



Where it All Comes Together
for a Better Future

Member Handbook

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Locations

Administrative Office

434 Court Street
Plymouth, MA 02360
Telephone: (508) 746-7433
Fax: (508) 746-7544

Transportation Services

Access Express
434 Court Street
Plymouth, MA 02360
Telephone: (508) 746-5715
Fax: (508) 746-7544

Access Centers

Braintree Access Center

30 Foster Road
Braintree, MA 02184
Telephone: (781) 848-6466
Fax: (781) 848-7345

Mid-Cape & Islands Access Center

209 Main Street
Hyannis, MA 02061
Telephone: (508) 775-6699
Fax: (508) 775-1315

Plymouth Access Center

436 Court Street
Plymouth, MA 02360
(508) 747-2176
Fax: (508) 746-7544

Upper Cape Access Center

25 Barlow's Landing Road
Pocasset, MA 02559
Telephone: (508) 564-5101
Fax: (508) 564-6541



We want to thank you for choosing us to share and work toward your personal vision. It takes courage to look into the future and have a dream, and it takes even greater courage to share it and allow us to help you realize that dream. Steps toward your vision will be referred to as goals and objectives when you begin your supports. At any time while participating as a member of Habilitation Assistance Corporation's services, you may ask for help from any staff or representatives at the agency with whom you feel comfortable. These people are here to assist you and do all that they can to help you reach your goals.

What you can expect from Habilitation Assistance Corporation...

- Safe buildings and work sites
- Safe vehicles
- Safe equipment
- Adequate supervision
- Trained and caring staff
- Access to the help you need
- A program plan to meet your needs
- Assistance to make your own decisions
- Interest in your needs and ideas
- A variety of supports so you can expand your interests

Mission

Habilitation Assistance Corporation's mission is to support individuals in realizing their personal visions.

Our goal is to empower individuals and their families through the delivery of quality consumer driven resources, services and supports that increase lifestyle options, independence, and improve their quality of life. The agency believes that all people regardless of ability have the right to be happy, leading full and self-determined lives with dignity and the respect of the community.

Introduction

Habilitation Assistance Corporation is committed to providing you and all of our members with quality professional services. A Resource Team representing the fields of occupational therapy, physical therapy, speech/language therapy, health care/nursing supervision, behavior management, counseling and expressive therapy is available to you. These services have also been made more accessible to you through *Access Express*, a quality, professional transportation service offered by Habilitation Assistance Corporation.

The foundation for the agency's success comes from listening and acting creatively upon input from its members. You will be continually asked to provide us with feedback as to the quality of our services and supports. There are several opportunities for you to be actively involved in the development and direction of the agency. These opportunities include participation on the Advisory Council, Member Evaluation of Staff Performance, the Interview process for new staff, member satisfaction surveys, member meetings, and committee membership such as the Health and Safety and/or the Social Events Committees.

The following pages will help acquaint you to policies and procedures that you should follow. We hope this information will provide you with the information you need to make a smooth transition to Habilitation Assistance Corporation.

Policies

Hours of Operation

The Administrative Office is open from 6:30 a.m. to 5:00 p.m., Monday through Friday, except on holidays. For emergency situations, on-call service is available 24 hours a day. Program hours are typically 9:00 a.m. to 3:00 p.m. Times when specific supports and services are available are dependent on each individual's preference and need.



Your Daily Schedule

Your daily schedule will be (days and hours):

Attendance

Everyone's contribution to the Access Center is significant. When you do not attend, it affects your progress, your program, and your colleagues. Therefore, as a member of Habilitation Assistance Corporation, it is important that you attend the Access Center on a consistent basis.

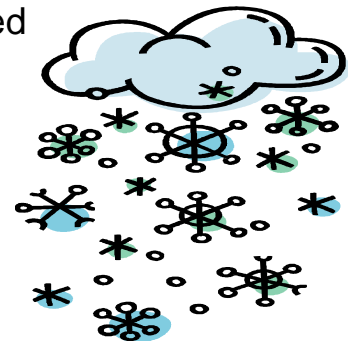
Holiday Schedule

Throughout the year the Access Centers will be closed in observance of holidays. Some services will not be available on those days. You will be provided a current holiday schedule each year.

Snow Days/Inclement Weather

At times the Access Centers may close or have delayed openings due to inclement weather. Closures or delays will be announced on radio station(s)

_____ and/or a Habilitation Assistance Corporation staff member will call you. If you have not been contacted and are concerned as to whether or not supports will be provided that day, please contact the Access Center or Administrative Office at (508) 746-7433.



Transportation

The Department of Mental Retardation and/or MassHealth contract with transportation services to provide individuals transportation to and from the program. Your transportation will be provided by:



You can contact them at (telephone number)

You may request your transportation to be provided by Access Express, a service of Habilitation Assistance Corporation.

Orientation

Within five days of your admission to the program, you (and your guardian, if applicable) will meet with the Program Director or designee to complete the following:

- Review the policies and procedures outlined in this handbook.
- Tour the Access Center
- Provide an overview of the services and a sample daily schedule
- Establish an interim plan for supports
- Establish a communication system between the Access Center and home
- Introduce you to the following people: Program Director, Program Coordinator, Case Manager, Program Nurse, Colleagues, Human Rights Officer, and all Program Staff members
- Meet with the Human Rights Officer to review your rights, including the grievance procedure
- Review emergency procedures in place at the Access Center
- Provide you with the opportunity to ask questions and express any concerns

Key Worker

At the start of your supports, you will be assigned a key worker. This staff member is responsible for assisting you with any concerns that you may have regarding the program. Your key worker is: _____.

Administrative and Therapy Staff

The following is a list of staff members involved in providing you with services and supports.

Program Director: _____

Program Coordinator: _____

Case Manager: _____

Nurse: _____

Physical Therapy Assistant: _____

Speech Language Assistant: _____

HIPAA Privacy Officer _____

Corporate Compliance Officer _____

Administrative Assistant: _____

Human Rights Officer: _____

Health and Safety Representative: _____

MassHealth Cards or other Insurance Card



As a part of your acceptance into the program, you must provide us with a photocopy of your MassHealth card or other insurance card if applicable. This will be kept on file for medical and billing purposes.

Dress Code

Your personal appearance and hygiene must be appropriate and acceptable while attending the program. You must be clean and neatly dressed. Shoes or sneakers must be worn at all times.

(In the event of a situation in which clothing needs to be changed during the day, it is required that an extra change of clothing be kept at the program.) Please mark each article of clothing in a discreet manner with your name to eliminate any difficulty in identifying proper ownership.



Personal Hygiene Supplies

To maintain a healthful environment and to assist in the instruction of Lifeskills activities, it is recommended that you supply your own comb and brush, toothbrush and toothpaste. These items will remain at the Access Center for your use exclusively.



Support Plan Meetings

During the Individual Support Plan (ISP) meeting, your skills, progress, cultural preferences and future plans will be discussed. Your participation as well as that of your family and any advocate(s) is requested at these very important meetings.

The process of developing a plan includes: identifying your needs and preferences; establishing long and short term goals; developing a plan of action to meet the identified needs, and establishing a success criteria.



During the meeting, a written plan outlining the services to be provided and short and long range goals will be developed. This plan (known as your Day Habilitation Support Plan or DHSP) will be filed in your case record. Progress on objectives you will be reviewed on a regular basis. At any time you may request to review your case record by contacting your Program Director.

Your first ISP meeting will occur within 90 days of admission to the Access Center and annually thereafter. Your DMR Service Coordinator, who will also coordinate/facilitate your meeting, will make arrangements for the date of the review.

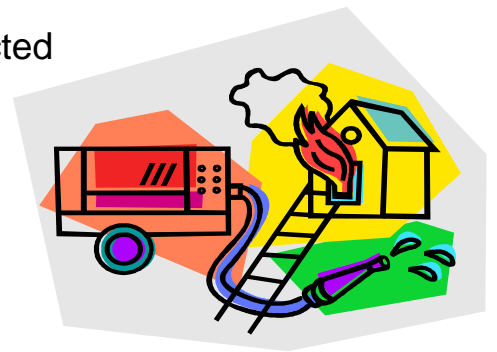
Leaving the Building

For your safety, you are required to remain at the access center unless accompanied by a staff member or you have received permission from the Program Director.

Should it be necessary for you to leave the access center for a scheduled appointment, advance notification of date, time, and destination as well as the name of the person who will be accompanying you is required. This person will be required to complete an out/in log prior to your dismissal.

Fire Safety and Emergency Procedures

Fire drills and/or other emergency drills are conducted monthly. Emergency procedures will be reviewed with you at the time of your orientation. If necessary, you will receive assistance from staff members to evacuate the building in a safe and timely manner. Your full cooperation during all evacuations is required.



Rules of Conduct

You are expected to act in a responsible manner while attending the program. We request that you:

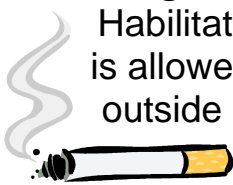
- Respect the rights of others
- Participate actively in supports offered
- Conform to established policies, procedures, and guidelines

Willful Destruction of Property

You are expected to respect the property of others. Willful destruction of property will not be tolerated, and you may be required to provide compensation for damages.

Smoking Policy

Habilitation Assistance Corporation is a non-smoking facility. Smoking is allowed only at specified times during the day and only in designated outside areas. These times may vary according to the group to which you are assigned. Cigarettes cannot be purchased at any of the access centers.



Policy on Handling Money

Member money collected for special events such as community trips, special events, etc., will be collected and handled by a designated employee at each program. This employee will be responsible for reporting and tracking and the provision of receipts for these funds. Member money is kept in a secure, safe area.

Employees of Habilitation Assistance Corporation are prohibited from handling members' money except as noted above. Handling money includes, but is not limited to: reconciling checkbooks, writing checks for members, using bank cards, Automated Teller Machines (ATM's) or providing banking services.



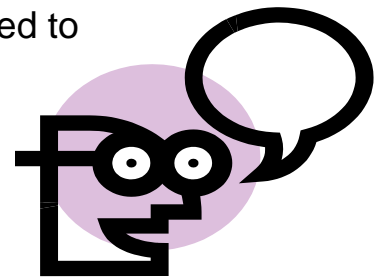
Lunch and Breaks



It is necessary for you to bring a lunch and an item for morning break with you each day. Your lunch should be ready to eat, include a beverage, and be stored in an insulated container or bag.

Communication System

All members attending the access center are encouraged to implement a communication system by which staff can communicate regularly with your home environment. This can take place through discussions between yourself and staff members, by telephone calls, or written communication. These contacts are useful in conveying information concerning activities and progress as well as answering any question that either person may have.



Funding

Funding for services is generally provided by state and/or federal agencies. Payment for services through privately supported tuition is permitted. Any person accepted into the access center must have fee sponsorship. You and the other members of your ISP team determine the duration of the services and supports you will receive at Habilitation Assistance Corporation.

Guardianship

In Massachusetts, a person (including one who is developmentally disabled) is considered legally competent unless guardianship is formally established through a court procedure. If a legal guardian has been appointed for you, a photocopy of the guardianship decree must be submitted to Habilitation Assistance Corporation prior to the start of services.

Non-Discrimination/Sexual Harassment

Habilitation Assistance Corporation maintains and promotes an agency-wide policy of nondiscrimination and non-harassment on the basis of race, color, sex, age, disability, national origin, ancestry, sexual orientation, religion, Veterans and other protected status.

Cultural Diversity



Habilitation Assistance Corporation values differences in people, including cultural differences, and supports a diverse workforce and membership. The access centers foster a climate of cooperation, learning and acceptance of all cultures, religions, disabilities, etc.

Medication

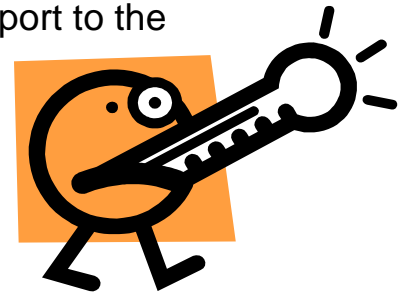
If you require any medication during the day, prescription or non-prescription, you must inform the RN supervisor. A written doctor's order or a photocopy of the prescription is required prior to dispensing the medication. The medication must be given to the nursing staff in the original container with appropriate labeling. The transporting of medication will be discussed with you upon admission to the program. Signed doctor's order sheets must be updated every six months and more frequently as needed.



Illness

If you become ill while at the access center, please report to the nurse's office. All attempts will be made to ensure your comfort and to contact your home to arrange transportation, if necessary.

If you will not be attending the program due to an illness, please notify the program by 7:30 a.m.

**Member Records**

Habilitation Assistance Corporation maintains a single record for each person served. All records are considered Protected Health Information ("PHI") and are private and confidential. An individual or guardian may gain access to his/her own record. However, since records are private, every precaution is taken to protect the confidentiality of the individual. The agency has adopted the Department of Mental Retardation's regulations on "Access to Records and Record Privacy" (115 CMR 4.05) as well as HIPAA guidelines to ensure privacy. Only under specific circumstances will access to the records be granted and/or information released. Only information that meets the legitimate purposes of the requesting party and has been approved by the member or guardian when required will be released. Whenever possible, name and/or other identifying information will be withheld. Documentation of record access and release of information will be filed in the individual record and also will be on file with the HIPAA privacy officer.

Medication Documentation Requirements

It is a requirement of Habilitation Assistance Corporation that the following medical documentation be completed and on file at the program:

- Pre-Admission Physical Examination with physician's consent for day habilitation services
- Annual Physical Examination, with approval for day habilitation services and authorization for use of exercise equipment
- Tetanus Toxoid (every ten years)
- TB Skin Test (every three years)
- Annual Program Agreement
- Hepatitis B screening (note: we request that all individuals be screened for Hepatitis B and suggest subsequent immunization).

Health Insurance Portability and Accountability Act (HIPAA)

It is our Policy to conform to the Federal Privacy Law, known as the Health Insurance Portability and Accountability Act (HIPAA). This law protects all member's privacy rights. The information listed below is to advise our member's and their guardians of those rights and to encourage dialogue if you have any questions after reviewing this information.

The laws require that Habilitation Assistance Corporation maintains the privacy and confidentiality of your health information. The law also requires that we provide you with this information outlining our privacy practices and legal duties. The law requires that we abide by the terms listed below.

1. We may, from time to time, contact you, via the telephone to remind you of appointments or to inform you of services that might be of interest to you. If you are not at home, it is likely that the office staff will leave a message, if you have an answering machine or voice mail.
2. The new Federal Privacy Law permits our office to forward medical record information on your treatment and other entities, without your express permission for routine matters such as further treatment outside this office, to secure payment for services provided to you, and for other health care operations. The law requires us to provide some examples of what could be disclosed without your express authorization.
 - a. If this office received a request from a medical provider treating you, this agency would likely remit particular information to assist with your on-going treatment.
 - b. In order to secure payment, this agency might remit copies of notes generated during your treatment, this information could include diagnostic and treatment information that will be "codified" and forwarded to an insurance company for payment.
 - c. Sometimes, an insurance company denies payment for treatment and requests that the provider give the insurer a detailed summary as to why the treatment was necessary. In

order to secure payment, this agency could complete such a report and disclose information about your treatment.

- d. As part of our quality assessment and compliance programs or accreditation requirements, this agency periodically reviews its treatment and billing to ensure that it is complying with other laws that govern health care. At times, this agency might engage an attorney, accrediting agency or other external consultant to compare records and bills to ensure that our practices are accurate.
 - e. The Department of Health and Human Services, Department of Public Health, or other health oversight agency with the express authority under law could investigate and complete a compliance review of the agency and request to review patient's records.
3. Except for the above types of routine disclosures, other uses of disclosure of our protected health information will be made only with your written authorization. If you ever completed such an authorization, this notice advises you that you may decide to revoke the authorization at any time, so long as action has not already been taken in reliance upon the authorization, or if authorization was obtained as a condition of obtaining insurance coverage.
 4. You have the right to request that restrictions be placed on the information forwarded to other entities. To do so, you would need to forward a letter to the administrative office, expressly stating what information you did not want released, and any type of information you wanted not to be disclosed and to whom you do not want information disclosed to. Please understand that the law states that the agency does not need to agree to such a restriction. Please understand that in the event of a medical emergency, even if this office has a restriction prohibiting further release of medical information, the agency reserves its right to forward necessary medical information to the treating facility. In the event that this release occurs, we will make a good faith effort to convey to the facility not to further disclose this information. In fairness, we reserve the right to discuss payment with you at the time that you make such a request if you decide to restrict information flow to your insurance

company. If you request that information not be sent to your insurer, the agency reserves the right to obtain payment directly through you.

5. You have the right to request that we forward information to you at a different place, or at a different telephone, or by another means of communication. If you submit a request in writing to the administrative office, asking that we contact you at a location different than your residence, or if you ask that we forward copies of your medical records to a different location, our agency will make a good faith effort to accommodate your request.
6. Pursuant to Massachusetts's law and the Federal Privacy law, you have the right to request a copy of your medical record. Upon receipt of a signed request from you (or your legal guardian), we will consider the request and if proper, permit the access to the information that our agency has determined to be the content of your "designated records set" (a term that includes many of the forms, notes and reports in your medical record folder.)
7. The Federal Privacy law grants you the right to find out if your health information has been released to anyone outside of those depicted in this Notice, or to someone else, without your authorization. In order to obtain such a report, you are asked to submit a request in writing to the agency. The request should ask for no more than six years of information. The agency is not mandated to release any information before April 14, 2003, the date the law went into effect. Furthermore, the provider reserves the right to charge a cost-based fee for the second request for such information within any 12 month period.
8. We intend to provide each current member and all new members with a copy of this notice. If at any time, you desire an additional copy of this Notice, please let us know.
9. If you believe that your privacy rights have been violated you have the right to file a complaint with this office. To do so, you need to forward a written letter to Privacy Office, Habilitation Assistance Corporation, 434 Court Street, Plymouth, MA 02360. Additionally, you may file a complaint with the Secretary of the Department of Health and Human Services. If you file a complaint, either with this office or the DHHS, you will not be retaliated against by the agency, its employees, owners or agents.

We reserve the right to change this Notice or Privacy Policy and to make any new Notice effective for all health information retained by this office. If the Notice is revised, the revised Notice will be sent to you.

The effective date of the above Notice is April 14, 2003.

Your Rights

People with developmental disabilities have the same rights as all other citizens as set forth in federal and state constitutions, in federal and state law, and in regulations, including the right to file complaints, to vote and to due process. Individuals have the right to:

- be treated with respect, including respect for individual ethnic and cultural diversity.
- speak out for themselves, initiate ideas, have ideas, have choices and make decisions about needed supports.
- supports and treatments in the most typical, least restrictive environment and opportunities to engage in activities and styles of living, consistent with the individual's interests, which encourage and maintain the integration of the individual in the community.
- visit others and to receive visitors, including the right to have friendships and age appropriate intimate relationships.
- be free of unlawful discrimination based on race, citizenship, ethnicity, gender, age, religion, or type or degree of disability.
- communicate with others, including the right to have reasonable access to and assistance in using the telephone, alternative hearing and communication devices, and postal services.
- own and use personal possessions.
- manage their own finances and, if necessary, have assistance in order to handle their own funds.

- be free from physical, verbal, sexual or psychological abuse and the right to safeguards that will protect them from harm.
- personal privacy, including privacy during care of personal needs.
- compensation at prevailing wages and commensurate with their abilities.

If you feel that any of your rights have been violated, immediately contact your Human Rights Officer who will assist you in your complaint.

Additional assistance and support may be obtained by contacting the **Disabled Persons Protection Commission (DPPC)** at their 24 hour, 7 days a week hotline at 1-800-426-9009.

Self-Advocacy

Habilitation Assistance Corporation supports and encourages our members in their self-advocacy efforts. It is important to know your rights and stand up for them as well as educate others. Some self-advocacy organization links can be found on our website, www.habilitationassistance.com.

Informed Consent

Habilitation Assistance Corporation requests signed, informed consent for services to be provided. Signatures are required on documents within the agency's admissions packet, program agreement, releases of information, and through the ISP process. These documents are updated on a regular basis and are filed in the individual record.

Research Policy

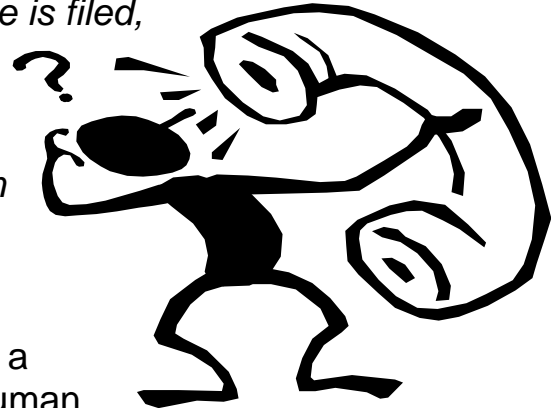
If Habilitation Assistance Corp. was to engage in any type of research project, informed consent, refusal or expression of choice will be required and documented for any prospective participant in the project. Access will be referred to legal entities for appropriate representation if necessary to ensure that the rights of persons served are protected. When members are involved in a research project, Habilitation Assistance Corp. will adhere to research guidelines and ethics.

Grievance Procedure

At Habilitation Assistance Corporation, protecting an individual's human rights is one of our core values. In an effort to ensure that our member's

rights are protected, the agency has a Human Rights Committee comprised of a representative from each Access Center and other individuals independent of Habilitation Assistance Corporation who represent other community members. The role of this committee is to monitor and ensure that all members' rights are protected.

This Grievance Procedure is in place to ensure that any individual who feels he/she has been treated unfairly may receive fair and reasonable consideration of his/her concern. *If a grievance is filed, Habilitation Assistance Corporation will ensure that it is kept confidential and that the member's privacy is protected. The agency will also ensure that any action will not result in retaliation, barrier to services or exploitation.*



If you have a grievance, you may present your complaint on your own or with assistance from a witness, advocate, personal representative, Human Rights Officer, and/or Key worker. All grievances will be handled in a manner to ensure your freedom from abuse, barriers from service, exploitation, retaliation, humiliation or neglect.

Step One: Your concern(s) should be brought to the attention of the Program Director, Assistant Program Director or Program Coordinator, in writing or orally, as soon as possible. The Program Director or Program Coordinator will hold a meeting within two (2) working days of being notified of your grievance. All significant persons will be invited to the meeting to review the complaint. You must be in attendance at this meeting.

The Program Director, Assistant Program Director or Program Coordinator will have three (3) working days following the meeting to respond in writing to you. A copy of the written response will be forwarded to all involved individuals, the Chairman of the Human Rights Committee, and the Executive Director.

Step Two: Should you feel that your grievance is still unfavorably resolved, you must inform the Executive Director, either in writing or orally, within ten (10) working days of the Program Director's written response. The Executive Director will have five (5) working days to notify all involved parties in writing of his/her findings.

Step Three: If you wish to appeal these findings, you must notify the Chairman of the Human Rights Committee, either in writing or orally, within ten (10) working days of receipt of findings. The Chairman of the Human Rights Committee has five (5) working days to notify all significant parties as to the findings.

If you are unsatisfied with the findings of the Chairman of the Human Rights Committee, you may appeal to the Board of Directors of Habilitation Assistance Corporation. The Board of Directors will meet with you (and/or your personal representative) to discuss your issue(s). The final report following this meeting will serve as the final judgment on the complaint.

Input from the persons served

Habilitation Assistance Corporation is committed to utilizing input from persons served. The individual and/or personal representative is an integral part of the decision-making process that assists in identifying changes in needs and in the ongoing development of the program. The individual being served and/or personal representative will be given every opportunity to have an impact upon services. This perspective will enhance Habilitation Assistance Corporation's ability to assess, improve and better determine service needs. It is through individuals' rights and self-determination that persons served mold and shape their future and the future of service provision at Habilitation Assistance Corporation.

In order to meet the goal of input from the persons served, Habilitation Assistance Corporation has in place the following methods:

1. Member Meetings: On at least a monthly basis, the Program Director will meet with individuals and/or their representatives in a group meeting. The purpose of the meeting will be to discuss the program and matters of mutual concern. The focus will be the following: a) to inform those served/members of plans that are relevant to daily schedules and programming; b) to seek cooperation from groups and individuals in achieving efficient use of resources for the access center; c) to receive suggestions from our members and to answer any and all of their questions; and d) to identify any barriers that may exist.

Minutes of these meeting will be kept on file. The minutes will show results and changes in the program's practice or policy prompted by input received from those served. Copies of minutes will be forwarded to the Administrative Office for review by the Executive Director.

- 2. Personal Meetings:** If an issue is in need of immediate attention, an individual or a representative may meet or talk with the Program Director at any time. Documentation will be filed with the minutes of the meetings and pertinent information given to the Executive Director.
- 3. Satisfaction surveys:** Satisfaction Surveys will be forwarded to parents and/or guardians and other concerned parties. Members, with the assistance of the Program Director or designee if needed, will also complete a Satisfaction Survey.
- 4. Agency Committees:** Member participation on the agency's Advisory Council and Health and Safety Committee will be encouraged. These regularly scheduled meetings will offer a forum for members and community members to be involved with reviewing, modifying, and planning of the agency and its activities. The agency also encourages membership on the Member Social Events Committee. This committee is a forum for individual's to have input into special program activities as well as agency events.
- 5. Grievance Procedure:** To be responsive to the concerns of the persons served, the agency has in place a grievance procedure. This procedure is outlined on page 18 of this handbook, and is reviewed with each member and/or representative prior to or within the first five days of admission.