mail and get mail without anyone seeing it...and the responsibility to ask someone if you need help reading, writing, or understanding your mail.

- You have the right to use the phone privately. If you need help, you have the right for someone to help you...and the responsibility to use the phone in the proper manner.
- You have the right to be part of the church you choose, or to take part in legal activities that are part of your faith...and the responsibility to respect others for their faith.
- You have the right to the best of care. You have the right to care by a doctor, or other person such as a psychiatrist...and you have the responsibility to ask questions if you don't understand what they are telling you.
- You have the right to choose your doctor, choose your dentist, and to choose where you get your medicine...and the responsibility to make or ask for help to make any appointments and to be on time for them and to call in your prescriptions.
- You have the right for the doctor to tell you about your health, unless the doctor decides it would be bad for you to know...and the responsibility to ask questions if you don't understand what they are saying.
- You have the right to keep your possessions and your money...and the responsibility to manage your possessions and your money.
- You have the right to have personal visits from your friends and family...and the responsibility to choose friends who are safe to be with.
- You have the right to choose the type of job you want...and the responsibility to learn the skills you need for the job and to be on time for work.
- If you don't get to use all of your rights completely, you have the right to be involved in making a plan to get your right back. You have the right to say yes or no to this. You have the right to know how your answer will affect your services...and the responsibility to follow your plan.
- Say you don't want services
- Be respected and treated like anyone else your age
- Sign contracts

Limitation of Rights

Through on-going assessment and evaluation, your Hope Haven team may feel it is necessary to place limitations on your rights.

POLICY: It is the policy of Hope Haven Area Development Center to comply with regulations governing the limitation or restriction of an individual's rights. **PROCEDURE:** A limitation or restriction of rights is defined as that which limits the client's full access to or control over some aspect of his or her life, which is not imposed on the general public. Hope Haven will take care to conduct thorough and accurate assessments for individual clients prior to implementing a rights restriction. Hope Haven may impose limits or restrictions of rights only pursuant to a written restriction program developed for the individual served. The limitation/restriction must be ordered in the client's ICP written by the Case Manager or Care Coordinator. Human Rights Committee review is required for any restrictions other than those that are used to document the clients need for a guardian (right to make one's own decision); payee (right to manage one's own money); not fully self-medicating (right to manage one's own medications). All other Limitations, or restrictions of client's rights (including dietary), are reviewed by the Human Rights Committee prior to implementation. Special handling is required for instances in which persons served previously had no restriction on payee status, guardianship status, or medication management while receiving services from Hope Haven. If that status changes, those restrictions are to go through the Human Rights Committee review prior to implementation. Through on-going assessment and evaluation, each client will receive commensurate training services. If through such assessment, the client's team deems it necessary to place limitations on a client's right or rights, informed consent will be obtained. The limit will be based on an identified individual need, the limitation will be included in the client's individual plan, and will be reviewed at least quarterly to determine continued need. Limitations and restrictions may not be used as follows: • As punishment • For the convenience of staff • As a substitute for a non-aversive program • As a reward for the absence of an undesirable behavior Corporal punishment and any form of abuse are strictly prohibited. Limitations or restrictions may be used only for reducing or eliminating the maladaptive behaviors specified in the written plan. The written plan shall include: • The specific right to be restricted • The identified and assessed need for the restriction • The less intrusive methods attempted prior to implementation of the restriction and the outcome of those attempts. Such attempts may have been made at Hope Haven, or information from such attempts may have come from a reliable source such as other placements, family, or caseworker reports. • Documentation

of agreement by the Interdisciplinary Team • A written skill development program aimed at fully restoring the specific right, or a statement explaining why such a plan is not necessary • Documentation of, at minimum, quarterly reviews • Statement of the time limitations of the restriction or limitation. • Assurances that the restriction will cause no harm to the client. • A description of how regular data collection will occur to measure the effectiveness of the restriction. • A description of the client's input to the restriction. • Documentation of notification made to the Human Rights Committee if applicable. Unless there is documentation of no plan to restore the right or reduce the limitation, specific methods employed to reinstate the right or reduce the restriction will be referenced on the restriction form and written as a formal goal in the client's service plan. Timelines for measuring progress will be specified under Estimated Date of Completion. Training procedures are formally reviewed at least quarterly and more often if it appears to be in the client's best interest to do so. Quarterly reviews must include a list of all team members contacted, method of contact, description of each restriction, each team member's input, and a statement of consensus. Reviews and decisions are to be based on data relevant to the restriction imposed. Initial and signed, restrictions are to be sent to the Data Manager for upload to the client's electronic file. When, through team review, a restriction is lifted or modified, the current restriction must be modified and/or discontinued immediately and documented in the review documentation. In the case of a modification or lifting of a restriction, the action must be documented on the original restriction form, dated, signed and sent to QA for upload to the client file within one working day of the decision. In cases of a client moving from one program or location to another, restrictions will be reviewed at the time of intake and updated with current information. Updated restrictions will be sent to the Data Manager for upload to the client's electronic file. Restrictions and Limitations are to be available to all employees who work with the client involved. In the Crisis Stabilization service, persons using the service may have pre-existing restrictions, such as a court appointed guardian, power of attorney, conservator, a mental health commitment, or other court order. In such cases, the program administrator or designee will make every attempt to obtain substantiating documentation and will send the documentation to the Data Manager for upload to the client's electronic file. If such a restriction is imposed on an individual after admission to the program, the administrator request copies of substantiating documentation at the time and will send the documentation to the Data Manager for upload to the client's electronic file. A summary of this policy will be included in the handbook provided to new clients and/or guardians upon initiation of service. As the policy is revised, significant changes will be communicated to the client and/or guardian by the primary program manager.

If there is an immediate risk to your health, safety, or well-being or that of others, we may limit your rights immediately to protect you or someone else without following these rules. When the immediate risk has passed, the right will be restored. If that happens we will add this to your records and talk with you and your team about why we did so.

****AT YOUR REQUEST, HOPE HAVEN STAFF WILL ASSIST YOU IN ACCESSING INFORMATION ABOUT YOUR RIGHTS IN A FORMAT YOU NEED: PICTORIAL, READ TO YOU, TRANSLATED, ETC.**

Abuse and Neglect

Hope Haven, by its policies and procedures, has a responsibility to protect anyone receiving services from any type of abuse or neglect. That includes physical abuse; sexual abuse; taking unfair advantage of you or your money/belongings; withholding basic needs such as food, clothing, and shelter, physical or mental health care. All of your staff at Hope Haven is considered to be Mandatory Reporters. What that means is that by law we are required to report any incidents of abuse or neglect of children or dependent adults. You are encouraged to report anything that you feel may be abuse or neglect of others so that we can support you.

Behavior Management Plans

At Hope Haven, it is our desire to support you without restricting you rights. However, there may be times when it is necessary to implement a Behavior Management Plan in order to assist you in decreasing undesirable behaviors and/or learning responsible and acceptable behavior. When Behavior Management Plans are developed that involve the use of restrictive procedures or limitations of rights, procedures will be followed as outlined in the policy on Limitation of Rights (see above), Use of Restraints (see Below), and Human Rights.

Use of Restraints

It is the policy of Hope Haven Area Development Center to follow regulatory guidelines on the use of restraints. "Restraint" means the use of any chemical, physical, or manual intervention to restrict your movement. Restraint includes, but is not limited to:

- Holding your body or limb as a result of aggressive or injurious behavior
- Using any manual restraint that prevents or restricts movement for any amount of time
- Use of medications administered dependent upon your behavior

Hope Haven may use a restraint only after we have a written Behavioral Plan developed specifically for your needs, which spells out the steps for using a restraint. Such programs require informed consent from you or your guardian and review by Hope Haven's Human Rights Committee. Restraints are one type of rights limitation and so must be used in accord with Hope Haven's policy and procedures on Rights Limitations (see above). In addition, the use of restraints must meet the following guidelines:

- Restraints will not be used for disciplinary purposes, for the convenience of staff or as a substitute for an active treatment program
- All Hope Haven employees who are involved in your restraint programs will be required to complete training in the proper use of restraints
- An incident report form will be completed each time a restraint is implemented
- In an extreme and unexpected case, Hope Haven staff may temporarily restrain you without a written plan under the following conditions:
 - You are displaying behaviors that will cause imminent harm to yourself or others
 - You are not responding to prompts or redirects
 - The restraint is released as quickly as you have calmed
 - If you are unable to calm, emergency personnel such as the police or sheriff may be called for assistance

CRIMINAL HISTORY

If you have a criminal record, you will be asked to provide information regarding your criminal history. Hope Haven follows all state and federal guidelines and will work with authorities as appropriate.

Human Rights Committee

Hope Haven has a Human Rights Committee to ensure that your individual rights are protected.

- Each committee member will be trained in the purpose and procedures of the committee
- The committee completes an initial review of any programs/procedures to modify behavior through the use of psychotropic medications, any form of physical restraint, or denial/restriction of your rights
- The committee will visit program sites to observe the atmosphere in which programming is being implemented
- The committee will also review the following:
 - If a parent/guardian or other involved party has a concern that was not resolved by Hope Haven staff; when a program or type of behavior modification technique is being questioned
- All alleged abuse violations will be promptly investigated by the designated staff with a copy of the results/recommendations of the investigation sent to the Human Rights Committee

COMFORTABLE/SAFE ENVIRONMENT

Hope Haven management knows that there are many things that make an organization successful and managing our risks is important. In an effort to control threats to you, employees, volunteers, property, income, and financial loss, Hope Haven has policies and procedures to deal with our identified risks.

Hope Haven strives to provide a comfortable and safe environment free from behavior that presents a risk to self or others. Any threatening acts, behavior, or language will not be tolerated. This behavior is subject to negative consequences. This behavior includes, but is not limited to:

- Harming or threatening to harm any person or group that is served or employed by Hope Haven, or relatives of those served or employed by Hope Haven
- The possession or threat of possession of weapons of any kind
- Purposely ignoring the physical safety or well-being of others
- Assaultive behaviors that pose a serious threat to yourself or others (i.e. physically, sexually, emotionally, medically, etc.) may jeopardize your services with Hope Haven. Your team will determine appropriate action up to and including discharge from services
- Any other actions or words that someone else might think are violent or threatening

STEALING/PROPERTY DESTRUCTION

It is the policy of Hope Haven that anyone willfully destroying or stealing property that belongs to Hope Haven, staff members, other individuals, or your employer will be subject to natural consequences. This may include being asked to return the item(s) and apologizing, restitution or replacement of item(s), suspension and/or discharge from the program, or criminal charges. The frequency and severity of the incident, along with individual behavior programs will be taken into consideration when dealing with situations.

ALCOHOL/ILLEGAL DRUGS

Illegal drugs are not allowed. Hope Haven reserves the right to contact authorities with suspicion of drug use. Alcohol use is prohibited in licensed facilities and at day programs.

GRIEVANCE AND APPEAL PROCEDURE

Appeal of Denial of Services

If your application for services with Hope Haven is denied, you have a right to be informed of the reasons, receive alternate referrals as appropriate, and you may appeal the denial of service to the Intra Agency Admission Committee who will review your appeal and respond to you in writing within five (5) working days of your appeal.

Informal Complaints

Hope Haven wants you to be happy with your services and we want to know about any concerns or problems you may have. When you are having a problem with our services, we ask that you talk about that concern with staff first. If talking with staff does not take care of the problem, you have the right to file a formal complaint.

FORMAL GRIEVANCE/APPEALS PROCESS FOR ACTIVE CLIENTS OF HOPE HAVEN:

STEP 1: PROGRAM MANAGER/PROGRAM SUPERVISOR/ADMINISTRATOR

To start the grievance/appeals process you must talk with your Program Manager/Supervisor/Administrator unless he/she is part of the concern or is unavailable. If that is the case, the complaint moves to the next step. The staff person receiving the grievance will respond to you and/or your guardian in writing regarding the concern within five (5) working days and put a copy in your file. If you are not satisfied with this answer, you may go to the next step.

STEP 2: DEPARTMENT DIRECTOR

If the concern has not been settled after talking with the Program Manager/Supervisor, you and/or your guardian may appeal within seven (7) calendar days to the Department Director. The Department Director will answer you and/or your guardian in writing within five (5) working days and put a copy in your file.

STEP 3: EXECUTIVE DIRECTOR

If the concern has not been settled after talking with the Department Director, you and/or your guardian may appeal within seven (7) calendar days to the Executive Director. The Executive Director will answer you and/or your guardian in writing within five (5) working days and put a copy in your file. The decision of the Executive Director shall be considered final.

If Hope Haven fails to respond at any stage, this automatically moves your complaint to the next step.

If, at any time during the appeals process, you and/or your guardian choose to seek remedy from an outside source, the grievance process will be discontinued and all correspondence will occur through the legal counsel for Hope Haven Area Development Center.

Hope Haven shall not discriminate or retaliate in any way against any individual who is receiving or has received services, who in good faith, offers a complaint regarding his/her services, past or present.

Individuals receiving services from Hope Haven Area Development Center, or their representatives, have a right to have complaints resolved related to any aspect of service delivery. Hope Haven will take all complaints seriously and will work to solve the problem as soon as possible.

At any time during the complaint process, you and/or your guardian may choose to seek remedy from an external source such as a commission, a local, state, or federal agency, or legal counsel. Potential resources in this regard include but are not limited to:

Local Long Term Care Ombudsman: Kim Cooper
563-210-7439
Email: Kim.Cooper@iowa.gov

Office of the State Long-Term Ombudsman
510 E 12th St., Ste. 2
Des Moines, IA 50319
Phone: 515-725-3327
Toll free: 866-236-1430

HCBS Specialist: Theresa Hemann
319-463-5320
themann@dhs.state.ia.us

Iowa Dept. of Inspections & Appeals Health Facilities Division
Lucas State Office Building
Des Moines, IA 50319
515-281-7102

Disability Rights Iowa
Iowa Protection and Advocacy
400 E. Court Ave. Suite 300 Des Moines, IA 50309
515-278-2502
800-779-2502

Brain Injury Association of Iowa
800-444-6443
info@biaia.org

Amerigroup* Iowa
Member Services: 1-800-600-4441

Iowa Total Cares
Member Services 1-833-404-1061

SEIL/Regional contacts:

Ryanne Wood (Lee County)
P.O. Box 190
Ft. Madison, IA 52627
319-372-5681

Ken Hyndman (Des Moines County)
910 Cottonwood, Suite 1000
Burlington, IA 52601
319-754-7421

CONFIDENTIALITY

In accordance with HIPPA (Health Insurance Portability and Accountability Act) laws, all information about you and your program is confidential and will not be shared with persons not involved in your program or who do not have a reason to know the information. Your written permission (or that of your legal guardian, if you have one) will be obtained should it be necessary that any information be shared.

Confidentiality means that we will not tell other people information about you without your permission or that of your guardian. Sometimes the law says we can or must give information about you without consent, such as emergency medical care or abuse reporting. You have very specific legal rights that cover your private information. These rights are discussed in detail in the “Hope Haven Area Development Center Corporation Notice of Privacy Practices” which follows.

NOTICE OF PRIVACY PRACTICES

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.

I. INTRODUCTION

- This Notice of Privacy Practices describes how we may use and disclose protected health information to carry out treatment, payment, or health care operations and for other purposes that are permitted or required by law
- This Notice also describes your rights regarding health information we maintain about you and a brief description of how you may exercise these rights
- This Notice further states the obligations we have to protect your health information

“Protected health information”, means health information (including identifying information about you) we have collected from you or received from your health care providers, health plans, your employer, or a health care clearinghouse. It may include information about your past, present, or future physical or mental health or condition, the provision of your health care, and payment for your health care services.

We are required by law to maintain the privacy of your health information and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are also required to comply with the terms of our current Notice of Privacy Practices.

This Notice of Privacy Practices is provided to you as a requirement of the Health Insurance Portability and Accountability Act (HIPPA). You will be asked to provide a signed acknowledgment of receipt of this notice.

II. HOW WE WILL USE AND DISCLOSE YOUR HEALTH INFORMATION

We will use and disclose your health information as described in each category listed below. For each category, we will explain what we mean in general, but not describe all specific uses or disclosures of health information.

A. **Uses and Disclosures that will be made without your written authorization**

- 1) **For Treatment:** We will use and disclose your health information to provide your health care and any related services. We will also use and disclose your health information to coordinate and manage your health care and related services. For example, we may need to disclose information to a case manager who is responsible for coordinating your care. We may also disclose your health information among staff members who work at Hope Haven Area Development Center Corporation. For example, our staff may discuss your care at a case conference. In addition, we may disclose your health information to another health care provider (e.g., your primary care physician or a laboratory) working outside of Hope Haven.
- 2) **For Payment:** We use or disclose your health information so that the treatment and services you receive are billed to, and payment is collected from, your health plan or third party payer. By way of example, we may disclose your health information to permit your health plan to take certain actions before your health plan approves or pays for your services. These actions may include:
 1. making a determination of eligibility or coverage for health insurance
 2. reviewing your services to determine if they were medically necessary
 3. reviewing your services to determine if they were appropriately authorized or certified in advance of your care
 4. reviewing your services for purposes of utilization review, to ensure the appropriateness of your care, or to justify the charges for your care. For example, your health plan may ask us to share your health information in order to determine if the plan will approve additional health care.
- 3) **For Health Care Operations:** We will use and disclose health information about you for our operations. These uses and disclosures are necessary to run our organization and make sure that our clients receive quality care. These activities may include, by way of example, quality assessment and improvement, licensing, accreditation, business planning and development, and general administrative activities. We may combine health information of many of our consumers to decide what additional services we should offer, what services are no longer needed, and whether certain new services are effective. We may also combine our health information with health information from other providers to compare how we are doing and see where we can make improvements in our services. When we combine our health information with information of other providers, we will remove identifying information so others may use it to study health care or health care delivery without identifying specific clients. We may also use and disclose your health information to contact you to remind you of appointments. Finally, we may use and disclose your health information to inform you about possible treatment options or alternatives that may be of interest to you.
- 4) **Health-Related Benefits and Services:** We may use and disclose health information to tell you about health-related benefits or services that may be of interest to you. If you do not want us to provide you with information about health-related benefits or services, you must notify the Compliance Officer in writing at: *828 N 7th, Burlington, IA 52601*. Please state clearly that you do not want to receive materials about health-related benefits or services.
- 5) **Fundraising Activities:** We may use or disclose health information about you to raise money for our programs, services, and operations. If you do not want us to contact you for

fundraising purposes, you must notify the Compliance Officer in writing at: 828 N 7th, Burlington, IA, 52601. Please state clearly that you do not want to receive any fundraising solicitations from us.

B. Uses and Disclosures That May Be Made Without Your Authorization, but for Which You Will Have an Opportunity to Object

- 1) **Agency Roster:** We may maintain a limited agency roster for purposes of allowing visitors and callers to locate you. If you choose not to be included in the agency roster, your roster information will not be provided to anyone
- 2) **Persons Involved in Your Care:** We may provide health information about you to someone who helps pay for your care. We may use or disclose your health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition, or death. We may also use or disclose your health information to an entity assisting in disaster relief efforts and to coordinate uses and individuals involved in your care. In limited circumstances, we may disclose health information about you to a friend or family member who is involved in your care. If you are physically present and have the capacity to make health care decisions, your health information may only be disclosed with your agreement to persons you designate to be involved in your care. However, if you are in an emergency situation, we may disclose your health information to a spouse, a family member, or a friend so that such person may assist in your care. In this case, we will determine whether the disclosure is in your best interest and, if so, only disclose information that is directly relevant to participation in your care. And, if you are not in an emergency situation, but are unable to make health care decisions, we will disclose your health information to:
 - your guardian or other fiduciary if one has been appointed by a court, or
 - if applicable, the state agency responsible for consenting to your care

C. Uses and Disclosures That May be Made Without Your Authorization, or Opportunity to Object

- 1) **Emergencies:** We may use and disclose your health information in an emergency treatment situation. By way of example, paramedic who is transporting you in an ambulance. We will attempt to obtain your Authorization as soon as reasonably practicable after emergency treatment.
- 2) **Communication Barriers:** We may use and disclose your health information if one of our staff attempts to obtain Authorization from you, but is unable to do so due to substantial communication barriers. However, we will only use or disclose your health information if the staff member determines in his/her professional judgment that, absent the communication barriers, you likely would have consented to use or disclose information under the circumstances.
- 3) **Research:** We may disclose your health information to researchers when their research has been approved by an Institutional Review Board or a similar privacy board that has reviewed the research proposal and established protocols to ensure the privacy of your health information.
- 4) **As Required By Law:** We will disclose health information about you when required to do so by federal, state, or local law.
- 5) **Avert a Serious Threat to Health or Safety:** We may use and disclose health information about you when necessary to prevent a serious and imminent threat to your health or safety or to the health or safety of the public or another person. Under these circumstances, we will only disclose health information to someone who is able to help prevent or lessen the threat.

- 6) **Organ and Tissue Donation:** If you are an organ donor, we may release your health information to an organ procurement organization or to an entity that conducts organ, eye, or tissue transplantations, or serves as an organ donation bank, as necessary to facilitate organ, eye, or tissue transplantation.
- 7) **Public Health Activities:** We may disclose health information about you as necessary for public health activity including, by way of example, disclosures to:
- Report to public health authorities for the purpose of preventing or controlling
 - Disease, injury, or disability
 - Report vital events such as birth or death
 - Conduct public health surveillance or investigations
 - Report child abuse or neglect
 - Report to the Food and Drug Administration (FDA) or to a person required by the FDA to report certain events including information about defective products or problems with medications
 - Notify consumers about FDA-initiated product recalls
 - Notify a person who may have been exposed to a communicable disease or who is at risk of contracting or spreading a disease or condition
 - Notify the appropriate government agency if we believe you have been a victim of abuse, neglect, or domestic violence. We will only notify an agency if we obtain your agreement or if we are required or authorized by law to report such abuse, neglect, or domestic violence.
- D. **Health Oversight Activities:** We may disclose health information about you to a health oversight agency for activities authorized by law. Oversight agencies include government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid, other government programs regulating health care, and civil rights laws.
- E. **Disclosures in Legal Proceedings:** We may disclose health information about you to a court or administrative agency when a judge or administrative agency orders us to do so. We also may disclose health information about you in legal proceedings without your permission or without a judge or administrative agency's order when:
- **You are a party to a legal proceeding and we receive a subpoena for your health information.** We will not provide this information in response to a subpoena without your authorization if the request is for records of a federally assisted substance abuse program.
- F. **Law Enforcement Activities:** We may disclose health information to a law enforcement official for law enforcement purposes when:
- A court order, subpoena, warrant, summons, or similar process requires us to do so; or
 - The information is needed to identify or locate a suspect, fugitive, material witness, or missing person; or
 - We report a death that we believe may be the result of criminal conduct; or
 - We report criminal conduct occurring on the premises of our facility; or
 - We determine that the law enforcement purpose is to respond to a threat of an imminently dangerous activity by you against yourself or another person; or
 - The disclosure is otherwise required by law. We may disclose health information about a client who is a victim of a crime, without a court order or without being required to do so by law. However, we will do so only if the disclosure has been requested by a law enforcement official and the client agrees to the disclosure or in the case of the client's incapacity, the following occurs:

- The law enforcement official represents to us that 1) the client is not the subject of the investigation and 2) an immediate law enforcement activity to meet a serious danger to the client or others depends upon the disclosure; and we determine that the disclosure is in the client's best interest.
- G. **Medical Examiners or Funeral Directors:** we may provide health information about a client to a medical examiner. Medical examiners are appointed by law to assist in identifying deceased persons and to determine the cause of death in certain circumstances. We may also disclose health information about our clients to funeral directors as necessary to carry out their duties.
 - H. **Military and Veterans:** If you are a member of the armed forces, we may disclose your health information as required by military command authorities. We may also disclose your health information for the purpose of determining your eligibility for benefits provided by the Department of Veterans Affairs. Finally, if you are a member of a foreign military service, we may disclose your health information to that foreign military authority.
 - I. **National Security and Protective Services for the President and Others:** We may disclose medical information about you to authorized federal officials for intelligence, and other national security activities authorized by law. We may also disclose health information about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or so they may conduct special investigations.
 - J. **Inmates:** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may disclose health information about you to the correctional institution or law enforcement official.
 - K. **Workers' Compensation:** We may disclose health information about you to comply with the state's Workers' Compensation Law.

Uses and Disclosures of Your Health Information with Your Permission:

Uses and disclosures not described in this Notice of Privacy Practices will generally only be made with your written permission, called an "authorization". You have the right to revoke an authorization at any time. If you revoke your authorization we will not make any further uses or disclosures of your health information under that authorization, unless we have already taken an action relying upon the uses or disclosures you have previously authorized.

Your Rights Regarding Your Health Information:

- A. **Right to Inspect and Copy:** You have the right to request an opportunity to inspect or copy health information used to make decisions about your care- whether they are decisions about your treatment or payment of your care with certain exceptions that are specified in HIPPA regulations. You must submit your request in writing to our Compliance Officer at *828 N 7th, Burlington, IA 52601*. If you request a copy of the information, we may charge a fee for the cost of copying, mailing, and supplies associated with your request. We may deny your request to inspect or copy your health information in certain limited circumstances. In some cases, you will have the right to have the denial reviewed by a licensed health care professional not directly involved in the original decision to deny access. We will inform you in writing if the denial of your request may be reviewed. Once the review is completed, we will honor the decision made by the licensed health care professional reviewer. If you do not agree with the decision you may contact the Health and Human Services Secretary. We will assist you to make this contact.
- B. **Right to Amend:** For as long as we keep records about you, you have the right to request us to amend any health information used to make decisions about your care- whether they are decisions about your treatment or payment of your care. To request an amendment, you must submit a written document to our Compliance Officer at *828 N 7th, Burlington, IA* and tell us why you believe the information is incorrect or inaccurate. We may deny your request for an

amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if you ask us to amend health information that:

- ✓ Was not created by us, unless the person or entity that created the health information is no longer available to make the amendment;
- ✓ Is not part of the health information we maintain to make decisions about your health care;
- ✓ Is accurate and complete.

If we deny your request to amend, we will send you a written notice of the denial stating the basis for the denial and offering you the opportunity to provide a written statement disagreeing with the denial. If you do not wish to prepare a written statement of disagreement, you may ask that the requested amendment and our denial be attached to all future disclosures of the health information that is the subject of your request. If you choose to submit a written statement of disagreement, we have the right to prepare a written rebuttal to your statement of disagreement. In this case, we will attach the written request and the rebuttal (as well as the original request and denial) to all future disclosures of the health information that is the subject of your request.

- A. **Right to an Accounting of Disclosures:** You have the right to request that we provide you with an accounting of disclosures we have made of your health information. An accounting is a list of disclosures. But this list will not include certain disclosures of health information, by way of example, those we have made for purposes of treatment, payment, and health care operations. To request an accounting of disclosures, you must submit your request in writing to the Compliance Officer at *828 N 7th, Burlington, IA 52601*. The request should not be longer than six years and not include dates before April 14, 2003. The first accounting requests during the same 12 month period, we will charge you a reasonable fee for the costs of providing the accounting. We will notify you of the amount we will charge and you may choose to withdraw or modify your request before we incur any costs.
- B. **Right to Request Restrictions:** You have the right to request a restriction on the health information we use or disclose about you for treatment, payment or health care operations. You may also ask that any part (or all) of your health information not be disclosed to family members or friends who may be involved in your care or for notification purposes as described in Section II (B)(2) of this Notice of Privacy Practices. To request a restriction, you must either include it (with our approval) in the Authorization Form or request the restriction in writing addressed to the Compliance Officer at *828 N 7th, Burlington, IA 52601*. The Compliance Officer will ask you to sign a new authorization form, which includes the restrictions. We are not required to agree to a restriction that you may request. If we do agree, we will honor your request unless the restricted health information is needed to provide you with emergency treatment.
- C. **Right to Request Confidential Communications:** 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 or by e-mail. To request such a confidential communication, you must make your request in writing to the Compliance Officer at *828 N 7th, Burlington, IA 52601*. We will accommodate all reasonable requests. You do not need to give us a reason for the request, but your request must specify how or where you wish to be contacted.
- D. **Right to Paper Copy of this Notice:** You have the right to obtain a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice of Privacy Practices electronically, you may still obtain a paper copy. To obtain a paper copy, contact our Compliance Officer at *828 N 7th, Burlington, IA 52601*.
- E. **Complaints:** If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the U.S. Department of Health and Human Services. To file a complaint with us, contact our Compliance Officer at *828 N 7th, Burlington, IA 52601*; phone 319-754-4689. All

complaints must be submitted in writing. Our Compliance Officer, can be contacted at 828 N 7th, Burlington, Iowa, 52601; phone 319-754-4689, and will assist you with writing your complaint, if you request assistance. We will not retaliate against you for filing a complaint.

- F. **Changes to this Notice:** We reserve the right to change the terms of our Notice of Privacy Practices. We also reserve the right to make the revised or changed Notice of Privacy Practices effective for all health information we already have about you as well as any health information we receive in the future. We will post a copy of the current Notice of Privacy Practices at our main office and at each site where we provide care. You may also obtain a copy of the current Notice of Privacy Practices by accessing our web site at: www.hopehavencorp.com or by calling us at 319-754-4689 and requesting that a copy be sent to you in the mail or by asking for one any time you are at our offices.

Client Case Records

Hope Haven maintains records about every individual that we serve for several reasons including to:

- Show that we follow the rules about providing services
- Show what services we have provided
- Keep a history of the services and supports you have received
- Show you progress
- If we are your representative payee or help you manage your money we will also keep accounting records

Individual/Guardian Access to Programmatic and Financial Records

These records belong to Hope Haven but you may look at or receive copies of them. If you want to look at your records, you should ask your Program Manager/Site Manager/Administrator to assist you.

If you live in a licensed group home, you or your guardian will get information in writing at the start of services of the policy regarding access to your financial records. You or your guardian will receive copies of your financial information every three months.

If you feel that the information we have about you is incorrect or incomplete, you may ask us to change it. You have the right to request a change for as long as Hope Haven Area Development Center keeps the information.

Access to Your Records by Hope Haven Staff

Access to your records is limited to support staff working directly with you, as well as other Hope Haven staff and volunteers who need to know.

Right to Refuse Authorization to Release Information

If you or your guardian refuses to give us permission to give or get information about you, it may result in Hope Haven not being able to provide services to you. We will let you know ahead of time if refusing to give us permission would cause Hope Haven to not provide services to you.

Staff Training on Confidentiality

Hope Haven staff is trained each year about confidentiality so that they know how to handle and respect your private information.

Requesting Copies of Records

You and/or your guardian may request copies of any of the items in your file that are written by Hope Haven, originals may not be removed from the record. It is Hope Haven's policy to comply with the HIPAA Privacy Rule to properly respond to an individual's and/or guardian's requests for access to the file. Generally, the individual and/or guardian shall have a right of access to inspect and obtain a copy of protected health information about the individual for as long as the protected health information is maintained in the file, except for: a) psychotherapy notes, and b) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative proceeding.

Record Storage and Retention

Your records are maintained in a secure area in the program, which provides your services. Hope Haven's policy is to keep records on persons served for ten years after they leave the program and indefinitely while they are in the program. The file will include at a minimum: face sheet, social history, most recent program plan, discharge summary, follow up consent form, and follow up report, and all narratives and program plans.

CONFLICTS OF INTEREST

Hope Haven has policies and procedures in place to help prevent conflicts of interests. However, conflicts may happen. A conflict of interest is anytime that Hope Haven employees use their position to get special treatment or favors. The person may be getting something from you directly (like a gift) or getting something because of their relationship with you (like money from selling you something). If a conflict of interest happens, Hope Haven will work with you to resolve the issue. Please feel free to visit with your staff, program manager/site manager/administrator or department director if you know of a situation that may be a conflict of interest.

ENDING SERVICES

Voluntary Discharge

You may voluntarily withdraw from services at any time that you do not feel the program(s) is serving your needs, for personal reasons (except in cases of Court Committal in the RCF program), or if you move out of town. We generally ask that you give us a 30-day notice if you decide that you will be ending residential or community living services. As part of demonstrated good work habits, it is appreciated if you give a 2-week notice for the Vocational Services programs.

Involuntary Discharge

In some cases, it may be necessary for Hope Haven to decide that we can no longer provide services to you. Some of the reasons that Hope Haven may end services include, but are not limited to:

- Inability to meet the admission criteria
- Non-payment of service costs or living expenses
- Lack of cooperation and/or refusal to participate with the program(s)
- Serious violations of safety rules and procedures
- Being under the influence or use of illegal drugs/alcohol
- Serious violations of the rights of others, and poor attendance

- Change in Level of Care- you may be discharged in cases where you may need more support, need more medical attention, or a more structured place to live and/or work
- Inactive Status/Leave of Absence- (Vocational Services and Community Living Services) An individual may automatically be discharged after being on inactive status or on a leave of absence for three months, or non-use of a Community Living Service for a period of 6 months.

In cases when you disagree with program goals to help you and/or your plans to end your services, you may file a grievance as outlined in the Grievance and Appeals Procedure in this handbook.

Notice of Involuntary Discharge

- Involuntary discharge from a licensed facility – RCF, RCF/ID, ICF/ID – Hope Haven will provide you or your guardian with a written notice at least 30 days in advance of the proposed discharge.
- Involuntary discharge from Community Living Services – hourly SCL, small waiver sites, respite – Hope Haven will provide you or your guardian with a written notice at least 30 days in advance of the proposed discharge.
- Involuntary discharge from Vocational/Day Services Hope Haven will notify you or your guardian on the date of discharge. Drop In Centers will notify you.

Emergency Discharge

Hope Haven may discharge you without any advance written notice under the following circumstances (For RCF, RCF/ID, ICF/ID you will be given a written notice within 48 hours following transfer or discharge containing a statement required by law):

- When an emergency transfer or discharge is mandated by your health care needs and is in accord with written orders and medical justification of attending physician; or
- When transfer or discharge is mandated by concern for health, safety or well-being of other residents
- If transfer or discharge is agreed to by you or your responsible party in a situation where 30-day notice otherwise would have been required, no 30-day notice is necessary.

Discharge Planning and Follow-up Process

If at any time an individual becomes ineligible or chooses not to receive our services, Hope Haven staff will provide information to the individual regarding other services that may be available. The agency will also follow all guidelines as defined by regulatory agencies (Department of Inspections and Appeals, Department of Human Services, and Medicaid).

The follow-up process and planning begins at your discharge staffing. Follow-up plans identify who will be responsible to do follow-up services, when they will do the follow-up, and any referral for other services. Follow-up contacts help Hope Haven to determine the effectiveness of their services and help you and your team decide if further services and referral action is needed. Follow-up reports will not be done if you do not give Hope Haven written authorization to do so.

OTHER SERVICES

GETTING SERVICES HOPE HAVEN DOESN'T OFFER

Hope Haven works cooperatively with many other service agencies. If you or members of your team feel that you can benefit from services that are not provided by Hope Haven (i.e. evaluations, health care services, counseling, educational services, etc.),

your program manager/supervisor/administrator can assist with referrals to obtain these services. Information for some of these services may be accessed through links on the Hope Haven website at: www.hopehavencorp.com

Sample Referral Resources

Vocational/Employment

Iowa Vocational Rehabilitation Services (IVRS)
Work Force Development Center

Mental Health

Mental Health Centers
Mental Health Institutes
Woodward Resource Center
Glenwood Resource Center

Outside Resources

COMPASS I&R- State of Iowa
Iowa Protection and Advocacy

Case Management

Department of Human Services
Iowa Total Cares
Amerigroup

Financial

DHS- Income Maintenance
Social Security Administration
Community Services

Transportation

SEIBUS
Burlington Urban Services
Cab companies

Educational

Southeastern Community College
University of Iowa
Great River AEA
Public Library

Housing

Community Action of SE Iowa

PUBLIC ASSISTANCE OR BENEFITS FOR WHICH YOU MAY BE ELIGIBLE

You may be eligible for assistance from a variety of state and federally funded programs.

Social Security Disability (SSDI): Social Security Disability is a federally funded program that pays benefits to individuals who have worked and then become disabled or to the disabled child of a retired, disabled, or deceased worker. Depending on the amount of SSDI that you receive you may also be eligible for SSI benefits.

Supplemental Security Income (SSI): Supplemental Security Income is a federally funded program that pays a benefit to people who become disabled but have not worked enough to be eligible for SSDI benefits or if the person was disabled as a child and the parents are still working. The amount of money you will receive in SSI benefits depends on how much other income you have and how much you have in total resources.

State Supplementary Assistance (SSA): State Supplementary Assistance is money paid through the State Department of Human Services to help a qualified person pay for the costs of living (room, board, and maintenance) in a licensed facility/home. When a person moves into a licensed Hope Haven facility/home we apply for this benefit and it is paid directly to Hope Haven from the State.

Medicare, Part A & B: A two-part, federally funded medical insurance program for people who receive SSDI. Benefits start either at retirement or two years after the determined start date of a person's disability.

Part A covers in-patient hospital care, skilled nursing care, home health care, hospice care, and blood products. This coverage is provided at no cost to you.

Part B covers medical expenses, such as doctor's services, in and out-patient medical and surgical services and supplies, physical and speech therapy, diagnostic testing, durable medical equipment, et. You must pay for Part B coverage. This cost is deducted from your SSDI check each month (unless you qualify to have this amount paid by Medicaid). Medicare does not cover the entire cost of these services and you can expect to pay a part of the costs of any care you receive.

Medicare D Prescription Drug Coverage: Medicare prescription drug coverage is insurance provided by private companies that covers both brand-name and generic prescription drugs at participating pharmacies in your area. Everyone with Medicare is eligible for this coverage, regardless of income and resources, health status, or current prescription expenses.

You will pay a monthly premium, which varies by plan, and a yearly deductible. You will also pay a part of the cost of your prescriptions, including a co-payment or coinsurance. Costs will vary depending on which drug plan you choose. If you have limited income and resources, and you qualify for extra help, you may not have to pay a premium or deductible. You can apply or get more information about the extra help by calling Social Security at 1-800-772-1213 (TTY 1-800-325-0778) or visiting www.socialsecurity.gov.

Medicaid Benefits (Title 19): This is a medical insurance program for low income and/or disabled individuals. All persons in Iowa who are receiving SSI benefits are automatically eligible for Medicaid benefits. Others may qualify based on income and resources. This insurance provides coverage for all basic medical, dental, chiropractic, vision, and prescription needs. There is no cost to you for this coverage, but there may be a co-payment for medical services.

Medicaid for Employed People with Disabilities (MEPD): Medicaid for Employed People with Disabilities (MEPD) is an insurance program that allows people with disabilities to work and continue to receive Medicaid. To qualify you must be disabled, be under age 65, and earn income from employment or self-employment. You may be required to pay a small monthly payment for this insurance based on your income.

Medically Needy Benefit: This is a medical insurance program for persons who do not qualify for Medicaid because of "excess income". The Iowa Department of Human Services uses a formula that looks at your income and assets to determine eligibility for this program. If you are eligible for this program, you will have a set amount that you are required to contribute each month toward your medical costs before Medicaid benefits start.

HAWK-I: Hawk-I, also known as Healthy and Well Kids in Iowa and is Iowa's effort to make affordable health insurance coverage available to children in families with incomes too high to qualify for Medicaid, but too low to afford private family coverage. If a family's income meets certain guidelines, and the family does not qualify for Medicaid, the uninsured children may be eligible for coverage. Hawk-I is a low cost or free health insurance, depending on your family income.

Food Stamp Program: The Food Stamp Program helps low-income people buy the food they need. The Iowa Department of Human Services runs the program through their local offices. People who receive SSI are automatically entitled to receive food stamps. For other individuals, DHS will determine if you are eligible based on your resources and income.

Food Bank Of Southern Iowa: The Food Bank of Southern Iowa was created in an effort to reduce food waste and meet a need for emergency food. Food is donated to the food bank through a variety of different local and regional sources. The products are then distributed to qualified non-profit organizations.

County Community Service/General Assistance: Each county provides emergency and/or general assistance for people in need of such things as food, rent, shelter, emergency medical, transportation, and burial. Applicants must meet eligibility requirements in order to receive services. These services are intended to be short term. Contact the county offices for more information. Des Moines County Community Services 319-754-8556; Louisa County Community Services 319-523-5125; Henry County General Assistance 319-385-0790; Lee County General Assistance 319-376-0042, 866-218-7574. In Keokuk, call 319-524-1052.

Rent Reimbursement: Iowa residents renting a home/apartment may be eligible to file a claim for reimbursement of rent paid. If you receive services through Home and Community Based Services (HCBS), you may also be eligible for additional rent subsidy.

Section 8 Housing Assistance: The Section 8 Housing Assistance Payments Program provides low-income households with the opportunity to live in safe and decent rental housing at an affordable rent. The program will pay a portion of the monthly rent payable by a low-income household enrolled in the program. The amount of that payment is determined by the characteristics of the household and its income. Application can be made through the local housing authority.

Community Action of Southeast Iowa- Des Moines, Henry, Lee, Louisa Counties:

Child Care Resource and Referral: a community based organization that helps meet the community's need for affordable and accessible child care.

Weatherization Program: helps eligible low-income customers save money by conserving energy. Crews and/or subcontractors perform work on an eligible applicant's home. Energy education is incorporated in each step of the weatherization process to explain how the measures performed will help or customers save energy. Owners and renters may be eligible for weatherization services.

Energy Assistance: The heat assistance program helps qualifying low-income Iowa homeowners and renters pay for a portion of their primary heating costs for the winter heating season. The assistance is based on household income, size, type of fuel, and type of housing.

Contact information:

2850 Mt. Pleasant, Suite 108
Burlington, Iowa, 52601.
Phone: 319-753-0193 or 877-399-2560

Early Access: Early Access is a statewide program of services for families with children under age three who may have a health condition that may affect his or her growth and development; or may have delays in his or her ability to play, think, talk, and move. Early Access can work with you to find the services you are looking for to best support your child and your family. If you have a concern about your child or questions about the program, please call your local Area Education Agency.

VOCATIONAL/DAY PROGRAMS

Vocational/Day Services

Starting Services

Orientation

Your orientation starts at your first tour or meeting with an explanation of Hope Haven programs and services. An orientation Checklist will be reviewed with you that include all the information that applies to your vocational/day services. It will include review of this Client Services Handbook. An orientation will also take place any time that your vocational/day services change.

Compensation and Benefits

Wages

Hope Haven Area Development Center's Vocational Services Work Programs are considered training centers.

Paychecks are issued every other Friday with a week lag time between time worked and payment. Your paycheck is direct deposited. If you wish your check to be mailed to you or your payee, you will need to sign a consent authorizing Hope Haven to do so. Your paycheck will identify your gross pay, hours worked, deductions (such as FICA and net pay, or take home pay as it is often called). Hope Haven pays Worker's Compensation for you. In cases when the payday Friday falls on a holiday for which the agency is closed, normally the paycheck will be given on the day before the holiday. There may be rare times when the paychecks are not ready until the following Monday.

If you are involved in Supported Community Employment Services, you will be paid at least minimum wage. Some jobs pay more than minimum wage.

As required by law, you are eligible for the Family and Medical Leave Act benefit (FMLA) if you meet the conditions below:

FAMILY and MEDICAL LEAVE (FMLA)

It is the policy of The Agency to grant up to twelve (12) weeks of family or medical leave during a twelve (12) month period to eligible employees, in accordance with the Family and Medical Leave Act of 1993 (FMLA). It is also the policy of The Agency to grant up to 26 weeks of service member family leave during a twelve (12) month period to eligible employees.

Eligibility

In order to qualify to take family or medical leave under this policy, the employee must meet all the following conditions:

In order to qualify to take family or medical leave under this policy, the employee must meet all the following conditions:

1. The employee must have worked for The Agency for at least twelve (12) months, or fifty-two (52) weeks. The twelve (12) months, or fifty-two (52) weeks, need not have been consecutive. If the employee has a 7 year break in service, service more than 7 years old does not need to be counted unless:
 - a. Break was due to National Guard or Reserve military service (which also counts as service for FMLA);
 - b. Employee must prove service that is more than 3 years old.
2. For eligibility purposes, an employee is considered to have been employed for an entire week even if the employee is on the payroll for only part of a week or if the employee is on leave during the week.
3. The employee must have worked at least 1250 hours for The Agency during the twelve (12) month period immediately before the date when the leave would begin.
4. The employee must work in an office or work site where fifty (50) or more employees are employed within seventy-five (75) miles of that office or work site.
5. If employee meets 1-year service requirement while on non-FMLA leave, employee becomes eligible on that date.
6. The Agency will notify employee in writing of eligibility or non-eligibility within five business days after the first time in The Agency's FMLA leave year that an employee requests leave for a particular qualifying reason. Thereafter, during the same FMLA leave year, The Agency will provide written notice only if the employee's eligibility status changes.
7. The Agency's Administrative office handles all rules and regulations concerning FMLA. A full description of the FMLA rules and regulations can be found in the Administration office.

Public Assistance Benefits Management

Your eligibility for benefits (SSI, SSDI, food stamps, etc.) could be impacted by your income. Employment staff will assist you by providing information or referral to a local benefits planning specialist.

Benefits

As a trainee in Hope Haven's Vocational Services programs and Enclave Services, you do not qualify for agency benefits or insurance and are considered "non-benefited".

Program Transfers

If you wish to transfer from your current program to another program or work assignment or add a program, visit with your Program Manager/Administrator/Site Manager, who will work with you and your team to determine a plan to help you meet that goal.

Agency Employment Openings

Job openings within the agency are posted regularly. Staff will be able to assist you if you are interested in knowing what jobs are available, the listed minimum requirements, and how to apply for a position.

General Guidelines and Personal Conduct

Expectations of Individuals Participating in Hope Haven Vocational/Day Services

1. Respect all property and use equipment correctly.
2. Bring only personal items that you will need for the day or activity. Hope Haven is not responsible for lost or stolen items.
3. Weapons of any kind are never permitted at Hope Haven.
4. No one may use, sell, or purchase illegal drugs on property owned or managed by Hope Haven.
5. Alcoholic beverages are not allowed on property owned or operated by Hope Haven.
6. You are not allowed to report to work or day programs or attend any Hope Haven activities while under the influence of illegal drugs or alcohol.
7. If you take any type of prescription medications, as directed by your doctor, let staff know. It is important to know the name of the medication and dosage and that it is stored properly.

Work Related Guidelines

1. It is important to let your supervisor know where you are and what you are doing. If you need to leave your workstation, building, or grounds ask/let your supervisor know.
2. Follow the policies and procedures of your assigned employer.
3. Let your job coach/supervisor know when you need something.
4. Talk with your job coach/supervisor when you have a problem.

Dress Code

It is important and appreciated to have good personal hygiene and grooming. You are expected to attend activities or work with a neat and clean appearance. Clothing should be comfortable, clean, and appropriate for your job, activity, and weather.

Health and Safety Rules

1. If you are sick or injured, tell your supervisor immediately.
2. During drills, you will need to walk quickly to the areas designated for that drill. Staff will assist you the proper exit(s)/location.
3. Safety equipment must be worn on certain jobs (i.e. safety glasses, gloves, etc.).
4. No one should use machinery, equipment or vehicles without permission and proper training and instruction from a supervisor.
5. You are expected to follow all safety rules and regulations.

Disciplinary Action

It is expected that every client will abide by Hope Haven rules and regulations while attending one of the programs. Good work and social behavior is important not only to us but also to you and to any community employer. Hope Haven retains the right to administer discipline in a manner deemed appropriate according to the policies, including immediate termination for serious violations of behavior or performance.

Appeal of Disciplinary Action

All disciplinary action is subject to appeal through the grievance procedure, which is outlined in this handbook.

Attendance

It is very important that you attend your program on the days you are scheduled. If you cannot come to work, or attend your Day Program you should let your supervisor know by calling your supervisor or the on call staff for Employment Services. If you know ahead of time that you will be absent or late, please tell your supervisor. For the Drop-In Center, it is not necessary to stay with a set schedule; however, arrangement for transportation needs to be made ahead of time. If you are employed in the community, it is important to have good attendance in order to keep your job.

Snow Days

There may be times when Hope Haven day and evening services will close due to bad weather such as ice storms or heavy snow. If this occurs, it will be announced on local radio stations or their websites or staff will contact you.

Holidays

Hope Haven day and evening services will be closed for the following holidays:

New Year's Day	Christmas Eve
Good Friday (Friday before Easter)	Christmas Day
Memorial Day (observed)	New Year's Eve
Independence Day	
Labor Day	
Thanksgiving Day	
Friday following Thanksgiving Day	

Community Living

And

Residential Services

Community Living and Residential Services

Hope Haven is committed to providing Community Living and Residential services that meet your desires and preferences while also providing for your support needs and offering you a variety of options from which to choose. We recognize that while some individuals may be most happy staying in a consistent environment over a long period of time, there are others who desire to explore new opportunities and we wish to support that choice. In addition, we know that a person's circumstances - health especially - may change, and that this can affect the amount of support that they may need.

Working with you and your team, Hope Haven will make every effort to ensure that you are living in a safe and secure environment that affords you the privacy you desire while providing the supports you need. You are encouraged to visit with Hope Haven staff at any time that you would like to consider new or different living options.

Starting Services

Your orientation starts at your first tour or meeting with an explanation of Hope Haven programs and services. An Orientation Checklist will be reviewed with you that includes all the information that applies to your Residential or Community Living Services. It will also include review of this Client Services Handbook. An orientation will also take place any time that your Residential or Community Living Services change.

Personal Responsibilities

It is important for you to take responsibility for as many of your personal needs as possible. If you need assistance, Hope Haven staff are available to help you or to refer you to the appropriate resources:

- Set a reasonable bedtime that will allow you to get the rest you need and be able to get up in time to get to work and other responsibilities.
- Stay within your budget so you can meet all your financial responsibilities and pay your bills.
- Avoid loaning or borrowing money from others.
- If you are sick, be sure to let someone know and get medical care if needed.
- Make healthy choices in your food and exercise.
- Make wise choices in relationships/activities that do not put you or others at risk.

Respecting the Rights of Roommates/Housemates

If you are living in a house or apartment with others, it is important to respect their rights just as you would expect them to respect yours. That might include things such as:

- Respecting their right to privacy and time for themselves. Knocking/asking before entering someone's private room is the best way to handle this.
- Keeping noise (talking, T.V., music, etc.) at a level that doesn't bother others.
- Cleaning up your own messes and putting things away when you are done with them.
- Sharing responsibility for your home/apartment care.
- Being careful not to damage either the home or your roommate's/housemate's property. Any damage you cause will be your responsibility to pay for.
- Asking before borrowing/using something that belongs to others.
- Being polite with one another.
- Pay your share of the living expenses.
- Respecting your roommates/housemates in your language or behavior.
- If you are sick, make every effort to use good health practices around others.
- Keep your home/apartment clean and healthy
- Talking through problems or differences of opinion and asking advice of those you respect
- Avoiding any physical harm or verbal abuse of others
- Sharing the phone- limiting calls to a reasonable amount of time, taking messages responsibly, calling and receiving calls at reasonable times of day or night, accepting financial responsibility for any long distance charges.
- If you smoke, finding an agreed upon place to do that. Smoking is not allowed in any residential location owned by Hope Haven.
- In most instances, food should be stored and eaten in the kitchen/dining area for health and safety purposes.
- In licensed facilities, we ask that you sign out or let us know if you are leaving the facility for safety reasons.
- If you are living in your own home, it is a safe and courteous idea to let your roommates/housemates or staff know if you are leaving and when you will be back.

Safety and Health

Whether you live in a licensed facility owned by Hope Haven or in your own apartment or home, you have a responsibility to the health and safety of yourself and others. Hope Haven staff is available to assist you as needed in meeting these responsibilities. That might include the following:

- Know and practice emergency procedures for fire, severe weather, power outages, bomb threats, or other threatening situations.
- Know who to call/talk with if you or someone else is injured or not feeling well.
- Be extremely cautious with candles (candles are not permitted in licensed facilities).
- Be careful about who you share personal information with, invite into your home, or go with in the community.

- If you are managing your medications, know why you are taking them, take them as directed, do not give them to others, and be sure to keep them safe from others.
- If you have any special directions from your doctor (diet, exercise, activity level), it is important that you follow their directions.
- In general, eat a healthy diet and find ways to get regular exercise.
- Find ways to relax and have fun by yourself and with your friends.
- In the community, be responsible and respectful of others. If you go out in the community on your own, have a plan on how to get help if you ever feel uncomfortable or threatened.
- Alcohol and illegal drugs are not permitted in Hope Haven's licensed facilities. If you are in the community or live in your own home, please keep in mind responsible use of alcohol. You should also follow your doctor's recommendations on alcohol use if you are taking medications.

Overnight Visits (Daily Services)

If you reside in a site where daily Supported Community Living services are provided or in a licensed facility, you are allowed 30 days off site. After 30 days, the full cost of the service may become your responsibility.

Financial Management

As an adult, you have the right to manage your own finances if you choose and Social Security or the Courts have not restricted your rights. Hope Haven does offer payee-ship and assistance with financial management for individuals receiving community support and residential services. Hope Haven may also be your representative with the Department of Human Services and assist you in applying for any public assistance that you may be eligible for, if you would like. For more information about Hope Haven helping you with financial management or becoming your payee, please talk with your Program Manager/Administrator/Site Manager.

Visitors and Phone Usage

Families and friends are an important part of life and are welcome to phone and visit you. Generally, it is a good idea to ask your families and friends to call before they come to make sure you are available. When living with roommates, it is important that you respect each other's rights regarding visitors and phone usage. Staff may also need to use your phone to help provide services to you.

Acknowledgement of Receipt
Client Services Handbook

Date: _____

I have received a copy of the Client Services Participant Handbook in a format that I am best able to understand and been given an opportunity to ask any questions regarding the information.

Client/Resident

_____ & _____
Print Name Signature

Legal Representative (if applicable)

_____ & _____
Print Name Signature

Hope Haven Representative

_____ & _____
Print Name Signature & Title