

***North Star Community Services
Persons Served, Family Members,
and Legal Representatives
Handbook***

Office Locations:

**3420 University Avenue
Waterloo, Iowa 50701
(319) 236-0901**

**219 20th Street NW
Waverly, Iowa 50677
(319) 352-1425**

**1108 Tiffany Place
Waterloo, Iowa 50701
(319)234-1391**

**3623 Canterbury Ct.
Waterloo, Iowa 50702
(319)236-3581**

**105 W. 5th St.
Vinton, Iowa 52349
(319) 472-4246**

**951 N. Linn, Ste. 1
New Hampton, Iowa 50659
(641) 394-4535**

**202 1st St. SE, #204
Mason City, Iowa 50401
(641) 494-2540**

Website: www.northstarcs.org

Our Mission

North Star Community Services empowers each person to realize potential, pursue dreams, and enjoy life.

Our Vision

Our goal is to help you achieve yours.

Our Philosophy

All people have the right to be treated with dignity, make choices in life, and participate in society.

Welcome Letter

Welcome to North Star Community Services! We are glad you have selected North Star as a service provider. We will work closely together to ensure you receive the services you are seeking. Your input is important to us, and this will help us in providing you the best services possible.

This handbook has been prepared to tell you about practices at North Star. You are encouraged to read through or ask your staff member to read through this with you. It may answer many questions you have; and if it doesn't, talk to your supervisor so your questions are answered.

Thank you again for allowing us to be a part of your lives.



Valerie L Schwager, Executive Director

Statement of Non-Discrimination

We believe that all persons who receive our services have the right to receive support without regard to sex, race, creed, religion, sexual orientation, pregnancy, age, color,

national origin, gender identity, physical or mental disability, veteran status, marital status, political affiliation or other characteristics protected by law. North Star Community Services will not tolerate discriminatory behavior.

If you feel you have been discriminated against, please notify the Executive Director or designee, who will immediately investigate the allegation. You will be offered the opportunity to file a complaint with the appropriate external agency.

If it is determined that you, or your legal guardian/family member engage in discriminatory behavior, your team will be asked to meet to address the concern, and to determine a plan of action. If you would continue to engage in discriminatory behavior, you may be subject to discharge from North Star services.

Accessibility

North Star Community Services complies with the Americans with Disabilities Act. If you experience difficulties accessing any buildings or services provided by North Star Community Services, please contact the chairperson of the Accessibility Committee, 319-236-0901.

Assistive Technology

For the safety and dignity of both you and staff, North Star Community Services supports and encourages the use of assistive tech devices as deemed necessary. This may include the use of a hoist lift, gait belt, communication device, personal emergency response, etc.

North Star Community Services personnel will assist in identifying financial resources to purchase an assistive device, when requested.

Cultural Diversity

North Star Community Services recognizes each of us are unique, and this unique-ness is what makes us a stronger organization no matter our gender, race, age, culture, religion, language, or personal circumstances. We are committed to building upon the richness of the perspectives, experiences, knowledge, and skills that this diversity brings. Please make sure to share with us any individual traditions, beliefs, circumstances, and/or needs to ensure you are treated with dignity and respect.

North Star has a Cultural Diversity Plan that focuses on respect and valuing these differences. This can be viewed on the North Star Community Services website, www.northstarcs.org.

For North Star Community Services to truly integrate cultural diversity, you and your team play a role in recognizing the value of individual differences and appreciating these differences in an effort to achieve our Mission, Vision, and Values.

Confidentiality

North Star Community Services takes your privacy seriously. It is important for us to receive a lot of personal information to ensure we provide you with the best services possible and want you to know that we will treat this information with great care. Information is only shared to those who are working with you. Any information shared with someone outside of North Star Community Services must have your approval, or approval from your legal guardian. This is called a “release of information,” and is time limited. This means you, or your legal guardian, only give permission for us to share specific information for a specific period of time.

North Star Community Services does partner with local colleges for educational purposes. All students participating in such programs are educated on our confidentiality policy and are held to our practices.

Your personal information is kept in a secured manner.

North Star Community Services adheres to State laws, and the federal law called the Health Insurance Portability and Accountability Act (HIPAA). If you have a concern with how North Star has handled your personal information, please provide your concern in writing to the Executive Director.

Financial Arrangements

Financial arrangements must be made prior to the start of services being provided. It is also necessary for you to work with your team to ensure funding is secured to continue services.

In most cases, your services are paid for by a Managed Care Organization, a Region, or by the State of Iowa. In these cases, North Star Community Services will receive an authorization that tells us what services we are to provide, how many units of service, and for what time period. If the authorization expires, and we have not received a new authorization, North Star Community Services will continue to provide you services for up to 30 days after the expiration date. If an authorization has not been received within 30 days after the expiration date, services will be suspended. North Star will continue to work with your team to determine who will be able to fund ongoing services.

If you private pay, or pay for services yourself, as outlined on the service agreement, an invoice/bill will be mailed to you monthly. You will need to pay the bill in full within 30 days of receiving the bill. If you fail to pay the bill in full, you will be charged a monthly finance fee every month the bill carries a balance. If the bill has not been paid within 45 days of receiving the bill, services will be suspended immediately.

Guardianship vs. Conservatorship

You may have a guardian who assists you with making decisions or can make decisions on your behalf that are typically non-financial. This person(s) has to be court appointed.

North Star does ask to have documentation on file to support who has been appointed your guardian(s).

You may have a conservator who has been appointed by the courts to assist you with financial matters. Again, you are asked to provide documentation to support who has been appointed as your conservator.

If you'd like more information on the role(s) of a guardian and/or conservator, please let your supervisor know and they can provide you additional resources.

Person Centered Planning

Person centered planning is the process North Star uses to ensure an individualized plan is developed to meet your preferences, strengths, needs and desired outcomes. The process involves you and the people who are most important in your life, like your family, your case manager, your North Star Service Coordinator, your friends, your neighbors, etc. The purpose of this plan is to develop an understanding between you and North Star as to how you want staff to help you achieve your goals. This includes the type of services you want, and the actions you and staff will take to achieve your goals.

Your plan will be reviewed at least quarterly and updated at least once a year with you. There may be times when your plan needs to be reviewed more frequently due to a hospitalization, extended illness, or another change in your life. This plan will align with the case manager/care coordinator's plan.

Rights and Responsibilities

Your Rights

North Star Community Services recognizes its responsibility to advocate, protect, and promote the rights of persons with disabilities. All persons have the rights afforded to citizens of the United States, unless legally determined otherwise, including the right to be treated with dignity and respect.

Your rights will be reviewed with you when you begin receiving services, and annually thereafter. Individual rights include, but are not limited to:

1. The right to be treated with respect and dignity at all times.
2. The right to receive kind and considerate treatment at all times, and be free from corporal punishment, emotional and physical abuse, neglect, humiliation, and financial or other exploitation.
3. The right to work with your team to choose which services best meets your individual needs.

4. The right to consent or refuse to the composition of service delivery team members.
5. The right to direct the planning, and implementation, of your services.
6. The right to confidentiality of all personal information, as well as information contained in my records.
7. The right to decide which personal information is shared and with whom.
8. The right to access information regarding my care and services including my consumer record.
9. The right to consent or refuse to participate in any part of the program or services being offered. This includes the right to discontinue participation in services at any time.
10. The right to complain about the services provided and to receive a response in a timely fashion without retaliation.
11. The right to have privacy when:
 - a. You make phone calls, opening your mail, reading/sending text message
 - b. You are going to the bathroom, or during any personal cares being provided.
12. The right to receive non-discriminatory treatment and services.
13. The right to register to vote, and to vote within state law.
14. The right to request referrals to community agencies.
15. The right to receive information in a manner that is easy for you to understand; such as having an access to an interpreter, or receive material in Braille or large print materials.
16. To obtain referral to legal entities for appropriate representation when requested.
17. The right to have information about the risks or adverse conditions related to choices made.
18. The right to be free of restrictive measures, unless a restriction is developed and authorized in your plan.
19. The right to make informed choices about where you work, live, and spend free time.
20. The right to choose your own friends.

21. The right to manage your money.
22. The right to choose your own doctor.
23. The right to practice the religion of your choice.

The right to have PRIVACY when:

- You make phone calls, opening your mail, reading/sending text messages.

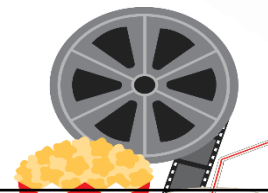


COMMUNITY

- The right to make informed choices about where you work, live and spend free time.



- The right to



CHOICE

- The right to work with your team to choose which services best meets your individual needs.



The right to have information about the risks or adverse conditions related to choices you make.



Revi

YES

NO



- The right to consent or refuse



RESPECT

- The right to be treated with respect & dignity at all times.
- The right to receive non-discriminatory treatment and services.
- The right to receive kind and considerate treatment at all times and be free from corporal punishment, emotional and physical abuse, neglect, humiliation, and financial or other exploitation.



RESPECT

Revision Date: January 2025

CONFIDENTIALITY

- The right to confidentiality of all personal information, as well as information contained in my records.
- The right to complain about the services provided and to receive a response in a timely fashion without retaliation.



- The right to decide which personal information is shared and with whom.
- The right to access information regarding my care and services including my consumer record.



ACCESS

- The right to register to vote, and the vote within state law.
- The right to choose your own friends.
- The right to manage your money.
- The right to choose your own doctor.

Revision Date: January 2025



Family/Caregiver Rights

Any family member or caregiver you request to have on your team also has rights. They are encouraged to contribute in the development of your person centered plan, including how a goal(s) may be accomplished. This may include, but is not limited to, when staff should be in the family home, and/or the types of activities that should be done in the family home.

Your Responsibilities

Just as you have rights, you also have responsibilities to help North Star Community Services provide you the highest quality of services. This includes, but is not limited to:

- actively participate in your program in order to benefit from services provided
- follow all agency rules
- treat others with respect
- respect others right to confidentiality
- responsible for personal living costs such as food, rent, utilities; you may also want to consider purchasing insurance to protect your possessions
- make staff aware of concerns or problems
- to be drug-free of illegal substances and/or alcohol during service provision.
(North Star Community Services does have the right to refuse services if you are under the influence of an illegal substance and/or alcohol.)

- contact your supervisor if unable to participate in services

Family/Caregiver Responsibilities

Any family member or caregiver you request to have on your team also have responsibilities. This includes, but is not limited to:

- understand the services you receive such as the intention of the service, and the regulatory guidelines North Star has to follow
- actively and respectfully participate in team meetings
- ask questions if something is unclear; and/or share concerns or problems
- support your goals, as written in the person- centered plan
- support you in leading in a meaningful, and least restrictive life
- allow your services to be provided in your home according to goals written in the person-centered plan

Rights Restrictions: It is the policy of North Star Community Services to advocate, protect, and promote your rights. Some rights can be restricted with your consent, or the consent of your guardian. Restrictions will only be used to protect your health or safety, and/or the health or safety of others.

Before a right would be restricted, the concern would be discussed with you and your team. Careful consideration would be given to ensure a rights restriction is the most appropriate response by discussing:

- What are the consequences, dangers, safety issues, etc., if the right is not restricted?
- Is the restriction absolutely necessary?
- What other methods to avoid the restriction have been considered?

If the decision is to proceed with a rights restriction, your individual plan will include:

- A description of the right to be restricted, and identify the health and/or safety risk.
- Previous support measures to assist you in maintaining your right.
- Why the restriction reduces an identified health and/or safety risk?
- Plan to restore your right as soon as possible, as identified by you and your team.

North Star will support you in learning a new skill, or a new behavior to remove the restriction as quickly as possible. At a minimum, a quarterly review of any rights restrictions will be conducted.

Behavior Success Plan

There may be times when it is difficult to express yourself safely, or in a manner that supports developing/maintaining relationships or functioning successfully in your home or community. North Star has adopted the philosophy and set of tools of Positive Behavior Supports (PBS). Hence, you may need additional help to learn how to best interact with others more successfully. This may be best accomplished by having a Behavior Success Plan that:

- Describes the interfering behavior. This may include what may cause the interfering behavior, when the behavior most likely occurs, etc.; as well as what helps you move towards a behavior that is no longer interfering.
- Describes strategies that have been tried but not successful.
- Includes reasonable intervention steps in response to the interfering behavior.
- Outlines the intervention steps that will lead to positive alternative behavior.
- Describes the manner to reinforce the positive behavior.
- Identifies the person(s) responsible for the implementation of the behavioral intervention plan.
- Documents the approval and quarterly re-evaluation of the progress and effectiveness of the plan.
- If a restriction is needed, specific reason(s) why the restriction is needed, and the possible consequences in the absence of the restriction will be listed. As well as, how, when, and under what circumstances the right(s) will be restored.
- If a type of restraint is needed, specific circumstances and instructions will be outlined. Restraints will be used for the briefest time necessary; and are not to be used for the convenience of agency personnel.
- Upon review and authorization from the program director, the plan may be implemented.

Grievance or appeal procedure: You, your legal representative, or a concerned other, may file a grievance or appeal when you believe a decision has been made that disregards your interests, and/or affects your quality of life. Any action or complaint will not result in retaliation or barriers to services.

You are encouraged to talk with your designated supervisor at any time when you are unhappy with a decision that has been made, or how a service is being provided. If there is ever a time, you feel your concern has not been properly addressed, you can file a formal grievance.

The following steps are outlined to guide you through the process and intended to address your grievance as quickly as possible:

Step 1: Prepare a written notification that outlines the decision or action that concerns you. Include as many details as possible such as date, person(s) involved, the decision or action that occurred, and any solutions you may have.

Step 2: If the issue or concern cannot be resolved with the staff person involved, send your letter to, or make an appointment with, the Department Director. The director will discuss the issue with the people involved and make a decision within five working days. The decision will be documented in writing, and a copy will be provided to you.

Step 3: If the issue or concern cannot be resolved by the Department Director (or if the Department Director is the staff person involved), send your letter, or make an appointment with, the Executive Director. Please include in this letter or as an attachment why the Department Director's decision is unsatisfactory. The Executive Director will

discuss the issue with the people involved and make a decision within ten working days. The decision will be documented in writing, and a copy will be provided to you.

Step 4: If the issue or concern cannot be resolved by the Executive Director (or if the Executive Director is the staff person involved), you may request to have your concern forwarded to the Finance and HR Committee of the Board within 10 days from the date you received the decision. Please include in your letter or as an attachment why the Executive Director's decision is unsatisfactory. The committee will review your concern and make a decision, in writing, within 10 days.

The decision by the Finance and HR Committee of the Board is the final decision with the agency's authority.

If the grievance isn't mutually resolved through North Star Community Services process, you can also contact:

- the Department of Inspections and Appeals office at 1-515-281-7102 if you receive Adult Day Care services, or
- the State of Iowa Office of Ombudsman at 1-888-426-6283.

Staff Qualifications and Training

All employees have had their criminal backgrounds and driving records evaluated prior to working.

Staff members who work directly with the persons served are provided orientation and training to provide individualized services to each person he/she works with. All employees are required to successfully complete:

- CPR
- First Aid
- Mandatory Abuse Reporting
- Confidentiality/HIPPA
- Consumer Rights
- Mandt
- Mental Health First Aid

Additional training may be required pending the service and location an employee is working, including but not limited to:

- Medication Manager
- Alzheimer and aging training
- Department of Human Services Brain Injury training

Mandatory Abuse Reporting

All employees are certified as Mandatory Abuse Reporters. This means if we suspect you have been abused or neglected in any way (emotional, physical, verbal, financial and/or sexual, or you fail to make safe decisions for yourself) we are required by law to

report such incidents to the Department of Human Services, or the Department of Inspections and Appeals. If you feel you have been abused, or hurt by another person, you can notify a staff member immediately. We will take immediate action.

The Department of Human Services can be contacted at 1-800-362-2178.

The Department of Inspections and Appeals (DIA) can be contacted at 1-877-686-0027. DIA is the agency to call if you need to file a complaint regarding your adult day care services.

Drugs and Weapons

For your safety, and the safety of others, North Star does not allow having weapons on North Star property.

To equally ensure the safety of our staff who support you in your home, we ask that you let your staff know if you own or keep any weapon in your home. Your team will discuss the use, care, and storage of weapons. It is important to ensure the presence of a weapon is deemed non-threatening.

If weapons, controlled substances that are not prescribed to you, or any other illegal substance or drug paraphernalia is found, staff have the responsibility to report this to your team, and/or law enforcement if deemed necessary. At any time your staff feel you or they may be in danger because of weapons or drug paraphernalia, they will immediately leave the site and call the police.

Consumer Council

North Star encourages you, and others, to advocate for themselves and for each other. The Consumer Council is comprised of persons served who have been elected to represent all who are served by North Star. The council discusses matter of mutual concern, and is responsible for receiving suggestions and input from persons served on agency policy and procedures, etc. Topics might include safety, program concerns, or consumer rights. An educational component is often a part of the agenda, which may include any type of agency change, safety audit, or survey results. The council will also make recommendations to North Star management as needed.

The council typically meets once a month, and supported by an employee of North Star.

The council is also responsible for planning and organizing fun things. This has included a St. Patrick's Day dance, annual cookout, and ice cream social.

Discharge

North Star Community Services wants to serve you as long as you wish, and as long as we are confident we are providing you the highest quality of services. There may be a time when you, or your legal representative may decide that it would be best to end services. Regardless, of the reason for discharging services, North Star will provide assistance to make this change as easy as possible.

- If you initiate the discharge
 - You can discontinue services at any time. Please contact your case manager, and your supervisor with as much notice as possible.
- If North Star initiates the discharge
 - North Star will typically only initiate to discontinue services for the following reasons:
 - Your behavior significantly disrupts or poses a threat to others
 - Your support needs exceed the knowledge and skill base of our staff
 - Funding is no longer available
 - You were discriminatory to staff, and/or towards other participants
 - You frequently cancel, or are absent from services.
 - North Star Community services will typically provide you written notice at least 30 days in advance, unless there is a safety risk to you and/or to others. This decision will be in coordination with your case manager, and team.

Services Offered by North Star Community Services

Adult Day Care Services

North Star Community Services provides adult day care services in two locations. Adult day care services are designed to provide services in a group environment, where supervision and assistance are provided in a day care setting. The adult day care service is certified by the Department of Inspection and Appeals.

Canterbury Center – open M-F, 8:30a – 3:00p

The Canterbury Center serves adults with disabilities, specializing in acquired traumatic brain injury, and others who would benefit from a smaller, quieter, and more relaxed setting.

Newel Post -- open M-F, 8:30a – 3:00p

The Newel Post program serves older adults with age-related disabilities. Services are individually tailored to support successful aging, compensate for age-related decline, and enable the person receiving services to function as independently as possible for as long as possible.

The services provided through North Star's adult day care programs include:

- Socialization and peer support
- Health monitoring
- Help you maintain or restore physical, emotional and psychological functioning
- Leisure and recreational development
- Increased independence
- Help with activities of daily living with dignity

North Star's adult day services will not knowingly admit or retain a participant who:

1. Is under the age of 18. Newel Post serves clients age 50 and above except in incidents of early onset dementia or other age-related disabilities.
2. Requires routine, three-person assistance with standing, transfer or evacuation.
3. Is dangerous to self or other participants or staff, including
 - a. Despite intervention chronically elopes,
 - b. Sexually or physically aggressive or abusive,
 - c. Displays unmanageable verbal abuse,
 - d. Is in acute stage of alcoholism, drug addiction, and uncontrolled mental illness.
4. On a routine basis has unmanageable incontinence.

Consumer Directed Attendant Care (CDAC)

Consumer Directed Attendant Care (CDAC) services is to provide assistance to you with self-care tasks that you would typically do by yourself if you were otherwise able. North Star Community Services is only approved to provide the “non-skilled services” such as assisting with dressing, hygiene, meal preparation, cooking, housekeeping, medication management, and similar related tasks.

Day Habilitation Services

North Star Community Services Day Habilitation Services assists and supports you in developing or maintaining life skills and community integration. Individuals have the choice of participating in a variety of activities, such as; volunteer work, exercise, community outings, crafts, music, and guest instructors and speakers from the community.

Three Day Hab program sites are offered:

- Waterloo – M-F, 9a – 2:30p
- Waverly – M-F, 8:30a – 2p
- Vinton – M, T, Th & F 9:30a – 3:00p

The services provided through the day habilitation program include the following;

- Identifying interests, preferences, skills, strengths and contributions
- Identifying the conditions and supports necessary for full community inclusion and the potential for competitive integrated employment
- Planning and coordination of you individualized daily and weekly day hab schedule
- Developing skills and competencies necessary to pursue competitive integrated employment
- Participating in community activities related to hobbies, leisure, personal health, and wellness
- Participating in adult learning opportunities
- Participating in community activities related to cultural, civic, and religious interests
- Participating in volunteer opportunities
- Training and education in self-advocacy and self-determination to support your ability to make informed choices about where to live, work and recreate
- Assistance with behavior management and self-regulation
- Use of transportation and other community resources
- Assistance with developing and maintaining natural relationships in the community
- Assistance with identifying and using natural supports
- Assistance with accessing financial literacy and benefits education
- Other activities deemed necessary to assist the member with full participation in the community, developing social roles and relationships, and increasing independence and the potential for employment

Respite

Respite services are to give temporary relief to your caregiver, while providing all the necessary care that the usual caregiver would provide during that time period. The purpose of respite care is to enable you to remain in your current living arrangement.

Supported Community Living

Supported Community Living (SCL) is designed to assist you in learning skills that will allow you to live, learn, work, and socialize in the community.

Assistance may include, but is not limited to:

- Personal and home skills
- Community skills
- Personal needs
- Transportation
- Health

Services can be provided a few hours a week, up to 24 hours a day pending your individual needs.

Holiday Schedule

The Day Habilitation, Adult Day Care, and Administrative offices are closed for the following holidays:

New Year's Day
Memorial Day
Independence Day
Labor Day
Thanksgiving Day
the day after Thanksgiving
Christmas Day

If a holiday falls on a Saturday, North Star Community Services will be closed the Friday before; and if the holiday falls on a Sunday, North Star will be closed on the following Monday.

Administrative Office Hours are 8:00am to 4:00pm, Monday through Friday.

SCL, CDAC, and Respite services are scheduled as determined by you, your legal representative, and your supervisor. Typically, your services are scheduled on the same days, and at the same time each week. There may be times when your schedule may need to be altered to ensure you are able to attend medical appointments, and on some occasions due to staffing availability and holidays.

Attendance

Please notify your supervisor as soon as possible if you are unable to participate in your scheduled services for the day. It is also helpful, if you would call your supervisor if you are going to be late, or will be needing to end services earlier than planned.

You will identify what days of the week you wish to participate prior to admissions, as well as during the intake process. Regular and punctual attendance is very important for you to receive the maximum benefit from the program(s) you are in. In addition, North Star Community Services schedules staff according to the number of persons scheduled to be present; as well as develops a budget based on anticipated attendance. If you are frequently unable to attend as requested, please let North Star personnel know so proper adjustments can be made.

Leave of Absence

If you identify that you will be unable to participate in services for a period of time, please notify your supervisor. Since North Star only receives payment for your services for days you are present, extended absences may impact the financial health of the organization. Therefore, if you need to be absence for more than 4 weeks, North Star may need to fill the opening. Hence, your name would be placed on the wait list for services. And if there is an opening at the time you are ready to return, you will be offered the opening immediately. In some cases, a team meeting may need to be held to ensure you have a current plan and authorization for services.

Medical Services

North Star Community Services has a Registered Nurse on staff licensed by the state of Iowa. The nurse provides a variety of health-related services for persons served.

In an effort to ensure we are aware of your medical needs and supports, a physical is requested prior to admissions and every two years thereafter.

In the event of a medical emergency, it is the policy of North Star Community Services to provide emergency services, including first aid and/or CPR. Immediate care will be given in the event of an injury and/or you experience a life-threatening emergency. Medical emergency will be called when the care you need exceeds the qualifications of North Star personnel.

Most of the North Star personnel are not licensed medical professionals, and as a result cannot comply with a Do Not Resuscitate order. If you have a Do Not Resuscitate order on file, North Star personnel will provide a copy to the emergency responders; however, until the emergency responders arrive North Star personnel will provide care based on the training they have received.

Safety

Safety is a priority at North Star Community Services. Safety drills and/or measures will be implemented across all programs. It may be staff will practice fire and/or tornado drills with you; or staff may ask you how you would respond if you were in an unsafe situation.

Fire escape routes and tornado safe areas are posted on bulletin boards at all North Star office and/or programming sites.

Pull alarms and/or pull switches in some restrooms are at the day program sites.

North Star also has a Safety Committee that conducts monthly inspections at all office locations, as well as monitors the safety conditions of all agency vehicles. All staff vehicles undergo an annual inspection by department personnel to rule out any observable safety concerns.

RULES for Day Programs

Activities

All activities are designed to reflect your preferences, abilities, desires, ethnic and cultural experiences, faith community, personal beliefs and values by providing a variety of opportunities and experiences that have meaning and purpose. There will be times when a new activity is offered; and may include activities that support self-advocacy, exercise, responsibility, current events, socialization, community participation, etc. You are given the opportunity to select the degree in which you want to participate.

A written schedule of activities and outings is developed. A copy will be available to you. There may be occasions when we seek written consent to participate in an upcoming activity.

Admission costs and/or designated expenses are covered by the program when participating in community outing/activity. Miscellaneous or additional expenses would be at the expense of the person served. Money will only be retained onsite for the day the outing/activity is scheduled; money will not be held to cover upcoming expenses.

Breaks

Snacks and pop may be brought in, stored, and dispensed by staff upon request. Items need to be labeled with your name. Staff will send a note home or contact family accordingly when supplies are getting low. You are able to utilize the pop and vending machines as deemed appropriate per person and their team; and as long as it does not disrupt programming.

Cell Phones/Phones

You are allowed to bring your cell phone to your elected day program. It is anticipated you will only use your cell phone for emergency purposes during programming time. If your cell phone use becomes disruptive to others or distracts you from the services being provided, or conversations are deemed inappropriate, you will be asked to put your phone away. If your cell phone use continues to have a negative impact on services being provided, you will be asked to keep your cell phone at home.

In addition, it is your responsibility to care for your cell phone. You assume all risk. If your cell phone becomes damaged or lost, North Star is not to be held liable.

Clothing/ Appearance Policy

You are expected to attend North Star Community Services in clean clothes and practice good personal hygiene habits. Clothing is to be appropriate to the agency setting. Shorts are to be walking length, hemmed, free of holes, and not spandex. Tank tops and muscle shirts are not appropriate. Clothing should not advertise alcohol, cigarettes, or have inappropriate pictures or language.

If you would like to provide a change of clothes, or additional winter weather apparel, such as boots, coats, scarves, etc. to your designated day program, you may want to consider labeling these items with your name or initials to help avoid loss. North Star personnel will assist in minimizing the loss of any personal items, however North Star is not responsible for personal items.

Inclement Weather

In the event weather conditions make it unsafe for you or staff to travel, North Star will make a decision to close or delay the start of day programs. If North Star is closed due to inclement weather it will be announced as early as possible on KWWL, and the North Star Community Services website, and Facebook page.

Illness/Injury

In order to ensure the maximum health and safety of all participants and staff at your selected day program, it is important to stay home when not feeling well. North Star Community Services has the following guidelines:

- If you are ill, or have displayed the following within the past 24 hours, please stay home, and contact your program supervisor for further evaluation:
 - Vomiting
 - Diarrhea
 - Fever (100.4 or higher)
 - Rashes that are draining
 - Other Flu or COVID – like symptoms
 - Any other known communicable virus
- If you become ill while attending the selected day program, the supervisor will contact your residential provider, or caregiver to pick you up. It is asked that you are picked up as soon as possible, while not to exceed 1 hour of being notified.
- Anytime your health appears to be in eminent danger, or there is a serious injury, an ambulance will be called; and immediately followed by a call to your parent/guardian/caregiver or residential provider will be contacted. Any medical bills are your responsibility.

Medications

If you have a medication that needs to be given during your selected day program, a current doctor's order that is signed by your doctor must be on file at North Star

Community Services before any medication can be given. Medications from the pharmacy must be in an original container and have a pharmacy label with the prescription number, the name of the medication, the dosage, frequency of dosage, and the physician's name. An over-the counter medication, prescribed by the doctor, must be in the original packaging and unopened.

It will be important to understand the medication administration practices within the service program you will be receiving, as the practices may vary.

- Participants in Adult Day Care services may administer their own medication with a doctor's order stating the participant is competent to do so.
- Participants in all Day Habilitation programs are prohibited from self-administering medications, prescription and non-prescription, for safety reasons.

Staff members are provided training to ensure safe administration medication administration.

Smoking

North Star Community Services buildings are smoke free buildings. There are designated smoking areas outside of each of the buildings. If you are a smoker, ask your supervisor where the designated smoking area is located, and when the designated times are.

Transportation

Transportation services may be available to assist you in arriving to and leaving from your day program. Your case manager/care coordinator can assist you with this.

If you are attending Newel Post, your supervisor may be able to assist you in setting up transportation services if you do not have a case manager/care coordinator.

RULES for Supporting Community Living (includes Respite, and CDAC services)

Choosing a Residence

The services provided by North Star Community Services only provide you with the support and training you need to live in your own home or apartment in the community. You are responsible for your own living expenses, such as; rent food, clothing, utilities, transportation, etc. You are encouraged to choose a residence that has separate rooms for preparing and eating food, sleeping, bathing, and living. Choose a home that is well maintained, safe and secure. You are encouraged to choose a home that allows you to be as independent as possible. You are also encouraged to purchase renters or homeowner's insurance to protect yourself and your property.

Representative Payee

North Star Community Services is willing and able to assist you in learning how to independently manage your own funds. This can be done by becoming your designated Representative Payee via the Social Security Administration. You will be encouraged to be involved to the greatest extent possible in the management of your finances.

In order to comply with Social Security regulations regarding recordkeeping, the following guidelines will be adhered to:

- ☞ All Social Security funds will be direct deposited into a checking account.
- ☞ The checking account will feature duplicate checks.
- ☞ All utility bills, rent, phone, etc will need to be mailed directly to North Star. Copies of all invoices will be filed, and the check number used will be recorded on the invoice.
- ☞ All receipts will be saved.
- ☞ Checkbooks, extra checks, and bank statements will be stored in a secure location, i.e. an agency office, a locked filing cabinet, etc.
- ☞ For training purposes, you may be a co-signer on the account.
- ☞ You have the responsibility to provide a copy of your paystubs to your coordinator timely. This will be shared with Social Security.
- ☞ Bank statements will be reconciled monthly.
- ☞ All records will be kept for a period of not less than five (5) years.

Spending money:

- ☞ All essential bills; such as rent, utilities, food, etc., will be paid before giving spending money. There may be occasions the payee will deny requests you make for purchases due to a lack of funds.
- ☞ A separate checking account may be used for other sources of income.
- ☞ A check should be written to the consumer and the memo line should identify the check for “spending money”.

Illness/Injury

In order to ensure the maximum health and safety of all, North Star Community Services has the following guidelines:

- If you are ill, or have displayed the following within the past 24 hours, please notify your supervisor or staff in advance:
 - Vomiting
 - Diarrhea
 - Fever
 - Rashes that are draining
 - Other Flu or COVID– like symptoms
 - Any other known communicable virus

This will allow your staff to come prepared to support you, and to gather increased safety items to protect their health, and the other of others they serve.

Anytime your health appears to be in eminent danger, or there is a serious injury, an ambulance will be called; and immediately followed by a call to your parent/guardian/concerned other. Any medical bills are your responsibility.

Inclement Weather

In the event weather conditions make it unsafe for you or staff to travel, North Star will make a decision to limit the type of travel outside of your home. Services will focus on your immediate needs to remain safe and healthy during the poor weather conditions.

On occasion, your staff may ask if services can be rescheduled for another day to promote safety.

Safety

It is very important you have smoke detectors, fire extinguishers, and a first aid kit in your home or apartment, and that you know what to do in an emergency. We will help you develop an individualized safety plan. North Star Community Services staff members will work with you at least once a month to help you know what to do in an emergency.

If you need a Personal Emergency Response System, it may be available to you through the Medicaid Waiver program.

Smoking

North Star Community Services respects your decision to smoke. You may be asked to adjust the frequency of your smoking times during services to minimize disruption to services.

If you are being transported in a North Star car, or a staff car, please do not smoke in the car. You will be asked to smoke prior to getting into the car, or after you exit the car.

When in the community with staff, you are asked to only smoke in designated smoking areas for the location you are visiting.

Transportation

Your staff will be able to provide transportation to and from community destinations such as the grocery store, bank, doctor's appointments, etc., as long as these service needs are in your individualized service plan. If transportation is not a part of your plan, staff cannot take you to places.

Your staff may also assist you in learning how to use public transportation so you do not have to rely on staff.

NOTICE OF PRIVACY PRACTICES
North Star Community Services, Inc.
3420 University Avenue
Waterloo, Iowa 50701

This notice describes how Protected Health Information about you may be used and disclosed and how you can get access to this information. Please review it carefully. This facility is required by law to provide you with this Notice so that you will understand how we may use or share your information from your Designated Record Set. The Designated Record Set includes financial and health information referred to in this Notice as “Protected Health Information” (PHI) or simply “health information.” We are required to adhere to the terms outlined in this Notice. If you have any questions about this Notice, please contact our Privacy Officer, Valerie Schwager, Executive Director at 319-236-0901.

Understanding Your Health Record and Information

Each time you are served by our organization, a record of our service is made containing health and financial information. Typically, this record contains information about your condition, the service we provide and payment for the treatment. We may use and/or disclose this information to:

- Plan your care and treatment
- Communicate with other health professionals involved in your care
- Document the care you receive
- Educate health professionals
- Provide information for medical research
- Provide information to public health officials
- Evaluate and improve the care we provide
- Obtain payment for the care we provide

Understanding what is in your record and how your health information is used helps you to:

- Ensure it is accurate
- Better understand who may access your health information
- Make more informed decisions when authorizing disclosure to others.

How We May Use and Disclose Protected Health Information About You

The following categories describe the ways that we use and disclose health information. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall into one of the categories.

A. Uses and Disclosures for Treatment, Payment and Administrative Operations

1. **For Treatment.** We may use or disclose health information about you to provide you with services. We may disclose health information about you to doctors, nurses, therapists or other organization personnel in order to coordinate and manage your 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 our staff or we may disclose your health information to your primary physician.*

We may consult with other health care providers and in the process of that consultation share your health information with them.

2. **For Payment.** We may use or disclose your protected health information (PHI) so that the services you receive are billed to, and payment is collected from, your funders or other interested parties. *For example, we may disclose your PHI to permit funders to approve or pay for your services. This may include: making a determination of eligibility for services, reviewing your services, reviewing your services to determine if they were appropriately authorized, reviewing your services for purposes of utilization review, to ensure the appropriateness of your services, or to justify the charges for your services.*
3. **For Administrative Operations.** We may use and disclose PHI about you for our day to day administrative operations. These uses and disclosures are necessary to run our organization and make sure that you receive quality services. *For example, these activities may include quality reviews, medication reviews, licensing, business planning and development, and general administration activities.* We may also combine health information about many individuals to help determine what additional services should be offered, what services should be discontinued, and whether certain new treatments are effective. Health information about you may be used by the administrative offices for business development and planning, cost management analyses, insurance claims management, risk management activities, and in developing and testing information systems programs. We may also use and disclose information for professional review, performance evaluation, and for training programs. Other aspects of health care operations that may require use and disclosure of your health information include accreditation, certification, licensing and credentialing activities, review and auditing, including compliance reviews, medical review, legal services and compliance programs. Your health information may be used and disclosed for the business management and general activities of the organization including resolution of internal grievances, customer service and due diligence in connection with a sale or transfer of the organization. In limited circumstances, we may disclose your health information that identifies you so that the health information may be used to study health care and health care delivery without learning the identities of the consumers. We may disclose your age, birth date and general information about you in the organization newsletter, on activities calendars, and to entities in the community that wish to acknowledge your birthday or commemorate your achievements on special occasions.

We may also provide your PHI to other service providers or to your funders to assist them in performing their own operations. We will do so only if you have or have had a relationship with the other provider or funder. For example, we may provide information about you to your funder to assist them in their quality assurance activities.

Other Allowable Uses of Your Health Information

- **Business Associates** – There are some services provided in our facilities through contracts with business associates. Examples include outside attorneys and accountants. When these services are contracted, we may disclose your health information so that they can perform the job we've asked them to do and bill you or your third-party payer for services rendered. To protect your health information, however, we require the business associate to appropriately safeguard your information.

- **Providers** – Many services provided to you, as part of your care at our facilities, are offered by participants in one of our organized healthcare arrangements. These participants include a variety of providers such as physicians (e.g. MD, DO, Podiatrist, Dentist, Optometrist), therapists (e.g. Physical therapist, Occupational therapist, Speech therapist), portable radiology units, clinical labs, hospice, caregivers, pharmacies, psychologists, LCSW's and suppliers (e.g. prosthetic, orthotics).
- **Treatment Alternatives** – We may use and disclose health information to tell you about possible treatment options or alternatives that may be of interest to you.
- **Health Related Benefits and Services and Reminders** – We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- **Fundraising Activities** – We may use health information about you to contact you in an effort to raise money as part of fundraising effort. We may disclose health information to a foundation related to the facility so that the foundation may contact you in raising money for the facility. We will only release contact information, such as your name, address and phone number and the dates you received treatment or services from our organization. You have the right to opt out of any use of protected health information for fundraising activities. If you do not want North Star Community Services, Inc. to contact you for fundraising you must notify the Privacy Officer, Valerie Schwager, Executive Director at 319-236-0901.
- **Facility Directory** – Unless you object, we may include information about you in the facility directory while you are receiving services at North Star Community Services. This information may include your name, location in the facility, and your general condition. The directory information may be disclosed to people who ask for you by name. If you do not want to be included in our directory, or you want to restrict the information we include in the directory, you must notify the Privacy Officer, Valerie Schwager, Executive Director at 319-236-0901.
- **Individuals Involved in Your Care or Payment for Your Care** – Unless you object, we may disclose health information about you to a friend or family member who is involved in your care. Such information will be directly relevant to that person's involvement in your care. We may also give information to someone who helps pay for your care. In addition, we may disclose health information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location. In the event of your death, we may disclose information, to those persons who were involved in your care prior to your death, PHI unless doing so is inconsistent with any preference, known to us, expressed by you prior to your death. If there is a family member or personal friend that you do not want to receive information about you, please notify the Privacy Officer, Valerie Schwager, Executive Director at 319-236-0901.
- **As Required By Law** – We will disclose health information about you when required to do so by federal, state or local law.
- **To Avert a Serious Threat to Health or Safety** – We may use and disclose health information about you to prevent a serious threat to your health and safety or the health and safety of the public or another person. We would do this only to help prevent the threat.
- **Organ and Tissue Donation** – If you are an organ donor, we may disclose health information to organizations that handle organ procurement to facilitate donation and

transplantation.

- **Proof of Immunization** – We may use or disclose immunization information to a school about you: (a) if you are a student or prospective student of the school; (b) the information is limited to proof of immunization; (c) the school is required by State of other law to have the proof of immunization prior to admitting you; and (d) we obtain and document the agreement to the disclosure from either: (1) you, your parent or guardian, or (2) from you if you are an adult or an emancipated minor.
- **Victims of Abuse, Neglect or Domestic Violence** – We may disclose PHI to a government authority authorized by law to receive reports of abuse, neglect or domestic violence, if we believe you are a victim of abuse, neglect or domestic violence. This will occur to the extent the disclosure is: (a) required by law; (b) agreed to by you; or (c) authorized by law and we believe the disclosure is necessary to prevent serious harm to you or to other potential victims, or, if you are incapacitated and certain other conditions are met, a law enforcement or other public official represents that immediate enforcement activity depends on the disclosure.
- **Military and Veterans** – If you are a member of the armed forces, we may disclose health information about you as required by military authorities. We may also disclose health information about foreign military personnel to the appropriate foreign military authority.
- **Research** – Under certain circumstances, we may use and disclose health information about you for research purposes. For example, a research project may involve comparing the health and recovery of all residents who received one medication to those who received another, for the same condition. All research projects however are subject to a special approval process. This process evaluates a proposed need for privacy of their health information. Before we use or disclose health information for research, the project will have been approved through this research approval process. We may, however, disclose health information about you to people preparing to conduct a research project so long as the health information they review does not leave a facility.
- **Workers Compensation** – We may disclose health information about you for worker’s compensation or similar programs. These programs provide benefits for work-related injuries or illness.
- **Reporting** – Federal and state laws may require or permit the organization to disclose certain health information related to the following:
 - **Public Health Risks** – We may disclose health information about you for public health purposes including:
 - < Prevention or control of disease, injury or disability
 - < Reporting births and deaths
 - < Reporting child abuse or neglect
 - < Reporting reactions to medications or problems with products
 - < Notifying people of recalls of products
 - < Notifying a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease
 - < Notifying the appropriate government authority if we believe an individual has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

Health Oversight Activities – We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities may include audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Judicial and Administrative Proceedings – If you are involved in a lawsuit or a dispute, we may disclose health information about you in response to a court or administrative order. We may also disclose health information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

- **Law Enforcement** – We may disclose health information when requested by a law enforcement official:
 - < In response to a court order, subpoena, warrant, summons or similar process;
 - < To identify or locate a suspect, fugitive, material witness, or missing person;
 - < About you, the victim of a crime if, under certain limited circumstances, we are unable to obtain your agreement;
 - < About a death we believe may be the result of criminal conduct;
 - < About criminal conduct at the Facility; and
 - < In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.
- **Coroners, Medical Examiners and Funeral Directors** – We may disclose medical information to a coroner or medical examiner. This may be necessary to identify a deceased person to determine the cause of death. We may also disclose medical information to funeral directors as necessary to carry out their duties.
- **National Security and Intelligence Activities** – We may disclose health information about you to authorized federal officials for intelligence, counterintelligence, or other national security activities authorized by law.
- **Correctional Institution** – Should you be an inmate of a correctional institution, we may disclose to the institution or its agents health information necessary for your health and the health and safety of others.

Other Uses of Health Information

Other uses and disclosures of health information not covered by this Notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose health information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose health information about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures that we have already made with your permission, and that we are required to retain our records of the care that we provided to you. Specifically, without your written authorization we will not use or disclose your health information for the following purposes: 1. Most uses and disclosures of psychotherapy notes; 2. Uses or disclosures for marketing purposes; and 3. Uses and disclosures that involve the sale of your protected health information.

Your Rights Regarding Health Information About You

Although your health record is the property of the organization, the information belongs to you. You have the following rights regarding your health information:

A. Right to inspect and copy.

You have the right to request to inspect or copy health information used to make decisions about your care - whether they are decisions about your services or payment of your care. You must submit your request in writing to our Privacy Officer. If you request a copy of the information, we may charge you 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, such as psychotherapy notes or if the information is compiled in anticipation of, or use in, a civil, criminal or administrative action or proceeding. 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 your health information is kept electronically, you have the right to receive an electronic copy of your health information subject to the restrictions set forth above.

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 service or payment of your care. To request an amendment, you must submit a written request to our Privacy Officer 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 care;
- < is not part of the health information that you would be permitted to inspect or copy; or
- < 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.

C. Right to an accounting of disclosures.

You have the right to request that we provide you with an accounting or list of disclosures we have made of your health information. This list will not include certain

disclosures of your health information, *for example, those we have made for purposes of service, payment and health care operations; disclosure made to you or authorized by you; disclosures that are incident to another use or disclosure, etc.* To request an accounting of disclosures, you must submit your request in writing to the Privacy Officer. The request must state the time period for which you wish to receive an accounting. This time period should not be longer than six years and not include dates before April 14, 2003. The first accounting you request within a twelve month period will be free. For additional requests during the same 12 month period, we will charge you 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 you incur any costs.

In addition to your right to an accounting of disclosures, we have a legal obligation to notify you if your protected health information is affected by any security breach that may occur

D. Right to request restrictions.

You have the right to request a restriction on the health information we use or disclose about you. 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. 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 care. You must submit your request in writing to the Privacy Officer and list: (a) what information you want to limit; (b) whether you want to limit use or disclosure or both; and (c) to whom you want the limits to apply. The above notwithstanding, you have the right to request a restriction of disclosures to a health plan for payment or health care operations regarding any services you have paid for, in full, out of pocket and we are required to honor that request.

E. 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 Privacy Officer. 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.

F. Right to a paper copy of this notice.

You have the right to obtain a paper copy of this Notice of Privacy Practices. You may request a copy at any time by contacting the Privacy Officer. A copy of the Notice of Privacy Practices is on our web site at www.northstarcs.org.

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 primary business office and at each site where we provide services. You may also obtain a copy of the current Notice of Privacy Practices by calling us at 319-236-0901 and requesting a copy be sent to you in the mail or by asking for one any time you are at our business office or service sites.

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. All complaints must be submitted in writing. Our Privacy Officer will assist you with writing your complaint, if you request such assistance. We will not retaliate against you for filing a complaint. To file a complaint with us, contact our Privacy Officer, Valerie Schwager, Executive Director by telephone at 319-236-0901 or by mail at 3420 University Avenue Suite C, Waterloo, IA 50701.

In closing,

North Star Community Services, Inc, is grateful you have chosen us to be your provider for services. We look forward to getting to know you, and learning how we can best meet your needs. If you have any questions about the information in this handbook, or information that is not included in this handbook, please don't hesitate to contact your program supervisor or coordinator.

My signature below indicates that I have been provided a copy of the North Star Community Services Consumer Handbook, which includes but is not limited to:

- **Consumer Rights and Responsibilities**
- **Description of Services**
- **Grievance Policy**
- **Inclement Weather**
- **Mandatory Abuse Reporting**
- **Medical Services**
- **Notice of Privacy Practices**
- **Rep Payee Services**
- **Provider Rights and Responsibilities**

Signature of Person Served **Date**

Signature of Legal Representative **Date**

Signature of Legal Representative **Date**