



**Client Handbook
Day Training & Habilitation
Revised January 2014**

JOIN THE CHALLENGE AND REAP THE REWARDS

Anoka County.....	1-763-755-7866
Carver/Scott Counties.....	1-952-445-4306
Dodge County.....	1-507-634-3278
Goodhue County.....	1-651-388-1854
Olmsted County.....	1-507-252-1597
Stearns County.....	1-320-203-7750
Washington County.....	1-651-578-1329

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OUR VISION

Our vision is to help build a future committed to the belief that all communities are enriched by the presence and contribution of people with disabilities. We can best achieve our vision by providing services so that you can develop to your full potential.

OUR MISSION

Our mission is to share the commitment to people of all abilities to make meaningful contributions to the community.

SERVICES AVAILABLE TO YOU

You can receive two types of services, all from Opportunity Services

1. Community Employment Placement
2. Day Training and Habilitation

For information regarding specific services available at each site please visit our website at www.oppserv.org.

OUR SERVICE COMMITMENT

Respecting and protecting your rights is part of our commitment to you. It is important that your service needs are being met. If you are unhappy or uncomfortable with the service you are currently receiving, we want you to tell us. If you have a request or complaint or suggestion talk to an Opportunity Services staff member in person or call us. Refer to front cover for the various phone numbers.

JOIN THE CHALLENGE AND REAP THE REWARDS

We Believe in Community Work Programs:

- that together we can provide work experiences and supported employment which allows our clients to have meaningful work, in normal work environments whenever possible.
- that work experiences for those with developmental disabilities should be similar to those of their non-disabled peers.
- that training be on-site, in the environment where the work will be performed.
- that training is respectful of the individual's specific capabilities, in accordance with the employer's needs.

YOUR RIGHTS

We fully support your rights:

- to be treated with respect.
- to participate in the life of your community.
- to choose a lifestyle that matches your interests.
- to accept or reject a job offered to you.
- to know what your wages are and how they are determined.
- to ask for and receive help.
- to be paid for the work you do.
- to see your file and records.
- to participate in planning the services you want.
- to work in a safe environment.
- to be treated with respect.
- Opportunity Services encourages work but, persons have the right to refuse work.

EMPLOYMENT SERVICES

Opportunity Services is an equal opportunity employer. It is our policy to provide equality of opportunity to all persons working for or seeking employment without regard to race, color, religion, creed, national origin, sex, sexual preference, age, disability, marital status, place of residence, political affiliations or status with regard to public assistance or membership or activity in a local commission.

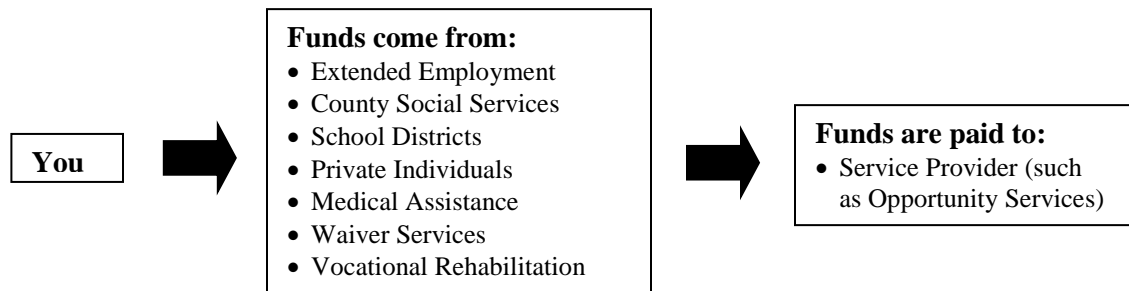
FUNDING

Opportunity Services is a provider of services, which are paid for by another agency. We have no direct authority to provide or fund services. The services we provide are usually paid for by Medical Assistance, Extended Employment Services, County Social Services, School Districts, Vocational Rehabilitation Services or private individuals.

We don't provide services without authorizations.

Day Training and Habilitation services are funded and contracted based upon Opportunity Services providing a six-hour program day for the client. The six-hour program day is inclusive of transportation time.

Services available at each site are determined according to each county contract.



WAGES

There are two ways you may receive wages:

<p><u>Wages paid by:</u> Community Employer</p> <p>\$\$\$</p> <p>Paychecks, benefits, etc. follow that business's policy. Opportunity Services staff will help you understand the business's policy.</p>	<p><u>Wages paid by:</u> Opportunity Services (in a labor agreement with the business)</p> <p>\$\$\$</p> <p>Wages are issued by Opportunity Services.</p>
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All client wages issued by Opportunity Services will be via direct deposit or Visa pay card.

WAGES LESS THAN MINIMUM WAGE

Opportunity Services holds a Sub-minimum Wage Certificate granted by the U.S. Department of Labor. This allows us to pay persons with disabilities sub-minimum wages. These wages are based on competent/qualified production levels and local prevailing rates.

Your hourly wage is reviewed every six months to make sure you are paid according to your productivity. All time studies done on the actual job site related to the type of job and based on the worker's ability to do the entire job. All time studies for community jobs are done at the community job.

Some of the work you perform may be piece-rated. This means that for each piece of work you complete, you receive a set amount of money. The more pieces you complete, the more money you earn.

Community employers can also obtain approval from the Department of Labor to pay wages below the minimum.

POLICIES AND PROCEDURES

The below policies and procedures are written according to MN Statute 245D. All Opportunity Services' policies and procedures are available for your review. If you would like a copy of any policy or procedure; please feel free to request a copy.

- Emergency Medical Procedures
- Communicable Disease Policy
- Blood borne Pathogen Policy
- Abuse Prevention for Vulnerable Adults
- Emergency Use of Manual Restraint
- Medication Procedures
- Psychotropic Medication Monitoring
- Admission-Suspension-Demission Policy
- Data Privacy
- Record Retention
- Transportation

MEDICATION POLICY

Opportunity Services is committed to keeping each client as safe as possible. Staff are trained in medication administration by a Registered Nurse and has passed a written examination and observed skill prior to administering medications.

- All medications are locked up at all times.
- All medications need a doctor's order before any medications can be administered at Opportunity Services.
- All medications need a legible label printed by the pharmacy with specific instructions on dosage, route and time unless it is an over the counter medication which may be in the original bottle with a PRN from the physician.
- Medications need to be brought in to Opportunity Services by the clients' place of residence and given to a staff member who is certified in Medication Administration or delivered to Opportunity Services by the pharmacy.
- A Release of Medication Form shall be filled out and signed by both parties transferring medication and kept in client's permanent file.
- If you would like a copy of Opportunity Services Medication Procedures Policy, please feel free to ask a supervisor to send you one.
- Clients need to notify Opportunity Services staff if they have any medications in their possession.
- Clients who self administer their own medications must have a Doctor's Note indicating they are capable of self administering safely. They must notify staff when they are carrying any medications, so that we can assist them in securing their medication from other clients while at a licensed site.

SUSPENSIONS AND TERMINATIONS

Opportunity Services may suspend a person only when that person's conduct poses and imminent risk of physical harm to self or others and less restrictive or positive support strategies would not achieve safety. **Business employers may** suspend or terminate persons working in their business as they determine.

SAFETY

Safety in employment is very important. Everyone is expected to observe safety procedures.

GETTING TO WORK

Transportation is provided to and from our daily services on a **fixed route** basis. The daily pick up and drop off times may vary due to work schedules. Clients who refuse to ride our vans or miss their ride must make other transportation arrangements. Drivers will honk and wait for five minutes for clients who are entering or exiting vehicle.

TRANSPORTATION

- The six-hour program day is inclusive of transportation time. Routes are designed to be efficient and maintain a six-hour program day for all clients.
- Everyone needs to wear seat belts at all times when the van is moving.
- Smoking is prohibited in all Agency vehicles.
- Persons under 4'9" tall will be required to ride in back seats of Agency vehicles because front seat air bags are potentially dangerous for persons under 4'9" tall.
- Persons who don't have behavioral control either verbally or physically can not ride Agency routes due to the obvious safety issue to the driver and other passengers. (Someone else must provide transportation).
- Food or beverages on vehicles is strongly discouraged.
- Drivers must make visual contact with staff to confirm their presence in the home unless the client has an unsupervised release. If a family or staff member isn't present our client will be brought back to our facility for safety. Opportunity Services isn't responsible for any alternative transportation when a Staff isn't present.
- Drivers must remain in or by vehicle when clients are present.

HOLIDAYS

People working at community job sites follow the work schedules of that business. Actual holidays are:

- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Eve
- Christmas Day

- New Year's Day

VACATION

Vacation time should be requested at least two weeks in advance. If a worker works for a business, they need to follow the rules of the business.

DRESS CODE

Workers must be groomed and dressed appropriate for work in the community.

PHONE CALLS

Phone calls should follow normal business procedures.

THERAPY SERVICES

Contracted Physical and Occupational Therapy services are only provided on an ancillary basis directly billed to MA by the 3rd party provider.

UNIFORMS

Workers need to wear uniforms as required by the business they work at. Opportunity Services does not pay for uniforms.

GRIEVANCE PROCEDURE

The Agency encourages discussion through appropriate channels. A client's grievance first level is with the Supervisor of the site. If a client is unsatisfied with the manner in which a Supervisor has handled a problem, the client can discuss the complaint/grievance with the Regional Manager for your service area. Opportunity Services will provide an initial response within 14 calendar days. If the Regional Manager is unable to resolve the grievance, the following procedure must be followed:

A grievance shall be put in writing on the complaint/grievance form if the Regional Manager has been unable to resolve the grievance to the client's satisfaction. The grievance form shall be turned into the President. The President shall attempt to resolve the grievance within 30 days of receipt of the client's grievance, and make a decision and report in writing to the client.

If a client is not satisfied with the President's decision on their grievance, they may submit a grievance appeal report form to the Chairman of the Board of Directors within 5 days of the President's determination. The Chairman of the Board may:

1. Accept the President's determination and reject the appeal.
2. Refer the grievance appeal to a panel of three Board members.
3. Refer the grievance appeal to the entire Board of Directors.

The determination of the Chairman is final.

COMPLAINT/GRIEVANCE

Customer: _____ Date Received: _____
Customer Relationship: _____
Person Listening: _____
I don't like: _____

I would like: _____

Complaint Review:

1. Evaluation of whether related policies and procedures were followed and adequate:
2. Evaluation of whether there is a need for additional staff training:
3. Evaluation of whether complaint is similar to past complaints with the persons, staff or services involved.
4. Evaluation if there is a need for corrective action by Opportunity Services to protect the health and safety of persons receiving services

Service Team's Resolution (What would it take to meet this customer's request?):

1. Results of the complaint review
2. Identify the complaint resolution, including any corrective action needed
3. Summary

Action Plan (designed to correct current lapses and prevent future lapses in performance by staff or Opportunity Services):

Response Back to Customer by: _____ Date: _____
Sign Off: _____
Service Team: _____
President: _____

*Initial response within 14 calendar days

**All complaints must be resolved within 30 calendar days

***A complaint summary and resolution notice will be maintained in recipient's record

ADVOCACY/PROTECTIVE SERVICES

Other services which may help you with a grievance if your first attempts **are not successful**:

Client Assistance Project

This is a statewide legal aid project.

MN Disability Law Center

430 1st Ave. N. Ste. 300

Minneapolis, MN 55401

1-612 332-1441 (Twin Cities)

1-612 332-4668 (TTY)

1-800-292-4150 (Statewide)

E-mail: mndlc@midmnlegal.org

Intake staff will ask you several questions about your situation, such as name, address, phone number and information about your disability.

You will be asked to describe the legal problem for which you are seeking help. Based on the type of legal problem you are experiencing, intake staff may ask more questions.

Legal Advocacy for Persons with Developmental Disabilities

This agency may be able to help you with services you receive or need and provide information on your rights.

See information for MN Disability Law Center

1-800-292-4150

Mental Health Association of Minnesota

This agency provides voluntary advocates for persons with mental illness or emotional disorders.

475 Cleveland Ave. N, Ste. 222

St. Paul, MN 55104

1-651-493-6634

1-800-862-1799

www.mentalhealthmn.org

Ombudsman Office

121 7th Place E Suite 420

Metro Square Bldg.

St. Paul, MN 55101

1-800-657-3506

1-651-296-7995

E-mail: ombudsman.mhdd@state.mn.us

www.ombudmhdd.state.mn.us/default.htm

The Arc of Minnesota

Locate your local chapter of Arc on the below web site. Arc provides advocacy services to persons with disabilities.

800 Transfer Road, Ste. 7A

St. Paul, MN 55114

1-800-582-5256

E-mail: mail@arcmn.org

www.thearcofminnesota.org

Common Entry Point for Vulnerable Adult Reporting

The numbers for the Common Entry Point for Vulnerable Adult Reporting for each county Opportunity Services provides services in is listed within the Adult Abuse Prevention Policy.

OPPORTUNITY SERVICES STAFF**Nancy Gurney, President**

401 N 3rd St, Ste 570

Minneapolis, MN 55401

Metro: 1-612-333-2516

www.oppserv.org

Craig Zack, Vice President

1-320-980-6500

Jacob Schuller, Vice President

1-651-755-0879

Dustin Thompson, Director of Services

1-612-418-6517

Bridget McMahon, Manager of Compliance

1-612-710-9153

Ann Korecky, Regional Manager; Olmsted/Dodge Counties

1-651-755-0375

Amanda Boots, Regional Manager; Metro Area(Savage, Red Wing, Woodbury)

1-651-755-0367

Dan McAlister, Regional Manager; Metro Area(Coon Rapids, Blaine, St. Cloud)

1-612-791-1304

SERVICE RELATED RIGHTS

1. I have the right to participate in the development and evaluation of the services provided to me.
2. I have the right to have services and supports identified in the coordinated service and support plan and the coordinated services and support plan addendum provided in a manner that respects and take into consideration my preferences according to the requirements in sections 245D.07 and 245D.071
3. I have the right to refuse or terminate services and be informed of the consequences of refusing or terminating services.
4. I have the right to know, in advance, limits to the service available from the license holder, including the license holder's knowledge, skill, and ability to meet my service and support needs.
5. I have the right to know the conditions and terms governing the provisions of services, including the license holder's admission criteria, policies and procedures related to initiation and termination.
6. I have the right to a coordinated transfer to ensure continuity of care when there will be a change in provider.
7. I have the right to know what the charges are for services, regardless of who will be paying for the services, and to be notified upon request of the changes in those charges.
8. I have the right to know, in advance, whether services are covered by insurance, government funding, or other sources, and to be told of any charges the client or other private party may have to pay.
9. I have the right to receive services from an individual who is competent and trained, who meet additional qualifications identified in my coordinated service and support plan or coordinated service and support plan.

PROTECTION RELATED RIGHTS

1. I have the right to have personal, financial, services and medical information kept private, and be advised of disclosure of this information by the license holder.
2. I have the right to access my records and recorded information about myself in accordance with applicable state and federal law, regulation, or rule.
3. I have the right to be free from maltreatment.
4. I have the right to be free from restraint, time out, or seclusion except for emergency use of manual restraint to protect myself from imminent danger to self or others according to the requirements in section 245D.06.
5. I have the right to receive services in a clean and safe environment when the license holder is the owner, lessor, or tenant of the service site.
6. I have the right to be treated with courtesy and and receive respectful treatment of my property.
7. I have the right to reasonable observance of my cultural and ethnic practice and religion.
8. I have the right to be free from bias and harassment regarding race, gender, age, disability, spirituality and sexual orientation.

9. I have the right to be informed of and use the license holder's grievance policy and procedures including knowing how to contact persons' responsible for addressing problems and to appeal under section 256.045.
10. I have the right to know the name, telephone number and the Web site, e-mail and street address of protection and advocacy services, including the appropriate state-appointed ombudsman, and a brief description of how to file a complaint with these offices.
11. I have the right to assert these rights personally, or have them asserted by my family, authorized representative or legal representative, without retaliation.
12. I have the right give or withhold written informed consent to participate in any research or experimental treatment.
13. I have the right to associate with other persons of my choice.
14. I have the right to personal privacy.
15. I have the right to engage in chosen activities.
16. Any restriction of any rights under subdivision 2, clause (10), or paragraph (a), clauses (13) to (15), or paragraph (b) is allowed only if determined necessary to ensure the health, safety, and well being of the person. Any restriction of those rights must be documented in the person's coordinated service and support plan or coordinated service and support plan addendum. The restriction must be implemented in the least restrictive alternative manner necessary to protect the person and provide support to reduce or eliminate the need for the restriction in the most integrated setting and inclusive manner. The documentation must include the following information:
 - a. The justification for the restriction based on an assessment of the person's vulnerability related to exercising the right without restriction.
 - b. The objective measures set as conditions for ending the restriction.
 - c. A schedule for reviewing the need for the restriction based on the conditions for ending the restriction to occur semiannually from the date of initial approval, at a minimum, or more frequently if requested by the person, the person's legal representative, if any, and the case manager.
 - d. Signed and dated approval for the restriction from the person, or the person's legal representative, if any. A restriction may be implemented only when the required approval has been obtained. Approval may be withdrawn at any time. If approval is withdrawn, the right must be immediately and fully restored.

I have received the Opportunity Services Client Handbook. The contents and the information pertaining to my client rights have been explained to my satisfaction.

Name: _____ Date: _____

Legal Representative: _____ Date: _____