



## **Participant Handbook**

Welcome to SMB Disability Solutions! Thank you for your interest in participating in our Day Program. The following information will give you an introduction to SMB Disability Solutions and our policies which will assist you in making an informed decision concerning your participation. The staff will be happy to answer any questions you may have or provide you with additional information. The program is available to adults 55+ (unless they have previously had a service agreement with a day program) who have been diagnosed with Traumatic Brain Injury, Acquired Brain Injury, neurological disorder or mental illness. Our license is held by the Department of Human Services of Minnesota as an Adult Day Care and has a capacity of twenty-eight (28) participants.

Department of Human Services (DHS)  
P.O. Box 64242  
St Paul, MN 55164-0242  
Phone number is 651-296-3971

In accordance with the law, this facility is prohibited from discrimination on the basis of religious preference, race, color, national origin, sex or disability. All persons and organizations that have occasion either to refer to person for service or recommend our service are advised to do so without discrimination.

*SMB Disability Solutions reserves the right to deny acceptance into this program for reasons determined by the Owner or Program Director.*

SMB Disability Solutions programming hours of operation are Monday - Friday from 9:00am to 2:45pm.

SMB Disability Solutions office hours of operation are Monday - Friday 8:00am to 4:00pm

SMB Disability Solutions will observe the following holidays and will not be open:

January:	New Year's Eve New Year's Day
May:	Memorial Day
July:	Independence Day
September:	Labor Day
November:	Thanksgiving Day
December:	Christmas Eve Christmas Day

When the holiday falls on a weekend, the center will be closed on the Monday or the Friday nearest to the holiday. Participants will be notified in advance of any other days the Program may be closed.

### **Attendance / Absences**

Participants may arrange for a schedule that best accommodates their interests and needs; however, participants must attend a minimum of 2 hours per day 1 time per week. If a participant is unable to attend on his / her scheduled day, the program staff must be notified of the schedule change no later than 8:00am on that day. Participants may reschedule the missed day after checking with the



Program Director. If a participant is absent from the program for 30 days, an assessment of their needs and interests will be scheduled to determine further participation in the program.

### **Weather Related Cancellations**

In the event of inclement weather, use the following steps to determine if SMB Disability Solutions will be open:

1. Watch KTTC channel 12 to see if SMB Disability Solutions is closed.
2. If SMB Disability Solutions is open and you feel that you do not want to risk going out in the inclement weather, notify the Program Director.

### **Transportation**

SMB Disability Solutions will provide transportation to and from our program if the person lives within the city limits of Rochester, MN and it is approved by the Program Director. Our driver will assist all participants getting into and out of the van. Those participants requesting transportation will be charged \$22.00 for a one-way trip. Participants will be given an estimated pick up / drop off time, with a 15-minute window on either side of that. When the bus arrives, the Participant will have 5 minutes to board the bus or the bus will leave, and alternate transportation will need to be provided.

### **Cost**

The daily fee for SMB Disability Solutions service is \$110 per day. SMB Disability Solutions will charge \$5 for every 15 minutes up to 5.5 hours of programming. Payments will be billed through county waivers or to participants.

### **Staff**

SMB Disability Solutions' day to day operation is supervised by the Program Director. The Day Program contracts with Registered Nurse who provides nursing services and medical administration as needed. A registered physical therapist, recreational therapist, occupational therapist, speech therapist and licensed behavioral specialist may be contracted as needed to provide assistance and monitor related areas of programming. Staffing ratio is 1 direct care staff to every 4 participants. All direct care staff will be trained in First Aid, CPR, Brain Injury Basics, Mental Illness Basics, and Safety. Staff is forbidden from abusing prescription medications or being under the influence of controlled substances or alcohol. SMB Disability Solutions is an Equal Opportunity Employer and does not discriminate based on religious preference, race, color, national origin, sex or disability.

### **Participant Criteria**

Admission to SMB Disability Solutions is available to adults 55 years of age and older who have been diagnosed with a TBI, ABI, neurological disorder or mental illness. All applicants are considered regardless of race, color, sex, national origin or sexual orientation. *An initial interview and assessment will help determine the potential participant's appropriateness for the program.* The following criteria must be present to be considered for the program:

- Physically, mentally and medically safe to participate in programming
- Discloses any known communicable diseases
- Does not cause harm to self or others
- Cooperates with staff in all areas of programming and documentation
- Has no unmanageable wandering
- Is able to be redirected



- Manageable incontinence
- Is mobile with or without a device
- Can transfer by his / her self
- Has set goals and is motivated to achieve those goals
- Has a motivation to participate in some of the areas of programming offered by the program

License guidelines require all applicants follow the admission procedure. The intake process includes a tour of the facility and programs, assessments and completion of all paperwork prior to the participants start date.

SMB Disability Solutions is for individuals who can benefit from: community integration, personal growth, socialization, activities, medication administration, exercise and supervision. Each participant will have an assessment at the end of 45 days to determine any changes in the care plan. Any safety concerns will be addressed sooner.

A physical examination by the applicant's physician is required 3 months prior to admission or no more than 30 days after acceptance into our program. SMB Disability Solutions also requires each participant to have a tuberculin test or chest X-ray before entering the program, if the individual has not had one within the last year. If a tuberculin test or chest X-ray has been taken within the last year, a copy of the test results will be put in the file of the participant.

#### **Discharge Criteria**

Enrollment in the Program maybe denied or terminated if one or more of the following is consistently demonstrated:

- Constant one to one care / supervision is needed
- Lack of desire / participation in the program
- Attendance is less than 50 percent during the month
- Use of alcohol or illegal drugs
- Causes harm to self or others
- Lack of cooperation with staff regarding necessary information and documentation
- Any use of drugs not authorized to be taken at the center
- Unmanageable incontinence
- Uncontrollable wandering
- When services are no longer needed
- Presents chronic risk of safety for self or others

#### **Participant Rights**

1. You have the right to participate in developing your plan of care.
2. You have the right to refuse care or participation.
3. You have the right to physical privacy.
4. You have the right to be treated with dignity and respect.
5. You have the right to confidentiality of your records and conversations (including personal, financial, service, health, and medical information). This information will not be posted in common areas.
6. You have the right to have privacy to make phone calls, send texts, email or other personal communications.
7. You have the right to present grievances regarding treatment of care.
8. You have the right to contest the accuracy and completeness of the data maintained in your file.
9. You have the Review of Records and Knowledge of Care. You have the right to look at all your records within 24 hours of requesting to do so.



10. You have the right to seek employment, supported or community-based, and work in a competitive integrated setting.
11. You have the right to exercise your rights as a participant of the facility and as a citizen or resident of the United States and the right to be free of interference, coercion, restraint, discrimination, or reprisal from the facility in exercising your rights.

### **Illness**

The safety and health of all participants is our number one priority. If you have symptoms of cold and flu please stay home. *You must be fever and vomit free for 24 hours before returning to SMB Disability Solutions Day Program.*

### **Personal Belongings**

Participants requiring Depends, Attends, etc. are responsible for providing and maintaining as needed. Each participant who requires a cane or walker must bring their own. Any valuables and / or money brought to SMB Disability Solutions are the responsibility of the participant. Participants may be required to have a full change of clothes in case of an accident. It is the responsibility of the individual / care provider to launder soiled clothing and to replace the clothing as needed. SMB Disability Solutions will not be responsible for lost or stolen personal belongings of the participants.

### **Medications**

All participants must have the written orders from their primary physician to take medications while attending SMB Disability Solutions. Only medications prescribed by a physician will be administered. Medications must be in a container from the pharmacy with the proper label. The participant and / or caregiver are responsible to supply all medications. Any change in medication must be reported to the Program Director in writing from the primary physician (even when medications are not to be administered at SMB Disability Solutions).

### **Dietary / Meals**

SMB Disability Solutions will provide morning and afternoon snacks. Special diets will be followed as requested by the participant's physician, at no extra cost. Participants will be responsible to bring their own lunches. Staff will monitor lunches to ensure they meet the 1/3 of the daily nutritional allowance. Microwaves will be available to heat lunches.

### **Activities and Services**

All participants will be encouraged to participate in a wide variety of activities / programs which are designed to challenge their physical and mental capabilities. Activities include daily exercises, community outings, large / small group and individual activities, daily living skills, etc. Activities are based on participants' needs and preferences unless stated otherwise in their individual plan of care. We will provide a flexible schedule based on work and personal needs.

### **Daily Schedule**

Listed below is a general schedule, subject to change due to special events, etc.



9:00am – 9:30am	Welcome / Settle In
9:30am – 10:00am	Morning Group: Events / Brain Teasers / Articles
10:00am – 11:00am	Activity 1
11:00am – 12:00am	Lunch / Rest / 1 x 1 time
12:00pm – 1:00pm	Activity 2
1:00pm – 2:00pm	Activity 3
2:00pm – 2:15pm	Afternoon Snack / Goal Tracking
2:15pm – 2:30pm	Cleanup / Departure

**Insurance Coverage**

A certificate of insurance is available on request. SMB Disability Solutions will carry Liability insurance, Personal & Property insurance and Workmen’s Comprehensive insurance.

**Pets**

SMB Disability Solutions believes that pets / animals are a good source of therapy and will use animals based on individual needs and appropriateness. All participants will be notified in advance if there will be pets coming to the program. All owners of dogs and cats brought into the program must show proof of current rabies shots prior to the visit. Pets and pet cages shall remain away from areas where food is served.

**Potentially Harmful Material**

All cleaning supplies, harmful materials and chemicals will be stored away from all public areas and locked as needed.

**Weapons**

SMB Disability Solutions bans guns on its premises. No weapons will be allowed at SMB Disability Solutions. This includes any type of sharp or blunt objects that could be used as a weapon.

**Grievance Policy**

Each participant and / or legal representative will be encouraged and assisted in continuously sharing ideas and expressing concerns in informal discussions with employees and in interdisciplinary team meetings. Each concern or grievance will be addressed and attempts will be made to reach a fair resolution in a reasonable manner. Should a participant and / or legal representative feel their complaint has not or cannot be resolved through informal discussion, they should file a formal grievance. Employees and participants and / or legal representatives will receive training regarding the grievance procedure. This policy shall be provided, orally and in writing, by the Program Director to all participants and / or legal representatives at the time-of-service admission. Throughout the grievance procedure, interpretation of languages other than English and / or with alternative communication modes will be provided upon request. If desired, assistance from an outside agency may be sought to assist with the grievance. Participants and / or legal representatives may file a grievance without threat or fear of reprisals, discharge, or the loss of future provision of appropriate services and supports.

**Smoking Policy**

SMB Disability Solutions is a smoke free program. There is no smoking in the building or within 15 feet of any entrance to the building in accordance to the “Freedom to Breathe” bill of Minnesota.



### **Alcohol / Drug Policy**

SMB Disability Solutions is an alcohol / drug free program. No alcohol and only medications prescribed by a participant's physician are allowed on the premises. All other illegal drugs or prescription medication are not allowed.

If any participant appears under the influence of alcohol or drugs, he / she will be asked to leave the premises.

### **Compliance Policy**

SMB Disability Solutions complies with Minnesota Statutes, Section 626.557. SMB Disability Solutions will comply with the vulnerable adult policies as stated in Minnesota Statutes 626.557 sub sections 1 - 17 at all times.

SMB Disability Solutions admission and employment practices and policies will comply with Minnesota Statutes, Chapter 363A of the Minnesota Human Rights Act.

### **Cooperation Policy**

SMB Disability Solutions will at all time cooperate with The Department of Human Services / Olmsted County in the course of any ongoing investigation, etc.

### **Information**

The following information needs to be kept current with SMB Disability Solutions:

- All medication changes, even if not taken in center
- Annual physicals, with appropriate form filled out by doctor
- Absences planed or unplanned
- Vaccinations over the last 12 months, i.e., influenza
- Changes in diet
- Changes to mood or mental state

### **Reasons for Being Sent Home**

The following are reasons for a Participant to stay home or be sent home early from Program. If a Participant is sent home early, it will be the responsibility of home provider to arrange for a pick-up in a timely manner.

- Illness or symptoms of illness, ex: flu or cold
- Infection with less than 24 hours of antibiotics
- Weeping / open sore or wound
- Fall / assault to the head
- Request to go home
- Refusal to participate lasting longer than an hour
- Safety risk to self or others
- Other reasons determined by the Program Director

*"This institution is an Equal Opportunity Provider"*



## **Participant Handbook Acknowledgement**

I, \_\_\_\_\_, agree to follow the handbook guidelines to the best of my ability. I understand that I will be informed of any changes that have been made.

<b>Participant Signature</b>		<b>Date</b>	
<b>Guardian Signature</b>		<b>Date</b>	