



**Client & Family
Orientation Handbook**

Welcome to Abilities First, LLC

Dear Families,

This handbook is designed to provide you with information about what to expect while receiving services through Abilities First, LLC. Among other things, this handbook outlines various aspects of your rights and responsibilities, as well as describes our services, policies, and expectations. You are encouraged to also consult with your Support Coordinator regarding any questions you may have. Since we strive to remain up to date with current practices and standards, we will provide you with an updated handbook at the time of your annual treatment plan review. This will also provide an opportunity for you to review its contents, ask questions of your providers, and offer input to this process.

Agency Vision, Values, & Mission Statement

Vision Statement:

Abilities First, LLC will be recognized as a premier provider of quality services.

Values Statement:

Our services will:

- Protect the dignity and privacy of the persons served;
- Respond to community diversity through culturally sensitive and consumer focused care; and
- Target outcomes that satisfy the consumer and demonstrate program effectiveness.

Our staff will:

- Be friendly, courteous and efficient;
- Observe the highest ethical and practice standards;
- Respond with empathy and compassion to the needs of the individuals we serve.

Our management practices will:

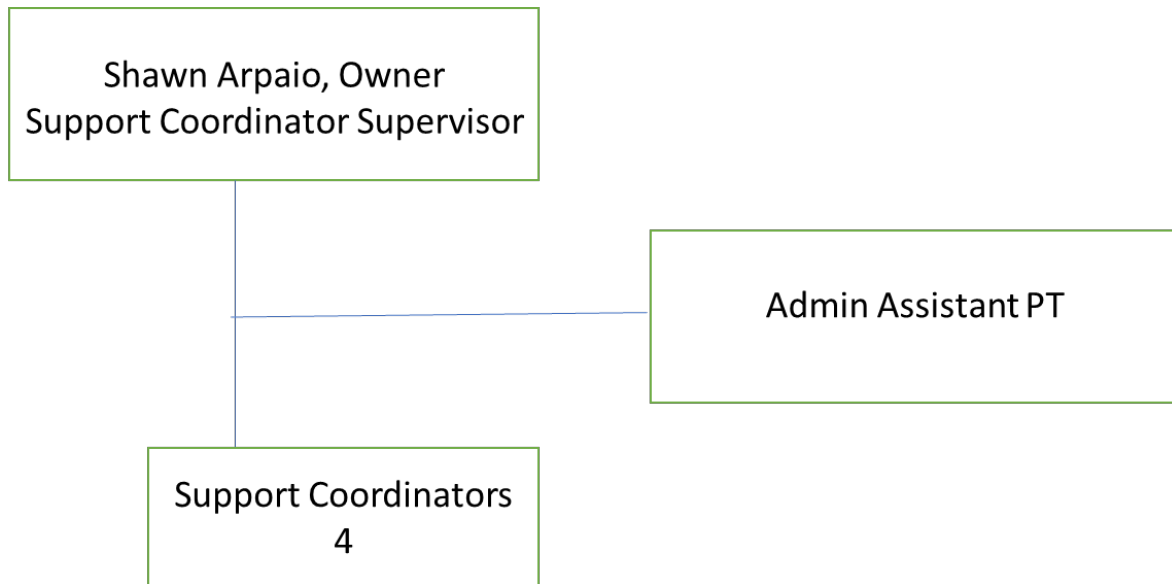
- Promote respect and dignity among staff;
- Encourage continuing professional development;
- Support staff participation in community activities important to the well-being of our agency; and
- Promote a broad-based partnership of coordinated community care.

Mission Statement:

- a. The Mission and Vision of Abilities First, LLC aligns with the Division of Developmental Disabilities: Abilities First, LLC is a group of caring professionals whose mission is to assist adults with developmental and intellectual disabilities achieve independence through a life that is meaningful to them.
- b. Our mission is to enhance independence and improve the quality of life for individuals with intellectual and developmental disabilities. We are committed to providing outstanding support coordination services to individuals residing in their own homes, their family's home, or with a residential provider. Abilities First, LLC will ensure that individuals served receive all eligible services available to them to maximize their potential for living an independent life. Our agency develops its goals for individuals by collaborating with them, parents, guardians and service providers in shared decision-making and problem-

solving that will result in a productive and inspiring environment. These goals will be accomplished through an alliance with individuals, their advocates, professionals, and Agency Administrators. By working together, we believe the individual will be able to achieve a life they desire, and our mission as an agency will be fulfilled.

Organizational Chart:



Agency/Program Hours & After-Hour Services

- a. Abilities First, LLC regular business hours are Monday through Friday, 8:00am-5:00pm.
- b. Abilities First, LLC observes the following holidays: All State of New Jersey Holidays.
- c. Abilities First, LLC Support Coordination Agency (SCA) ensures that Support Coordination services are available at all times. At a minimum, these services will be available via phone contact. The Support Coordinator (SC) is on call as well as the Support Coordinator Supervisor (SCS). The main number is always monitored.
- d. In circumstances where an individual contacts 24-hour services after business hours, emergent cases shall be directed to the on-call Support Coordinator, for follow-up. This is available by simply calling the main number. The Support Coordinator must contact the individual and direct him/her to appropriate resources and/or make phone calls, including but not limited to 911, emergency personnel, and other government entities as appropriate. A meeting to develop a contingency plan to address the issue must be held on the following morning/day.
- e. If the individual cannot meet with the SC during business hours, the SCA must schedule monthly/quarterly/annual contacts/visits, planning meetings, etc. outside of business hours to accommodate the individual's needs.
- f. Information regarding hours, holidays, and how to contact the On-call Support Coordinator are provided to individuals/families/guardians during the orientation

EMERGENCY CONTACT POLICY

Abilities First, LLC recognizes that emergencies in life do happen, and we have created a client and family Emergency Contact Procedure to notify your Support Coordinator of the following emergencies:

Medical and/or Psychiatric Emergencies: Call 911 and notify your Support Coordinator of the emergency. This is necessary, as an incident report most likely will need to be filled out with the state.

Immediate Housing Emergencies: Families should follow the Emergency Housing Plan created by the client and family. Families must be aware of the location of the local shelter in the event no alternative housing plan is in effect. You should call 911 and leave your home if you are experiencing a fire, smell gas, or are experiencing any other disaster to your property. Promptly notify your Support Coordinator via his or her

business phone of your housing crisis and your whereabouts.

Abuse, Neglect or Exploitation: Call 911 and contact your Support Coordinator via his or her business phone in order to follow the reporting policies.

If you feel you have been abused or exploited by the staff of Abilities First, LLC please call our Emergency Contact # at: 908-875-0078 and management will address the issue.

Arrest or Involvement with the Law: Should you experience a situation where you are arrested or experiencing another problem with the law, you may contact the hotline at Legal Services of New Jersey. You may reach someone at this organization by dialing 1-888-576-5529. You must also leave a message for your Support Coordinator via his or her business phone. This is to ensure that proper protocol is followed for reporting incidents with the state of NJ.

Emergencies During Normal Business Hours: Follow the procedures listed above and contact your Support Coordinator via their business phone. If they are unavailable, please leave a message and describe the nature of the emergency. Under some situations, there is little your Support Coordinator will be able to do, but they must be formally notified and follow reporting procedures. Your Support Coordinator will contact you as soon as they are available.

Emergencies After Normal Business Hours: If you have an emergency after normal business hours, follow the procedures listed above and contact your Support Coordinator via their business phone and leave a message. Under some situations, there is little your Support Coordinator can do, but they must be notified. In addition, if you feel you must speak with a person about your emergency situation, you may contact 908-875-0078.

Your Support Coordinator is responsible for notifying Abilities First, LLC Office/Owner of each event. This is necessary so that the company president can make sure that all incident reports are filed in a timely manner.

Admission

Abilities First, LLC accepts all individuals as assigned and is not authorized to discharge individuals from services. Abilities First, LLC cannot specialize in providing Support Coordination services to individuals with a particular type of disability or deny services because of the level of support an individual may or may not need. Only the Division may discharge individuals from services.

Abilities First, LLC holds a zero rejection policy as per DDD guidelines.

Within 24 hours, Abilities First, LLC will identify a Support Coordinator within the agency. Support Coordinator Assignment depends on the following:

- County in which the Individual resides
- Caseload limits
- At times, upon individual's request

Within 5 days, the assigned Support Coordinator will contact the individual to introduce him/herself and begin the planning process. The 5-day time period begins as soon as DDD assigns clients. Because the time commences with DDD, the Support Coordinator Supervisor or designee will check each day just before close of business.

Program Rules, Responsibilities & Expectations

Abilities First, LLC takes numerous steps to maintain your rights as a client, and in turn, it is expected that you will also assume some responsibilities to aid in positive outcomes and help create and maintain a safe environment for you, your family and all workforce, clients and other stakeholders at Abilities First, LLC, or in the community during the provision of services by Abilities First, LLC workforce.

🍏 Be respectful and safe – Be respectful of all agency property, workforce and clients at all times.

Help create safe surroundings by helping control noise and disturbances and

following no-weapons and tobacco free policies.

- 🍏 Accurate and updated information – You and your family are responsible for providing, to the best of your or their knowledge, accurate and complete information, initially about your history of treatment, care, or services; and on-going, reporting unexpected changes in your condition or circumstances. Accurate and current information will allow your service providers to provide you with optimal guidance in meeting your goals.
- 🍏 Regular attendance – You and your family can be best served and experience the greatest outcomes by attending and being an active participant and partner in your scheduled appointments.
- 🍏 Cancelling/Re-scheduling - However, we want you and your family to practice good self-care and wellness. We care about your well-being. If you are ill or have another emergency or urgent matter that needs to be tended to during the time of a scheduled appointment please call, cancel and re-schedule.
- 🍏 Prescribed medications – Please take all prescribed medications as directed by your doctor; or talk with your prescriber before stopping or changing medicines or medication times. Report any unexpected changes in your condition or health status.
- 🍏 Please no gifts! Thank you for your thoughtfulness! However, no workforce member is permitted to accept personal gifts or favors from clients, or to request personal favors from a client. Donations made to the agency are acceptable.
- 🍏 Follow the law - All clients are expected to follow all federal, state and county laws.

Your Rights & Responsibilities as a Client

It is the policy of Abilities First, LLC to advocate for and protect the rights of individuals with developmental disabilities.

Ensuring your rights are upheld is of great importance- for this reason, the client/family will:

1. Understand the Participant Statement of Rights and Responsibilities, which is signed annually and uploaded to the client file/ I Record.
2. Restrictions of an individual's rights shall be documented in the client record.
3. All Abilities First staff will advocate for and protect the rights of individuals with developmental disabilities. Staff and contract service providers shall utilize the

structured form of the HRC as an assist in protecting the rights of individuals with developmental disabilities.

4. Shawn Arpaio will act as advocate for and protect the rights of individuals with disabilities. To this end, Abilities First LLC will:
 - ✓ Clearly notify clients of their rights during the orientation period and annually thereafter
 - ✓ Provide training to all staff at orientation and annually to review Client Rights and protections
 - ✓ Complete a Monthly monitoring tool- that ascertains those rights have been respected
 - ✓ Provide a link to the Human Rights Committee on the agency website
 - ✓ Assist clients and their families with accessing the HRC, as appropriate
 - ✓ Documenting and analyzing issues on the Abilities First, LLC Corporate Compliance Assessment

Abilities First, LLC Client Rights

The Right of Confidentiality

The right of confidentiality of all records and communications, as provided by Federal law with a few exceptions:

- a. Suspected abuse.
- b. Potential harm to others
- c. If Abilities First, LLC receives a court order.
- d. If you enter into litigation against Abilities First, LLC

The Right to Services

- a. The right to have all reasonable requests responded to promptly and adequately.
- b. The right to ask for and obtain a copy of all rules and policies which apply to clients.
- c. The right and responsibility to choose a Support Coordinator
- d. The right to ask questions
- e. The right to adequate care or to be referred to another provider.
- f. The right to request the name and specialty of any person responsible for care or coordination of care.
- g. The right to revoke your authorization, in writing, to release or discuss your medical record except when action has already been taken.

The Right of Informed Consent

- a. The right of confidentiality of all records and communications, as provided by Federal law
- b. The right and responsibility to participate in developing a Service Plan with your Support Coordinator

- c. The right to receive and read a copy of your record, as long as doing so causes no harm.

The Right of Protection from Mistreatment

- a. The right to be treated in a manner which is ethical and free from abuse, discrimination and/or exploitation.
- b. The right to be treated with respect, no matter your culture, gender, sexual orientation, sexual preference, ability and religion.
- c. The right to have freedom from abuse, financial exploitation, retaliation, humiliation or neglect.

- **The Right to Voice a Complaint to Abilities First, LLC**
- **The Right to File a Complaint with Abilities First, LLC**
- **The Right to File a Complaint with the HRC**

NO ACTION WILL BE TAKEN AGAINST YOU FOR FILING A COMPLAINT or Grievance

- a. Complaints typically involve minor issues that will not require a written response to the client.
- b. It is the responsibility of each staff member to respond promptly to any concern voiced by clients and their families – even if the complaint appears trivial to the listener.
- c. The staff member receiving the complaint should notify the agency owner, Shawn Arpaio when the issue cannot be immediately resolved. Staff should always try to resolve client complaints or concerns immediately and informally whenever possible; however, if clients feel their complaints have not been resolved or if they have a more in-depth concern, they may file a formal grievance.
- d. If the Complaint cannot be resolved within 24 hours by the staff member, the client may file a grievance (see procedure 1.10)
- e. If the Grievance process detailed below does not result in resolution, the client may contact the HRC. Shawn Arpaio, Owner of Abilities First, LLC will assist the clients as appropriate and requested.

Grievance Process

- a. Consumers are informed of their rights, including the right to file a grievance, during the orientation period.
- b. Consumers will receive documentation at intake and via email if appropriate, of where to electronically access the orientation manual during the orientation process. Consumer rights, including the grievance procedure is included in that manual. This manual can be found at www.abilitiesfirstnj.com
- c. Consumers who feel their rights have been violated are encouraged to utilize the formal grievance procedure. Staff will facilitate this process, by supporting a Consumer in learning to advocate on behalf of themselves constructively and appropriately.
- d. Abilities First, LLC maintains a no-reprisal system for reporting abuse, an incident, or filing a grievance. Grievance forms are readily available upon request and online as noted.

Grievance Procedures

Consumers may report violations of ethical codes or Consumer rights in the grievance procedure. Any Consumer who believes their rights have been violated is encouraged to file a Grievance: forms are available via email request or online.

Grievance

Part 1: The first step in the grievance procedure is personal contact. It is the Consumer's responsibility to contact the person involved and talk about the matter of concern. If this does not resolve the issue or the grievance is related to the Consumer's Support Coordinator, they may proceed to Part 2.

Part 2: If this conference does not resolve the problem, the Consumer will complete the Grievance Form and submit to Shawn Arpaio. Within **3 days** of submission of the grievance, Shawn Arpaio will meet with the Consumer/griever either in person or via Zoom virtual meeting or phone call, which ever is appropriate at the time.

Part 3: Upon conclusion of the meeting, Abilities First Owner and Founder, Shawn Arpaio will complete the final resolution section of the grievance form. Consumers will sign the form, indicating if they agree or disagree with the final resolution provided.

Consumers who disagree with the resolution may file a complaint with the Human Rights committee (HRC).

Grievances are filed and maintained for a period of 7 years. Grievance Procedures and forms are included in the orientation process of Consumers and in the handbook. In addition, grievance forms shall be readily available by email request.

GRIEVANCE FORM

We are eager to hear what you have to say. Please complete this form and send to: shawn@abilitiesfirstnj.com

Part 1: The Consumer should write their complaint in their own words.	
Consumer Complaint: (attach sheets as necessary)	
Support Coordinator Response:	
Agreement: Yes No (does the Consumer agree with the Support Coordinator?)	
Resolution: Yes No (circle one). If no, continue to Part 2	
Signature of Consumer _____	Date: _____
Signature of Support Coordinator _____	Date: _____
Part 2: If the complaint was not resolved, this section of the Grievance is completed. The Owner will contact the Consumer within 3 days of receiving the Grievance to discuss and come to agreement.	
Support Coordinator Supervisor/Managing Partner Response: (attach sheets as necessary)	
Consumer Response:	
Agreement: Yes No (does the Consumer agree with the Owner)	
Resolution: Yes No (circle one). If no, the Consumer has the right to file a complaint with the HRC.	
Signature of Consumer _____	Support Coordinator _____
Supervisor _____	
Date _____	Date _____

Client Responsibilities

NEW JERSEY DEPARTMENT OF HUMAN SERVICES

Division of Developmental Disabilities

PARTICIPANT STATEMENT OF RIGHTS AND RESPONSIBILITIES

The rights and responsibilities of an individual with an intellectual or developmental disability receiving supports and services through the New Jersey Division of Developmental Disabilities (Division) include, but are not limited to, the following:

RIGHTS

- ✓ I have the right to exercise my rights as a citizen.
- ✓ I have the right to be treated with dignity and respect.
- ✓ I have the right to be believed to have the ability to make my own decisions.
- ✓ I have the right to live as I choose, free from judgment or interference.
- ✓ I have the right to protection from physical, verbal, psychological, or sexual abuse or punishment.
- I have the right to equal employment opportunities and fair payment for my work.
- ✓ I have the right to own, rent, or lease property.
- ✓ I have the right to live and receive services/supports in the least restrictive environment.
- ✓ I have the right to express human sexuality and receive appropriate training/education.
- ✓ I have the right to marry and have children.
- ✓ I have the right to presumption of legal competency in guardianship proceedings.
- ✓ I have the right to be free from unnecessary and excessive medication.
- ✓ I have the right to privacy during treatment and care of my personal needs.
- ✓ I have the right to confidentiality/privacy of my information and medical records.
- I have the right to be free from personal and financial misuse/abuse.

- ✓ I have the right to utilize my New Jersey Individualized Service Plan (NJISP) and budget to meet my needs within Waiver program guidelines.
- ✓ I have the right to decide how to choose my services or to have someone I choose help me with decisions within the guidelines of the Waiver program.
- ✓ I have the right to identify and invite who I want to participate in my service plan meetings.

I have the right to a fair hearing if, for any reason my waiver services are denied, reduced, suspended or terminated. An initial appeal shall be made in writing to:

Division of Medical Assistance and Health Services (DMAHS)
Fair Hearing Unit
PO Box 712
Trenton, NJ 08625

RESPONSIBILITIES

- I am responsible for maintaining/keeping Medicaid coverage to continue services on my Waiver program.
- I am responsible for making sure that I can meet with my support coordinator and provide all information necessary to ensure that my NJISP can be created within 30 days of my support coordination agency selection.
- I am responsible for participating in the development of my NJISP and sharing in any decision making associated with the plan.
- I am responsible for what is included in my NJISP and for following my budget according to Waiver guidelines.
- I am responsible for all required paperwork and following all Waiver program policies and procedures.
- I am responsible to contact my Support Coordinator in the event that I want to change any of the service providers listed in my NJISP.
- I am responsible to contact my Support Coordinator if anything changes in my life that may require a change to my NJISP or services that I receive.
- I am responsible for participating in monthly phone contacts and quarterly visits with my Support Coordinator. I understand these visits are mandatory and may occur in my home, day program or place of employment as agreed upon with my Support Coordinator. I understand that at least one of these quarterly visits per

year must take place inside my home.

- I have read and /or understand these rights and responsibilities.

Incidents

Abilities First, LLC will take immediate steps to protect the individual; to ensure prompt medical attention, when needed; and to work to prevent future occurrences. In order to accomplish this, such occurrences must be reported as unusual incidents and be appropriately followed up. It is the policy of Abilities First, LLC to effectively report incidents in the required time frames and cooperate in investigations and follow-up to incidents.

The first duty of all persons involved is to ensure the health and safety of the individual served. Support Coordinators will report all unusual incidents to the Support Coordinator Supervisor immediately. The SCS will coordinate all aspects of incident reporting to DDD and all affected parties. This could include guardians and other stakeholders.

When an unusual incident occurs, the primary responsibility is to provide protection to the individual. If emergency medical care is needed, or if the person is in a life-threatening emergency, call 911.

Support Coordinators and service providers are mandated to notify the Division immediately of all known or alleged reports of abuse, neglect, and exploitation.

Definitions of abuse, neglect, and exploitation are as follows:

- Abuse – physical, sexual, or verbal acts against a person served that cause pain, physical or emotional harm, mental distress, injury, anguish, and/or suffering.
- Neglect – the failure of a caregiver to provide the needed services and supports to ensure the health, safety, and welfare of the service recipient.
- Exploitation – any willful, unjust, or improper use of a service recipient or his/her property/funds, for the benefit or advantage of another, condoning and/or encouraging the exploitation of a service recipient by another person.

If an individual or family member does not want to report an incident to a Support Coordinator, they may utilize the Abuse and Neglect Hotline at 1-800-832-9173. The Hotline is staffed with Office of Risk Management personnel familiar with incident reporting.

Your Input is Important to Us

We listen to your ideas and value your input. We want you to let us know about your experience and satisfaction, or any concerns about your services and treatment.

You can provide input in a variety of ways. Please share directly with your Support Coordinator. Additionally, Abilities First, LLC provides satisfaction surveys that ask about your experience and whether your needs are being met. The surveys are completed on a voluntary and anonymous basis without any negative consequences. Filling out these surveys is very important. The results help us to measure the quality of our services and we are always looking for ways to improve. Please complete and return the survey when you receive one.

Confidentiality

According to New Jersey State Laws, the HIPAA Privacy Rule (see below), and professional ethics, all protected health information (PHI) obtained during the evaluation and provision of services to a client must be held in the most strict of confidence. A client must provide written consent for the disclosure of any specific piece of information from the client's chart to another entity.

However, the Support Coordinator has a duty:

1. To warn and protect anyone whom she or he believes is in eminent danger from the client;
2. To take appropriate action to protect the client from harming him/herself;
3. To take appropriate action to prevent a serious criminal act planned by the client;
4. To inform proper authorities of suspected child abuse.

Minimum Necessary: When communicating with those who are authorized, such as Medicaid or DDD, Abilities First, LLC will give only the information that is minimally necessary for the given situation. Although more information may be authorized to be released to certain parties, only release the information that is needed to fulfill the request.

- a. In order to meet this requirement, the Department of Human Services, Division of Developmental Disabilities states:
- give information only to staff who directly need the information for the care of an individual.
 - When there are routine or recurring requests, make sure the protected health information that is disclosed is only what is needed to satisfy the request.
 - Any non-routine requests should be sent to the Office for review.
- b. Minimum necessary **does not apply** to the following:
- Use or disclosures to a health care provider for treatment.
 - Use or disclosures made to the individual, unless in the exercise of professional judgment, the information requested could endanger the life or safety of the individual or another person.
 - Use or disclosure that is authorized by the current and valid Authorization for Disclosure of Health Information form.
 - Use or disclosure that is required for compliance to HIPAA
 - Disclosures to the Department of Health and Human Services when disclosure is required under the rule for enforcement purposes
 - Uses or disclosures required by other state and federal laws.

Your file will be kept for a minimum of seven (7) years and can be reviewed by you upon request. After seven years of inactivity, your records may be destroyed according to established regulations

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information. When sharing your PHI with a third party “business associate” we will have a written contract that contains terms that protect the privacy of your PHI.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html

Abilities First, LLC shall provide the assistance for clients we agree to serve who speak a language other than English as a primary means of communications, or who have a communication disorder, such as deafness or hearing impairment. Assistance shall include availability of an interpreter or appropriate communication devices, including telecommunication devices for the deaf (TDD) and shall be provided at no additional cost to persons served.

General Health & Safety Policies & Information

General Information:

- All persons are to be treated with respect and dignity by all, showing the appropriate concern for each other's rights, privacy, culture, religion, feelings and physical well-being.
- Foul, threatening or abusive language is not appropriate and will not be permitted.
- Potentially dangerous situations are to be immediately reported to the appropriate supervisory personnel. In an emergency, all persons served and workforce are to remain calm and follow the appropriate emergency procedures. All persons served and workforce are to demonstrate the appropriate care and concern for others, the agency, and other's property.
- Persons served and workforce are to use appropriate and socially acceptable problem-solving techniques in handling disputes. Fighting or arguing is strictly prohibited.

Coverage

- g. Abilities First, LLC regular business hours are Monday through Friday, 8:00am-5:00pm.
- h. Abilities First, LLC observes the following holidays: All State of New Jersey Holidays.
- i. Abilities First, LLC ensures that Support Coordination services are available at all times. At a minimum, these services will be available via phone contact. An answering service is acceptable as long as there is a Support Coordinator available on-call. The Support Coordinator is on call as well as the Support

Coordinator Supervisor. The main number is always monitored.

- j. In circumstances where an individual contacts 24-hour services after business hours, emergent cases shall be directed to the on-call Support Coordinator, for follow-up. This is available by simply calling the main number. The Support Coordinator must contact the individual and direct him/her to appropriate resources and/or make phone calls, including but not limited to 911, emergency personnel, and other government entities as appropriate. A meeting to develop a contingency plan to address the issue must be held on the following morning/day.
- k. If the individual cannot meet with the SC during business hours, the SCA must schedule monthly/quarterly/annual contacts/visits, planning meetings, etc. outside of business hours to accommodate the individual's needs.
- l. Information regarding hours, holidays, and how to contact the On-call Support Coordinator are provided to individuals/families/guardians during the orientation