



Home & Community-Based Services Handbook



We're creating a more equitable world so people with developmental disabilities can choose their path. We do this by reimagining how care and support can be better connected to fill gaps in human services across an individual's lifespan.







WELCOME

Welcome to the Easterseals Hawaii Home & Community Based Services Program. This handbook is provided to you as a resource, giving you information about your rights and responsibilities while receiving services from us and providing an overview of our program. We believe that the partnership between you and the Easterseals Hawaii team is essential to meet the needs of your loved one.

OUR PURPOSE AND VALUES

At Easterseals Hawaii (ESH), we're creating a more equitable world so people with developmental disabilities can choose their path. We do this by reimagining how care and support can be better connected to fill gaps in human services across an individual's lifespan.

Values shape the culture and define the character of Easterseals Hawaii. Values guide how we, as an organization, behave and are the standards by which we make decisions. As an organization, our values are:

BOLD

**EQUITY-
INFORMED**

**COMMUNITY-
CENTERED**

**WELLBEING-
DRIVEN**

WHO IS A CAREGIVER?

We use the word "caregiver" for anyone who provides regular care to someone. For example, a caregiver might be a parent, grandparent, aunty, uncle or legal guardian.

OUR PROMISE TO YOU

We will provide exceptional, individualized, family-centered services to empower people with intellectual or developmental disabilities to achieve their goals and live independent, fulfilling lives. Our services are voluntary and at any time you can refuse, decline or withdraw from them.



ANTI-DISCRIMINATION STATEMENT

Easterseals Hawaii believes that everyone should be treated equally. We provide the same level of care to our participants regardless of their race, gender expression, religion, national origin, sex, sexual orientation or any other factor that makes them uniquely themselves.



Set aside quiet time to review the Guidebook. The information in this handbook is important. Please take time to read all the information.

DO YOU HAVE QUESTIONS?

If you have any questions, please contact a member of the leadership team. We want to make sure all participants, caregivers and the community in a client's life understand how Easterseals Hawaii can improve the lives of people with disabilities. Contact information can be found at the end of this handbook.

WHAT'S NEXT?

STEP 1: Review the contents of this handbook.

STEP 2: Review and sign the following forms:

- Consent and Agreement form
- Photo/video release
- Medicaid billing authorization form
- Seizure plan or other healthcare plans, if needed



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GENERAL INFORMATION

FREQUENTLY ASKED QUESTIONS (FAQS)

Q: Throughout my handbook "I" is used a lot. Who does "I" refer to?

A: "I" refers to the participant or caregiver responsible for supporting the participant to attend program.

Q: I have a case manager and a service supervisor. What is the difference between a case manager and a service supervisor?

A: In most cases, a case manager is assigned to you through the Department of Health (DOH). Your case manager is responsible for assisting you with coordinating your services and getting your needs met. Once you start services with ESH, you will be assigned a service supervisor. Your service supervisor is responsible for assisting you with all of the services you receive from ESH.

Q: Where can I learn more about Easterseals Hawaii programs and services?

A: Please ask your service supervisor or visit www.eastersealshawaii.org.

key terms

Key Terms used in the handbook help explain important topics.

Adult Day Health Services (ADH)

Participants in this center-based group pursue opportunities that match their interests and skills.

Circle of Support

People that are important to the participant like friends, co-workers, spouse, etc.

Community Learning Services-Group (CLS-G)

Participants in this group receive hands-on experiences in the community.

Community Learning Services-Individual (CLS-I)

Individual participants work with a direct service worker to build skills that support a full and community-inclusive life.

Participant

An individual who receives services from ESH.

Personal Assistance/Habilitation Services (PAB)

These services take place exclusively in the participant's home and focus on skills needed to live as independently as possible.

Services

Any direct or indirect services provided to participants such as Adult Day Health and Community Learning Services.

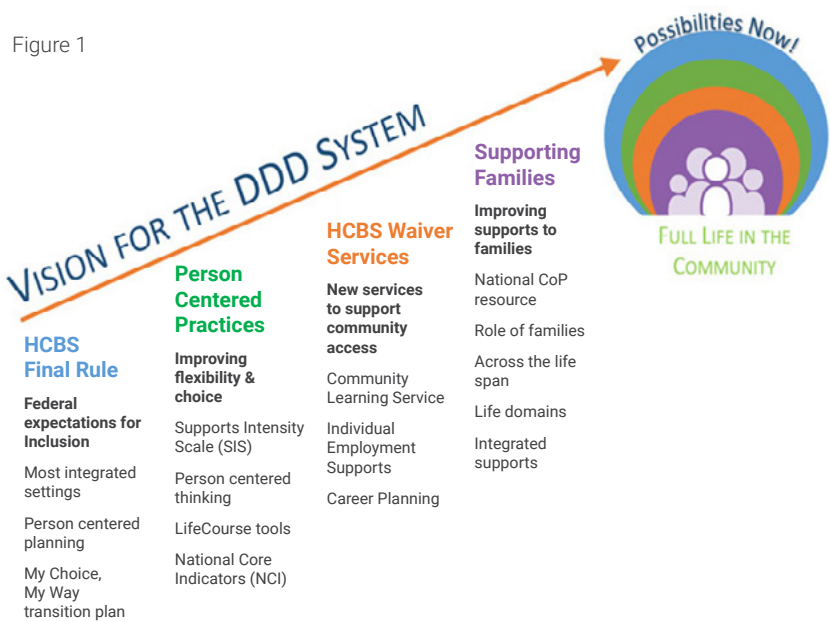
GUIDING PRINCIPLES

Easterseals Hawaii supports and promotes the Hawaii Department of Health, Developmental Disabilities Division (DOH-DDD) guiding principles for individuals with disabilities and their system called "Possibilities Now!" (see Figure 1)

DOH-DDD's guiding principles include:

- Individuals are treated with dignity.
- Individuals make their own choices.
- Individuals participate fully in the community.
- Individuals have opportunities to realize their goals including economic self-sufficiency.
- Individuals achieve positive outcomes through individualized services and natural supports (people who are not paid to work with the individual).
- Individuals are empowered to live self-determined lives.

Figure 1




This image was provided by Hawaii Department of Health – Developmental Disabilities Division



MY RIGHTS

The following pages contain a summary of my rights. My service supervisor will review these with me. If I do not understand or if I have questions, I can also ask my Department of Health, Developmental Disabilities Division (DOH-DDD) case manager to help explain to me. If I need a copy of my rights in another language, my service supervisor will make arrangements to provide me with a translated copy.

1. I have the right to receive services in accordance with my Individualized Service Plan (ISP) and in a manner free from abuse, retaliation, humiliation, neglect, financial exploitation or any other type of exploitation.
2. I have the right to interact with people without disabilities.
3. I have the right to live with or in close proximity to people without disabilities, which closely approximates conditions available to people without disabilities of the same age.
4. I have the right to be given reasonable access to review my medical, service and treatment records and be informed of all my diagnoses.
5. I have the right to develop an ISP with the input of family and friends that identifies the supports needed to accomplish the plan.
6. I have the right to direct use of resources, both paid and unpaid, that will help me to live a life in the community rich in community association and contribution.
7. I have the right to contribute to my community and offer a valued role through employment, community activities, and volunteering, and be accountable for spending public dollars in ways that are life enhancing.
8. I have the right to be ensured privacy and confidentiality. My information will be kept private according to the Health Insurance Portability and Accountability Act (HIPAA) of 1996 and all confidential discussions and personal needs activities will happen in a private setting. Our Notice of Privacy Practices is maintained at all times on Easterseals Hawaii's website, www.eastersealshawaii.org.
9. I have the right to choose my services, supports, provider agency and support staff. This includes the choice to receive home and community-based services as an alternative to institutional placement.
10. I have the right to complain about my services or ask for changes without fear that I will lose services because a complaint is made.
11. I have the right to be treated with respect and dignity.
12. I have the right to be free from abuse and neglect.
13. I have the right to be informed of all services that DOH-DDD provides.

- 
14. I have the right to discuss my options for services with my case manager and my service provider.
 15. I have the right to be informed of agency policies on individual conduct.
 16. I have the right to be able to ask for another provider agency or case manager.
 17. I have the right to receive written notice at least 10 business days prior to the effective date from when the Department of Health, Developmental Disabilities Division (DOH-DDD) services are reduced, denied, suspended or terminated.
 18. I have the right to receive 30 calendar days' notice of any changes in services from my provider agency, except in emergency situations when my health and safety or someone else's health and safety are at risk.
 19. I have the right to look at and have an explanation of any bills for services I have received that are paid by the DOH-DDD.
 20. I have the right to privacy and confidentiality in treatment and care.
 21. I have the right to have access to an interpreter, if needed.
 22. I have the right to be free from being restrained, including manual, mechanical and/or chemical, secluded or have restrictive interventions imposed upon me for any reason.
 23. I have the right to refuse being included in research projects.
 24. I have the right to receive communication from ESH staff in a respectful manner and in the manner I like to be addressed.
 25. I have the right to review and request a fair hearing following a decision to deny or end my services by DDD. I will be given a written notice at least 10 business days prior to a decrease in my services determined on the part of DDD. After reviewing the decision, I have 30 days to request in writing a review/fair hearing. I will remain in the program until an official decision has been made.
 26. I have the right to receive a privacy notice to inform me about how my protected information will be used and disclosed.
 27. I have the right to request that uses and disclosure of protected information be restricted.
 28. I have the right to inspect, copy and amend my medical records.
 29. I have the right to get an accounting of the disclosure of my protected information for the past six years.
 30. I have the right to file a complaint or grievance.



RESTRICTIVE INTERVENTIONS AND RESTRAINTS

ESH does not use restrictive interventions or restraints. Restrictive interventions include:

- Punishing participants for negative behaviors and/or noncompliance. This includes physical punishment or shaming, restricting the participant from participating in their activities and goals, community integration and activities, or communication with staff, peers or community members.
- Restricting or removing personal property such as cell phones, purses, back packs or other personal belongings.
- Restricting when a participant can eat or withholding food as a form of punishment.
- Isolating the participant from others.
- Seclusion or any form of restriction of freedom of movement.

Participants are always first encouraged to hold on to their staff if they need physical support, however, as a part of regular supports, staff may use hands-on support as a preventative measure for a participant as they use the stairs, walk across uneven surfaces, in situations where they may lose their balance, etc. All staff are trained to support participants if they lose their balance, faint or need assistance getting to the floor during medical emergencies like a seizure. In the rare situation where there is a risk of serious harm or death, staff will implement emergency procedures that may involve physically moving a participant or restricting their movement (evacuation during a fire, securing safe cover during an earthquake, preventing a participant if walking in front of a moving vehicle, etc.).

ESH does not assist with administration of medications that are intended to alter behavior or are used to control behavior on an as needed basis. Medication administered during service hours requires authorization for Nurse Delegation services from the DDD-CM.

CONFIDENTIALITY & PRIVACY

Everything about me and my goals is confidential (private). ESH is responsible for protecting my right to confidentiality as well as my other rights (see page 6). My personal information will only be shared with ESH staff on an as needed basis and in compliance with federal privacy rules. Likewise, I will not share any staff information with others. This includes phone numbers, addresses, and other personal information. I must first get permission to share this information.

ESH will ensure that I am provided privacy when receiving personal care assistance by ensuring that there is a private place for these activities that includes a door that can be closed. ESH staff will not talk about my personal care needs in front of others or with employees that are not directly involved with my care.

ESH will not take photos or videos of me without my explicit written consent. My photo and video consents are reviewed and signed upon my admission to the ESH Home & Community-Based Services (HCBS) program and annually thereafter. I understand that for security reasons, some Service Centers use closed circuit security cameras on the exterior parts of the building and exterior common areas. I also understand that this footage is only available to the program manager and a small number of Information Technology (IT) employees for the purpose of security only. The footage is never released to anyone outside of the program manager and IT department unless the police request it as part of an ongoing investigation. I understand that ESH does not use video cameras to monitor program participants or staff.



RESOLVING COMPLAINTS

Participants and caregivers may file a complaint at any time without fear of retaliation. When we receive a complaint, our staff works to remedy the concern and prevent the issue from happening again.

I am welcome and encouraged to provide suggestions and input at any time. I am also welcome to disagree, bring complaints forward or file a grievance. My service supervisor may be reached during the day at the number listed in the IMPORTANT PHONE NUMBERS section at the end of this handbook. If I am not satisfied with the solution, I can:

STEP
1

Ask to meet with a member of your loved one's supervising team to discuss your concerns.

Usually this is the only step you need to take. We are committed to resolving issues quickly. If you are not satisfied after meeting with a supervisor or manager, please move on to the second step below.

STEP
2

If the discussion with a supervisor or manager does not resolve the issue, **talk to your Program Director or a member of ESH's clinical leadership team** by emailing info@eshawaii.org.

STEP
3

If the issue is not resolved by the clinical leadership team, contact our **Quality Department at Quality@catalight.org to file a complaint or grievance.** You may also bypass steps 1 and 2 above and file a grievance at any time. Our Quality Department will work with you, your treatment team, and our leadership to resolve the issue in an unbiased and ethical manner.

You may also contact the Compliance Help Line at 1-833-44-PROTECT to report any concerns.



PARTICIPANT RESPONSIBILITIES

For the program to support me and provide a safe and secure environment, the program expects that I will respect the following guidelines:

- I will follow ESH guidelines; they are made to ensure a safe experience during service time.
- I will respect the rights of other participants and staff members.
- I agree to cooperate and participate in my Individualized Plan (IP). This includes participating in the daily schedule I make for myself. If I need to make a change to my daily schedule, I will discuss it with my support staff.
- I will communicate my concerns, questions, and issues in a respectful way, regardless of how I am communicating (by phone, email or in writing). I understand that ESH and I may not always agree, but we will work together to find a solution that meets my needs. I will contact my service supervisor with any questions, concerns or issues that I have as soon as possible.
- I understand that I have the opportunity to be as independent as possible, and yet be safe from danger and/or self-harm. I will complete the ESH Consent and Agreement Form as required to establish individualized safety guidelines.
- I am responsible to care for all personal items that I bring to program such as cell phones, wallets, money, credit/debit cards, purses, music players, etc. I can carry them with me during service time or I can request a locker/cubby space to store my personal items. Lockers/cubbies are assigned based on availability. I am encouraged to leave valuables that are not program-related at home.
- I am responsible to provide a safe environment for any services that are provided in my home. This includes, but is not limited to keeping pets secure, and removing environmental hazards, drugs, firearms, etc. ESH will discontinue services if my home environment is unsafe.
- I am responsible to be on time with my service beginning and ending times. If I know I will have to change service times, I will contact my service supervisor.
- I am responsible for maintaining my eligibility with Medicaid. I understand that if I let my eligibility lapse, my services may be temporarily suspended until I am eligible again.
- In the event of a natural disaster, or other serious event that disrupts ESH's ability to provide services, my caregiver and I should have a plan to find a safe place for me to stay, such as a shelter or a hospital, until I can be reunited with my family. ESH is prepared to shelter in place for up to 48 hours. If ESH is unable to make contact with my caregiver within 48 hours, they will follow instructions given by the Civil Defense and the State of Hawaii to find a safe place for me (possibly a hospital or specialized emergency shelter).



STAFF REQUIREMENTS

All ESH staff meet current state certification requirements, including:

- Being certified in cardiopulmonary resuscitation (CPR) and first aid.
- Passing routine background checks at the state and federal level.
- Having proof of a valid driver's license, auto insurance and clean driver's abstract if the staff drives as part of their duties at ESH.
- Having an annual tuberculosis (TB) clearance.

Staff also receive regular trainings and education that promote best practices, treating me with respect and dignity, and safety in the delivery of services.

All services are supervised by a program manager and/or service supervisor that have been trained on ESH Operations, the Medicaid Waiver Standards, The Centers for Medicare & Medicaid Services Final Rule, Participant Centered Planning and other topics that support me to be as independent as possible. All registered nurses are currently licensed and registered in the State of Hawaii.





TYPES OF SERVICES AVAILABLE

ESH offers several different types of services. My budget and authorization for these services are determined by my Department of Health, Developmental Disabilities Division (DOH-DDD) case manager.

Listed below are the services that ESH provides:

- Adult Day Health Services (ADH)
- Community Learning Services – Group (CLS-G)
- Community Learning Services – Individual (CLS-I)
- Discovery and Career Planning (D&CP)
- Individual Employment Supports (IES)
- Personal Assistance/Habilitation (PAB)

MY INDIVIDUAL SUPPORT PLAN (ISP)

Before starting individual and/or group services with ESH, I, my circle of support and my DDD case manager will meet with my ESH service supervisor to determine the goals that I will work on during service time. My ISP will be updated annually thereafter or as needed at my request. My circle of support includes the people that are important to me and that I want to be included in my ISP development (for example, friends, coworkers, boy/girlfriend, spouse, etc.). I will be supported to run my ISP meeting and actively participate in my ISP meeting as independently as possible. ESH supports the person-centered planning system that DDD uses, called Charting the Lifecourse, and my service supervisor will use these principles as they assist me to choose and plan my goals. Charting the Lifecourse includes examining areas of life including daily life and employment, community living, healthy living, safety and security, socialization and spirituality, advocacy and engagement. ESH also firmly believes in and practices the "nothing about me without me" principle. This means that I will always be able to attend my ISP meetings, none of the information about my services will be kept from me, and I will be encouraged and supported to make choices and participate in my services to the highest level of independence that I can achieve. A change to my ISP, service provider, staff or service setting can be requested at any time by me, a member of my circle of support or ESH by contacting my service supervisor, program manager or DOH-DDD case manager.



INTRODUCTORY EVALUATION PERIOD

I understand that my first 60 days will be an assessment period for myself and ESH to determine whether the program I attend is the right fit for ESH and me. It can also help identify services I might need but am not yet receiving. After my first 60 days of attendance, my team may meet to share information and provide service recommendations to me and my circle of support. I understand that this meeting can take place at my request, or the request of my caregiver, my Department of Health, Developmental Disabilities Division (DOH-DDD) case manager or ESH. During the meeting, new or different services or a different service location may be recommended to better suit my needs. Although it is rare, if it is determined that ESH cannot meet my needs, ESH will give me recommendations for other community resources.

HEALTH AND SAFETY PRACTICES


ESH will do the following to ensure that I am safe:

- Maintain my emergency contact information, as well as authorization for emergency treatment. My caregiver will be notified immediately of any emergency.
- Notify my caregiver of any minor safety issues that arise during services, such as mild injuries or scrapes.
- Review all incident reports that involve injuries and make recommendations to improve service delivery.
- Report all cases of suspected or known abuse, neglect or exploitation according to the laws of the State of Hawaii.
- Notify my caregiver if I must have a doctor's clearance to return to program after a short-term illness or injury. A doctor's written clearance verifying that I am in good health, and that it is safe for me to return to program, is required for absences of 3 or more consecutive days.
- Train staff on health and safety policies and procedures on an annual basis.
- Train staff on all emergency policies and plans of action along with safety procedures for fire or weather-related emergencies on an annual basis.
- Ensure that all staff, volunteers, and participants practice proper hygiene during services by washing hands with soap after bathroom use and before/after handling food and food consumption; and after contamination with bodily fluids or blood, and by using gloves when providing personal care services to the people we serve.
- Ensure each program facility is supplied with first aid kits, fire extinguishers and smoke alarms.
- Communicate any changes to my services caused by a weather event or natural disaster to my caregiver.



ILLNESSES AND INFECTIOUS DISEASES

My health is important to ESH. As a result, I understand that I cannot participate in group services when I experience signs of possible infectious disease. I will stay home if I have any of the following symptoms (including, but not limited to):

- Temperature above 100.4 degrees. I will stay home for 24 hours after my temperature returns to normal.
 - Discharge from eyes, nose or ears accompanied with or without a fever.
 - Cough accompanied by a fever.
 - Communicable infections such as conjunctivitis (pink eye) and skin rashes, such as scabies, impetigo, etc.
 - Diarrhea.
 - Vomiting the day before or in the morning before services begin.
 - Symptoms associated with COVID-19:
 - Chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of smell or taste
 - Sore throat
 - Congestion or runny nose
- 

I understand that if I develop any of the symptoms above, I will need to go home immediately. If my caregiver is unavailable, the designated emergency contact will be contacted for my pick-up/drop-off. I am expected to have my caregiver or designated adult pick me up within one hour of being called, a message left on a voice mail, and/or texted, etc. If someone is not able to pick me up within one hour, ESH will call 9-1-1 and ask that I be transported to the nearest hospital for my safety as well as my staff and others.

Contagious diseases must be reported to the service supervisor immediately, so that any necessary or immediate precautions can be taken. I understand that if I receive services in my home, I will report any contagious diseases within my home and understand that my in-home services may be affected.

A doctor's written clearance verifying that I am in good health and no longer contagious may be required before I start services again.

MEDICATIONS

As per the Medicaid Waiver Standards, I can take medications during service time under one of two conditions:

1. My prescribing healthcare practitioner provides written authorization for me to independently carry, control and take the medications during service time. My support staff cannot be responsible for any step of the medication administration process, or
2. My Department of Health, Developmental Disabilities Division (DOH-DDD) case manager authorizes Nurse Delegation services in my Individual Service Plan (ISP) and my program is able to secure a registered nurse (RN) to oversee the nurse delegation program as outlined in the Waiver Standards. My service supervisor or the Delegating RN will review the requirements for the nurse delegation program once it is authorized.





SUSPENSION & DISCHARGE

I understand that my services may be temporarily suspended, or I may be discharged from the program for the following reasons:

- If I am no longer eligible for Medicaid Waiver Services through the Department of Health (DOH).
- If there is no service authorization or if my Waiver budget is not posted to the Medicaid website.
- If I have a cost share that is not paid on-time. (Any cost share due to ESH is calculated and determined by the Department of Health, Developmental Disabilities Division (DOH-DDD) case manager.)
- If I display unsafe behaviors, including but not limited to verbal outbursts that are disruptive/frightening to others, physical confrontation, and/or threats of physical assault that pose a risk to me, my peers or my support staff.

I understand that I may be discharged from the program for the following reasons:

- If I am absent for more than thirty days with no indicated return date.
- If I require a level of service and/or skill that does not fall within the expertise/scope of the Home & Community-Based Services (HCBS) program.
- If an agreement cannot be reached between myself, my caregiver and the HCBS program in relation to service delivery.
- I understand that I will receive a 30-day notice before discharge, except in emergency circumstances where someone's health and safety are at risk.

MONITORING SERVICES

My service supervisor will make a scheduled and/or unannounced supervisory visit every month with my direct service worker (DSW) and me to observe my DSW providing services identified in my individualized service plan. Visits will occur in the setting where I receive my services.

All DSWs are required to document service delivery. My DSW will encourage me to be a part of the process and include my thoughts or recommendations in the documentation. I may request to review these records with my service supervisor at any time. All goal data is documented in my quarterly reports. Quarterly reports will be provided to me and/or my caregiver upon request.



SERVICE HOURS AND STAFF REPLACEMENT

There are times when services may be interrupted. ESH will make every effort to provide staff replacement for my intended service, although there is no guarantee that all my hours will be covered. In instances when no staff is available, my caregiver will be responsible for my care as part of my circle of natural support.

GIFT GIVING

ESH has a "No Gift Giving Policy" as it pertains to staff personally receiving tips, money or gifts from caregivers. Gifts in the form of donations to ESH are permitted. If I would like specific information regarding this policy, I can ask my service supervisor.





GROUP SERVICES

Adult Day Health and Community Learning Services-Group Services focus on providing a small group environment that fosters growth and challenges participants to increase independence in a variety of settings.

ADULT DAY HEALTH (ADH)

ADH Services are center-based in groups no larger than 1 direct service worker (DSW) to 6 participants. Emphasis is placed on individual choice, allowing adults to pursue opportunities that match their interests and skills while promoting their dignity and independence. Typical areas of focus in ADH are:

- Participating in and being part of a group.
- Communicating within a group.
- Learning the Social Skills needed to participate as part of a group.
- Learning skills that support community involvement such as:
 - Learning about strangers and how to get help in the community.
 - Learning, through social stories, about how to problem solve.
 - Learning how to make choices.
 - Using my Interest Inventory to guide me, the participant, in developing a community exploration plan that will support inclusion in the community.
 - Exploring personal interests listed on my Interest Inventory through the internet, books or other media to assist in developing my community exploration plan.
 - Learning activities of daily life skills that support a community-based life such as:
 - How to count back change after making a purchase.
 - Personal hygiene expectations in the community.
 - Being able to recognize essential community signs such as men's and women's bathrooms, slippery floor, do not enter, closed, stop, etc.
 - Keeping up with current events, local government and elections.



COMMUNITY LEARNING SERVICES-GROUP (CLS-G)

CLS-G services take place in small groups (no larger than 1 staff to 3 participants) in the community. Participants are encouraged to gain hands-on experience in many of the areas that other community members enjoy such as:

- Volunteering at a non-profit agency of interest.
- Using public transportation.
- Street and parking lot safety.
- Shopping for personal items.
- Eating in restaurants.
- Attending social gatherings and events.
- Developing leisure interests such as playing basketball, swimming, taking art classes or learning to work with ceramics, bowling, etc.
- Developing relationships within the community that others enjoy such as being recognized by employees at the local coffee shop, interacting with employees of stores and other businesses, and meeting new people.
- Developing self-advocacy skills such as participating in local self-advocacy groups, attending the Developmental Disabilities Council meetings, and learning about local community officials and the election process.

PROGRAM HOURS

ESH Adult Day Health/Community Learning Services-Group (ADH/CLS-G) Program hours vary by location, Monday through Friday. Program offices are open from 7:30am to 3:00pm, Monday through Friday. The ADH Program is closed for 2 business days per year for staff training, as well as in observance of the following holidays, which are also stated in the holiday schedule given to me at the beginning of each year.

HOLIDAYS

- New Year's Day
- Presidents' Day
- Prince Kuhio Day
- Memorial Day
- King Kamehameha Day
- Juneteenth
- Independence Day
- Statehood Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day

I can ask for a holiday schedule at any time. Holidays are subject to change and will be communicated in advance.

ABSENCES/LATE ARRIVALS

In the event of an illness, I will notify the program as soon as possible. A staff member will contact my caregiver if I do not arrive at the program as scheduled.

ACTIVITIES/SETTINGS THAT SUPPORT MY INTERESTS

Upon admission and annually thereafter, my ESH service supervisor will assist me to complete an Interest Inventory that lists things I like to do, things I do not like to do and things I would like to try. ESH will do its best to offer activities at the Service Center and in the community that I like or that I would like to try. If there is not an activity available that I want to participate in, I can choose to do a different scheduled activity. ESH provides monthly activity calendars so that I can pre-plan my schedule. I can update/change my Interest Inventory at any time or request a change in my regularly scheduled activities.

TRANSPORTATION

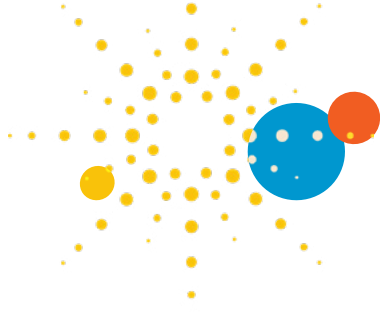
Transportation to and from ADH Program is available and coordinated through the following establishments, respectively: Handi-Van on Oahu, Maui Economic Opportunity Inc. (MEO) on Maui, or The Kauai Bus on Kauai. Some programs can use ESH vehicles to pick up and/or drop off participants on a limited and case-by-case basis. Transportation phone numbers can be found on page 31.

Transportation for goal-related activities is provided by either ESH-owned vehicles or the public transportation systems in this handbook. Participants wanting to learn how to use public transportation can be supported by both Group Community Learning Services and Individual Community Learning Services.

HANDI-VAN (OAHU ONLY)

ESH will pay for and provide me with paratransit bus tickets to ride the bus to program. ESH will give my driver a ticket when I arrive and leave. While ESH will take care of all billing, I am responsible to make all my reservations and cancellations as needed. Please see TRANSPORTATION phone numbers on page 31.

Please note that according to public paratransit companies, after missing three of my reservations, the paratransit company has the right to terminate my services. When making paratransit arrangements, I will remember that my drop-off time is 7:30am and pickup time is 1:30pm.



MEO (MAUI ONLY)

ESH will be responsible to set up my rides with Maui Economic Opportunity Inc. (MEO) when I first begin services. I understand that MEO must first conduct a site inspection, approve my pick-up and drop-off location before they can start services and that this process can take time. I am responsible to make all changes and cancellations as needed. Please see IMPORTANT PHONE NUMBERS.

THE KAUAI BUS (PARATRANSIT ON KAUAI ONLY)

It is my responsibility to complete and submit an application for transportation services. The Kauai Bus will conduct a site inspection and notify me of pick-up location and time. I am responsible to notify The Kauai Bus about changes in my reservation (sick, vacation, etc.). Please see IMPORTANT PHONE NUMBERS.

MEALS

I understand my services do not include lunch or snack and that I need to bring my own lunch, snack and drinks to program. My food is accessible to me at any time although I am encouraged to follow the daily schedule I set for myself. My lunch should be packed in a "non-spoilage" container, to eliminate the risk of contamination. My lunch should be ready to eat (e.g., pureed, chopped, etc.). Refrigerators are available to refrigerate food, but participants are encouraged to use insulated lunch bags when possible. Microwaves are available at the program centers to heat up food. When there is an opportunity to purchase lunch out in the community, I understand that the choice to make a lunch purchase will be at my expense. In addition, I will not hold ESH responsible if I contract a food-borne illness from food that I have brought from home.

CLOTHING

I am required to bring an extra set of clothing in case of emergencies or accidents. I may carry items in my bag or make arrangements to store items at the Adult Day Health (ADH) Program. If I need to use adult incontinence supplies, I will be sure to bring an adequate supply daily to program. I understand the ADH Program does not provide these items.



COMMUNICATION BOOKS

I can choose to bring a communication book to the Adult Day Health (ADH) Program on a daily basis. This book provides a means for ongoing and clear communication between staff and my caregiver. The following are examples of important information that may be included in my communication book:

- Information concerning significant events in my life: birthday, vacation, etc.
- Any challenges I may be experiencing that may have an impact on my behavior at the program/home.
- Any successful teaching techniques used in the program/home, which could be used at program/home.
- Sleeping and eating patterns.
- Program announcements.

I understand that although the communication book is a good tool, communication is not limited to this method. All communication that contains my protected health information should be verbally communicated directly to my service supervisor or through secure email to my service supervisor. My caregiver is welcome to call staff anytime when questions or concerns arise.

VISITORS DURING GROUP SERVICES AT THE SERVICE CENTER

My caregiver, friends and Department of Health, Developmental Disabilities Division (DOH-DDD) case managers play a big part in my support system and are welcome to observe/participate in activities at the ADH service center. In the interest of safety, all people entering the service center, including staff, participants, vendors and visitors, will be asked to sign in and out at the reception desk. ESH reserves the right to verify the identity of anyone by requiring picture ID upon entrance. Since my daily schedule may include community outings, anyone who plans on visiting is encouraged to contact the program to see if I will be at the program or in the community before visiting.

SUPPLY LIST

To ensure my success and safety at program, the Adult Day Health (ADH) Program requests that I bring the following items with me daily:

- Communication Book (optional)
- Extra clothing (can be stored in a locker or cubby, if available)
- Bag or backpack
- Lunch
- Swimming clothes (if applicable)
- Sunscreen (if applicable)
- Personal hygiene supplies (if applicable)





INDIVIDUAL SERVICES

Individual Services include a ratio of one direct service worker (DSW) per participant occurring either in the participant's home or in the community. These services focus on specific goals and supporting the participant to become as independent as possible in those areas of their life.

PERSONAL ASSISTANCE/HABILITATION SERVICES (PAB)

PAB Services take place exclusively in the participant's home and focus on the home-based skills needed to live as independently as possible. Examples of skill-building areas include:

- Daily hygiene goals (bathing, grooming, oral care, using the restroom, etc.).
- Household skills (doing the laundry, housekeeping, making the bed, etc.).
- Meal prep and cooking (how to write a grocery list, meal planning, how to operate a microwave and other cooking tasks appropriate for the participant's skill level).
- Home-based leisure activities (puzzles, gardening, arts & crafts, reading or looking at magazines, etc.).
- Keeping up with current events, local government and elections.

COMMUNITY LEARNING SERVICES-INDIVIDUAL (CLS-I)

CLS-I services take place exclusively in the community and focus on the skills needed to support a full and community-inclusive life. Examples of skill-building areas include:

- Using public transportation.
- Banking and money management.
- Shopping.
- Locating and accessing community resources (the library, public pools, community events and gatherings).
- Ordering and eating in a restaurant.
- Volunteering at a non-profit agency.
- Leisure activities (swimming, playing pickle ball, walking on the beach, etc.).
- Attending self-advocacy events and meetings, and voting in local and national elections.



EMPLOYMENT SERVICES

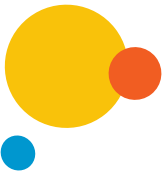
ESH offers two types of employment services: Discovery & Career Planning (D&CP) and Individual Employment Services (IES).

D&CP Services are designed to assist participants to:

- Acquire skills to achieve underlying habilitative goals that are associated with building skills necessary to perform work in integrated community employment.
- Explore possibilities and impact of work.
- Develop career goals through career exploration and learning about personal interests, skills and abilities.

IES Activities may include:

- Ongoing job coaching services to include on-the-job work skills training and systematic instruction required to perform the job with fading supports as the participant becomes more confident and competent in the job to the extent possible.
- Person-centered employment planning.
- Job development or customization.
- Negotiations with prospective employers.
- Assistance in pursuing self-employment.
- Worksite visits as needed by the individual employer to assess for new needs and to proactively support the participant to address issues that arise.
- Ongoing evaluation of the individual's job performance except for supervisory activities rendered as a normal part of the business setting; training related to acclimating to or acceptance in the workplace environment, such as effective communication with co-workers and supervisors and when and where to take breaks and lunch.
- Individualized problem-solving/advising with the participant about issues that could affect maintaining employment.
- Training in skills to communicate disability-related work support and accommodation needs.
- Assessing the need for basic job aids, facilitating referral through the participant's Department of Health, Developmental Disabilities Division (DOH-DDD) case manager for assistive technology from the Division of Vocational Rehabilitation (DVR).
- Facilitating referral through the DOH-DDD case manager to a Discovery and Career Planning provider for financial literacy, money management and budgeting.



- Providing information and training, as appropriate, for employers related to disability awareness, use of tax credits and other incentives, individual disability-specific training, and use of basic job aids and accommodations.
- Training in arranging and using transportation to get me to and from the participant's place of employment.
- Career advancement services.

SERVICE HOURS

Service Center Offices are open from 7:30am to 3:00pm, Monday through Friday. Because Individual Services participants have a wide variety of needs, the days and hours of service delivery are determined on the individual's specific needs. Services that fall on a holiday observed by ESH will not be provided unless the service supervisor is able to find a direct service worker (DSW) to cover the shift. If I need services to be provided on a holiday recognized by ESH, I must contact my service supervisor at least two weeks prior to the holiday so that my service supervisor has adequate time to find a replacement. ESH does not guarantee service will be provided on holidays; service provision is based on the availability of staff to work.

ABSENCES/LATE ARRIVALS

If I do not need scheduled services due to illness, a scheduled appointment, vacation, or other planned absence, I will notify my service supervisor in advance or as soon as possible. It is helpful for ESH to hear from my caregiver in a timely manner to make adjustments to my DSW's work schedule.

TRANSPORTATION

Transportation will be provided to me, if needed, to engage in activities designated in my Individualized Service Plan. My individual direct service worker (DSW) or public paratransit service will provide my transportation. If I want to learn how to use public transportation, my Activity Reimbursement funds will cover the cost for me and my support person to ride.

CLOTHING

I am encouraged to bring an extra set of clothing in case of emergencies or accidents. I may carry these items in my bag. If I need to use adult incontinence supplies, I will be sure to bring an adequate supply daily and understand that ESH does not provide these items.

SERVICE PROVISION

Services are provided on a one-to-one basis. If I am interested in having a caregiver, friend, family member or another individual participate in an activity, I must notify my service supervisor before the activity. My DSW is not permitted to transport my caregiver, friend, family member or another individual accompanying me during service provision.



IMPORTANT PHONE NUMBERS

HAWAII ISLAND

East Hawaii Service Center

16-204 Melekahiwa Pl., Suite 3
Keaau, HI 96749

Phone: (808) 961-3716

Fax: (808) 969-3234

KAUAI

Kapaa Service Center

4800 Kawaihau Rd. Unit F
Kapaa, HI 96746

Phone: (808) 821-6944

Fax: (808) 821-6949

Waimea Service Center

4590 Ola Rd. (PO Box 132)
Waimea, HI 96796

Phone: (808) 482-3489

Fax: (808) 338-1977

MAUI

Maui/Lanai Service Center

155 S. Wakea Ave.
Kahului, HI 96732

Phone: (808) 249-2065

Fax: (808) 244-6664

OAHU

Ewa Service Center

91-1251 Renton Rd.
Ewa Beach, HI 96706

Phone: (808) 681-0747

Fax: (808) 681-0813

Honolulu Service Center

710 Green St.
Honolulu, HI 96813

Phone: (808) 949-3481

Fax: (808) 949-3845

STATEWIDE

Employment Services

92-461 Makakilo Drive
Kapolei, HI 96707

Phone: (808) 529-1795 x.3105

Fax (808) 697-6726

Please see www.eastersealshawaii.org for additional details.



**EASTERSEALS HAWAII
ADMINISTRATIVE OFFICE**

710 Green Street
Honolulu, HI 96813

Phone: (808) 536-1015

Fax: (808) 536-3765

Email: info@eastersealshawaii.org

www.eastersealshawaii.org

Director of Home & Community-
Based Services (HCBS):

Phone: (808) 856-8020 x6001

Fax: (808) 856-8094

Email: hcbs@eshawaii.org

**TRANSPORTATION
Handi-Van Reservations and
Cancellations**

Phone: (808) 456-5555

Handi-Van Customer Service

Phone: (808) 454-5050

MEO Transportation Services

Phone: (808) 877-7651

The Kauai Bus

Phone: (808) 246-8110

**OTHER
Emergency, Fire, Medical
Assistance**

9-1-1

Hawaii Disability Rights Center,

Phone: (808) 949-2922

<https://hawaiidisabilityrights.org/>

**Hawaii Adult Protective Services,
Statewide Reporting Line**

Phone: (808) 832-5115

[https://humanservices.hawaii.gov/
ssd/home/adult-services/](https://humanservices.hawaii.gov/ssd/home/adult-services/)

Voter Registration

<https://olvr.hawaii.gov>

- Online and paper applications.
- Information on how to register if you don't have a Hawaii State identification card or driver license.

**Supplemental Nutrition Assistance
Program (SNAP)**

[https://humanservices.hawaii.gov/
bessd/snap/](https://humanservices.hawaii.gov/bessd/snap/)

HUD Information

<http://www.hpha.hawaii.gov/>

Legal Aid

(800) 499-4302

<https://www.legallaidhawaii.org/>

Other resources

211

EASTERSEALS HAWAII PARTICIPANT HANDBOOK

My service supervisor for ESH is: _____

and can be reached at: _____

My Department of Health, Developmental Disabilities Division (DOH-DDD)
case manager is:

and can be reached at: _____







EastersealsHawaii.org



EASTERSEALS HAWAII MAIN OFFICE

710 Green Street
Honolulu, HI 96813
Phone: (808) 536-1015
Fax: (808) 536-3765
Toll free: (888) 241-3765

HOURS

M-F 7:30am – 3:00pm

(Clinical hours may vary
by office and service)

HAWAII ISLAND

KEAAU CENTER
16-204 Melekahiwa Place, Suite 3
Kea'au, HI 96749

KAUAI

KAPA'A CENTER
4800 Kawaihau Rd, Suite F
Kapa'a, HI 96746

WAIMEA CENTER
4590 Ola Road
Waimea, HI 96796

MAUI

KAHULUI CENTER
155 South Wakea Ave
Kahului, HI 96732

OAHU

HONOLULU CENTER
710 Green Street
Honolulu, HI 96813

EWA BEACH CENTER
91-1251 Renton Road
Ewa Beach, HI 96706

*Easterseals Hawaii has been
awarded the highest level
of accreditation by CARF
International for its Home
and Community Based
Services Program.*

