

**LIVING
INDEPENDENTLY
IN
NORTHWEST
KANSAS**



Serving Northwest Kansas for over 30 years!

CONSUMER HANDBOOK

Revised January, 2017

WELCOME TO LINK, INC.

The Mission of LINK, Inc., is to provide advocacy and services for the needs and rights of people with disabilities and further empower them to experience the highest quality of life, independence and equality.

DEFINITION OF INDEPENDENT LIVING

LINK, Inc. is a Center for Independent Living established by Federal Law and promotes independent living of people with disabilities. Independent Living promotes the philosophy that people with disabilities should have the same civil rights, options, and control over choices in their own lives as do people without disabilities.

WHO CAN RECEIVE LINK SERVICES

Any person who has a physical, mental or emotional impairment and expresses an interest in participating in the program is eligible.

HOW YOU CHOOSE SERVICES

Entry to LINK programs is based on your needs as determined by the initial interview and background information, and the program's ability to meet those needs. If it is determined that services cannot be provided to you because of service limitations of the program, an attempt will be made for referral to more appropriate services. LINK has set general requirements and limitations for individuals wanting to participate in the program.

An initial entrance interview will occur within two weeks of your referral. The meeting may be arranged in your home, with family members or an advocate in attendance, if you wish them present. You can also choose to meet at one of our offices or at a convenient location in your community. First, we discuss your needs and options for meeting those needs. Next, a plan is developed, examples are: planned services with LINK; a short term (information) service with LINK; and/or referrals to other community service providers.



INDEPENDENT LIVING SERVICES

A plan is developed which is called an Independent Living Plan (ILP). The ILP might include:

Goals - These will indicate the direction you are going in your total life planning. Examples may be to get a job and/or to live in your own house/apartment.

Objectives - These will be the detailed steps you must take to achieve your goals. Objectives will be things you see happen and measure your level of success

Time Frames - This will be how long you and the other team members expect it will take to meet the objectives.

You are in control of creating and changing your ILP. Waiving an ILP is also an option.

Your responsibilities in the LINK program:

1. You are expected to share the responsibility of developing and working on your ILP.
2. During appointments with the Independent Living Specialist to work on ILP objectives, distractions, such as the television, radio or stereo should be off so concentration can be maintained. Telephone calls and visitors should be kept at a minimum.
3. Notification of cancellations of appointments should be done as early as possible.
4. Remember other people have rights also. Act in a manner which does not limit or infringe on their rights.

CANCELLATION NOTIFICATION

You are responsible for notifying the **LINK staff person** or LINK office of changes in scheduled visits - as early as possible. We sometimes travel many miles to reach your home - please call as early as you can. Similarly, LINK staff should notify you of schedule changes they have to make as early as possible.

If you or a member of your household is ill, it is best to cancel the LINK visit. LINK staff members usually see several people each day, and would like to avoid transmitting illness.

DISCONTINUING THE PROGRAM

You may leave LINK services for any of the following reasons:

- 1) The Independent Living Plan is completed;
- 2) You and the staff person working with you feel the program is no longer helping you;
- 3) The staff of LINK feel you are no longer involved in the ILP process; or
- 4) You no longer wish to be in the LINK program.

Occasionally, it may become necessary for LINK, Inc. to completely disassociate itself from a specific consumer when circumstances arise.

CONSUMER RIGHTS

LINK acknowledges your human and legal rights. Should you feel we have violated your rights, there is an appeal process within LINK. You may appeal any staff decisions affecting the status of your services by notifying the Independent Living Specialist in writing of your disagreement. If the problem is not resolved, then there is a second step. You can request that the Program Services Director meet with you to hear your appeal in person. You can have anyone you wish attend the meeting with you. We will come to a decision in the meeting, which we will write up and submit to everyone. If not satisfactorily resolved, you can then appeal to the Executive Director. The Executive Director's decision is final.

In the case that you feel your rights have been violated in any way, by anyone, you may want to take some

action. You may also call the **Client Assistance Program** operated for all individuals who receive services from programs like LINK and Vocational Rehabilitation. That number is 1-877-776-1541.

Following is a summary of some of your rights:

1. You have the right to accept or refuse services.
2. You have the right to be treated as an individual, with feelings, emotions and preferences.
3. You have the right to privacy, including privacy of your records and program.
4. You have the right to be the primary decision maker in any program planning, decision making, and implementation concerning you.
5. You have the right to confidentiality and access to your records under law and per agency policy.
6. You have the right to express disagreement with and correction of the material in your file.
7. You have the right to appeal any decision made that concerns you.
8. You have the right to participate in all aspects of local community life.
9. You have the right to education and training which will allow you to develop the skills necessary to reach your personal goals.
10. You have the right to vote.
11. You have the right to follow your own religious beliefs.
12. You have the right to live free of discrimination in employment and in your access to public services and government programs.

ABUSE, NEGLECT, EXPLOITATION OR FIDUCIARY ABUSE

Are you the victim of Abuse, Neglect, Exploitation or Fiduciary Abuse?

Abuse: Abuse is defined as any act or failure to act performed intentionally or recklessly that causes or is likely to cause harm, including: infliction of physical or mental injury; sexual abuse; unreasonable use of physical or chemical restraints, isolation, or medications; threats or menacing conduct; fiduciary abuse or omission or deprivation by a caretaker or another person of goods or services which are necessary to avoid physical or mental harm or illness.

Neglect: Neglect is defined as failure or omission by one's self, caretaker or another person to provide goods or services which are reasonably necessary to ensure safety and well-being and to avoid physical or mental harm or illness.

Exploitation: Exploitation is defined as misuse of an adult’s property or intentionally taking unfair advantage of an adult’s physical or financial resources.

Fiduciary Abuse: Fiduciary Abuse is defined as when any person who is the caretaker of, or who stands in a position of trust to an adult takes, secretes or appropriates their money or property to any use or purpose not in the due and lawful execution of the adult’s trust.

How do you report Abuse, Neglect or Exploitation?

Telephone your *worker at LINK*, the *local Kansas Department for Children and Families, formerly Social and Rehabilitation Services (SRS) agency* or call the *APS in-state toll-free hotline at 1-800-922-5330*. Out of state reporters may call 1-785-296-0044 and request to be called back if they wish to avoid the cost of the call. The hotline is staffed twenty-four hours a day, seven days a week. Reports can also be made to local law enforcement or in the case of an emergency, dial 911.

What do you report?

Report the name and address of the adult suspected of being abused, neglected, exploited or financially abused. Give your name and how to contact you. Add any information you think might be helpful in the investigation and protection of the adult. This includes addresses, telephone numbers and directions to the home(s) of relatives, caretakers, the alleged perpetrator(s), risk factors to the adult or social worker – ie, violence, guns, dogs, etc.

Give information about the nature of the concern. Please be specific about the abuse, neglect, exploitation, or fiduciary abuse allegations, including whether you think the adult is in immediate danger. Please also include what you saw, how long you believe it has been occurring, when you last saw the adult, who is the alleged perpetrator.

FILE ACCESS

All consumer files are confidential. Direct access to them is limited to designated staff. All others must have written authorization from you, the consumer.

Your file will be maintained at the main office location and the assigned staff person will maintain a copy. Only LINK staff and government representatives will have access to your file on a need to know basis.

You have certain rights to your Consumer Master Record. Please see HIPPA Privacy Notice.

SERVICES AVAILABLE

LINK, INC. PROVIDES FIVE CORE SERVICES

■ INFORMATION AND REFERRAL



We have a specialist on staff who can assist you in locating and identifying the appropriate supports and services you may need to remain living independently in your home and in the community. Our Specialist collaborates with other agencies within the communities to find the best fit for individuals needing services.

■ INDEPENDENT LIVING SKILLS TRAINING

We will help you attain knowledge and skills that you need or desire to become and remain independent.

■ PEER SUPPORT

We share our own experiences or knowledge or link you with someone who can relate to the changes and challenges that you might be facing.



■ ADVOCACY

Individual Advocacy: We will assist you with tactics or techniques to advocate for yourself and, if necessary, act as an advocate to resolve access, service, or integration issues with others. This includes special education, education, housing issues, etc.

Systems Advocacy: Our advocates work collaboratively with consumers, staff, business leaders, politicians, and other organizations to improve access, service and integration for all people with disabilities.

■ TRANSITION

We will assist you or your loved one in moving out of a nursing facility, institution or restrictive environment into your own home. We also help ensure that adequate services and supports are available to support the health and safety of you or a loved one. If you are at risk of entering into an institution or nursing facility and want to remain living in your own home, programs are available that can assist you in making that happen.



OTHER SERVICES PROVIDED THROUGH LINK

■ FINANCIAL MANAGEMENT SERVICES PROVIDER

Should you choose to have LINK as your Financial Management Services Provider, we can process timesheets and payroll for your Direct Support Workers. **Please note – all DSW’s must be at least 18 years of age.**

■ INDEPENDENT HOME CARE PROGRAM

LINK’s Independent Home Care Program helps you to stay in your home despite living with a disability. If you have a disability and do not qualify for Medicaid, we can still help you obtain in-home attendant care.

■ HOUSING REFERRAL

We do not operate a residential setting, but rather act as a referral source for appropriate, accessible housing.

■ SUPPORT GROUPS

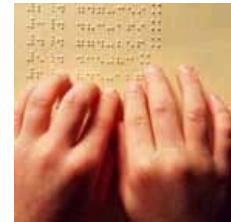
We encourage people with disabilities to learn from each other in support groups. These groups can be accessed either through the community or LINK. LINK offers Community Action Public Policy Change Agents (CAPPKA), and Peer Support Groups.

■ DURABLE MEDICAL EQUIPMENT LOAN POOL

We have a limited pool of durable medical equipment for short-term (3 month) loan to you, such as wheelchairs, walkers, etc. We will assist you in locating new or used equipment.

■ INTERPRETING SERVICES

LINK has a list of sign language interpreters available upon request when needed.



■ BRAILLING SERVICES

We can create Braille documents for your use or for the community. (Fees apply for use by community.)

LINK, INC. OFFICES, ADDRESSES, AND TELEPHONE NUMBERS:

HAYS OFFICE (MAIN)

Angie Zimmerman, Executive Director

Independent Living Specialist

Transitional Living Specialist

Information and Referral Specialist

Financial Management Services

2401 E. 13TH STREET, HAYS, KS 67601

Phone: 785-625-6942 (V/TT) or 800-569-5926 (V/TT)

GREAT BEND OFFICE

Independent Living Specialist

Transitional Living Specialist

1103 Main, Great Bend, KS 67530

Phone: 620-792-6600 (V/TT) or 800-208-7114



LINK, INC. NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

LINK, Inc. protects the confidentiality of your individual health information. LINK, Inc. has access to your individual health information because you have chosen LINK, Inc. to provide Medicaid services or Independent Living services. LINK, Inc. will use and disclose health information in the treatment, payment and health care operations with your consent. LINK, Inc. may also have access to your individual health information because you are an employee of LINK, Inc. or work as a Direct Support Worker in the HCBS program. *For treatment*, LINK, Inc. may assist you with carrying out an order of your doctor. *For payment*, LINK, Inc. may assist you with billing Medicaid for the services of your Personal Attendant. *For health care operations*, LINK, Inc. may assist you with meeting quality assurance expectations of Medicaid.

In addition, LINK, Inc. may be required to use or disclose your individual health information. LINK, Inc. as a Medicaid provider is required to disclose individual health information for Medicaid *quality assurance* programs and health oversight activities. LINK, Inc. is required to report incidences or suspected *incidents of abuse, neglect and domestic violence*. LINK, Inc. is required to disclose information in relation to investigations by the State and Federal government to determine if LINK, Inc. is protecting your health information. LINK, Inc. may disclose health information in *Judicial and Administrative proceedings*. This might include disclosing information pursuant to a Judge's order or subpoena. LINK, Inc. may disclose information *to law enforcement* to assist with the investigation of a crime. LINK, Inc. may disclose your health information as necessary to comply *with Worker's Compensation or similar laws*. LINK, Inc. may use and disclose your health information to contact you with *appointment reminders* for treatment or services provided by LINK, Inc. LINK, Inc. may include certain limited information about you in a *directory* while you are receiving services from LINK, Inc. This information may include your name, location, your general condition and your religious affiliation. The directory information may also be released to people who ask for you by name. LINK, Inc. may release health information about *you to a friend or family member who is involved with your care, or to persons designated by you*. LINK, Inc. may also disclose health information about you to an entity assisting in *disaster relief efforts*. LINK, Inc. may use or disclose to a business associate, an institutionally related foundation or to the federal or state government, limited protected health information for the *purpose of raising funds* for its operation or to advocate for funding for government programs that benefit both the consumers and LINK,

Inc. LINK, Inc. might release contact information, such as your name, address and telephone number and the dates you received services from LINK, Inc. If you do not want LINK, Inc.

to contact you for fundraising efforts, you may make that election on the Consent Agreement. LINK, Inc. will protect your anonymity.

LINK, Inc. will not use or disclose your health information without written authorization from you. If you do authorize LINK, Inc. to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time to the LINK, Inc. Privacy Officer. If you revoke your authorization, LINK, Inc. will no longer be able to use or disclose health information about you for the reasons covered by your written authorization, though LINK, Inc. will be unable to take back any disclosures already made with your permission.

STATEMENT OF INDIVIDUAL RIGHTS

You have a right to request restrictions upon the use and disclosure of health information. LINK, Inc. is not required to agree to the restrictions that you request. Your request must be made in writing to the Privacy Officer.

You have a right to receive confidential communications through reasonably alternative means or at an alternative location.

You have a right to inspect and copy health information. If you request a copy of the information, LINK, Inc. may charge you a reasonable fee to cover expenses associated with your request. Your request must be made in writing to the Privacy Officer.

You have a right to request that LINK, Inc. amend your health information that you believe is incorrect or incomplete. LINK, Inc. is not required to change your health information. However, LINK, Inc. will provide you an opportunity to record your amendment to the health information. Your request must be made in writing to the Privacy Officer.

You have a right to request, in writing, an accounting of disclosures. If you request an accounting, LINK, Inc. will provide a list of disclosures of your health information. LINK, Inc. will not account for disclosures made for purposes described in this notice or disclosures authorized by you or disclosures made to you.

You have a right to a paper copy of this notice at any time. For further explanation of your rights or how to exercise your rights, contact the LINK, Inc. Privacy Officer.

CHANGES TO THIS NOTICE OF PRIVACY PRACTICES

AND EFFECTIVE DATE OF NOTICE

LINK, Inc. is required to maintain the privacy of protected health information and to provide the consumer with notice of its legal duties and privacy practices. LINK, Inc. reserves the right to amend this Notice of Privacy Practices at any time. Notice of changes will be provided through the LINK, Inc. newsletter. Any revisions to this Notice will state an effective date. This Notice is effective April 25, 2003.

COMPLAINTS

If you believe your privacy rights have been violated, you may take the following actions: File a complaint with LINK, Inc. by contacting the LINK, Inc. Privacy Officer or by filing a complaint with the Secretary of the Department of Health and Human Services at 877-696-6775, or write them at 200 Independent Ave. S.W. Washington, D.C. 20201. You will not be retaliated against for filing a complaint. Your health care services will not be affected in any way.

LINK, INC. PRIVACY OFFICER

LINK, Inc. Executive Director
2401 East 13th Street
Hays, Kansas 67601
785-625-6942

Consent to Use and Disclose Health Information

I have selected LINK, Inc. as my Center for Independent Living. I give permission to LINK, Inc. to use and disclose protected health information to carry out treatment, payment, or health care operations necessary to assure my continued eligibility for this service. I received a Notice of My Rights to the Protection of Individual Health information. I reviewed this Notice prior to the signing of this consent. LINK, Inc. reserves the right to amend the Notice and I have a right to request and review the amended Notice. I understand my right to request restrictions regarding the use or disclosure of individual health information in the carrying out of treatment, payment, or health care operations. If LINK, Inc. agrees to my restrictions then the restrictions are binding upon LINK, Inc. However, I also understand that LINK, Inc. does not have to agree to my requested restrictions. I understand my right to revoke in writing this consent, except to the extent that LINK, Inc. and other covered entities have taken action in reliance upon it.

I understand that LINK, Inc. may release protected health information for use in a directory, disclosure to family or my designated persons and for fund raising or advocacy before the State or Federal government. I have been given the opportunity to object to any of these uses by placing a check mark next to the following statements:

I do not want limited information released to a third party.

I do not want information disclosed to family members or persons who ask for me.

I authorize LINK, Inc., to disclose information about me to the person or persons listed on an attached piece of paper.

I do not want information used to raise funds.

LINK, Inc. will protect my anonymity by using or disclosing the minimum amount of information necessary for the purpose.

Consumer

Date

LINK, Inc. staff

Date

AGREEMENTS

I, _____, have reviewed the LINK, Inc. Consumer Handbook with LINK, Inc. personnel and verify that:

- 1) I am a person with a disability.
- 2) I understand the contents of the handbook and my rights and responsibilities as A consumer and/or employer as I participate in the LINK, Inc. Program.
- 3) I have received a copy of the Client Assistance Program (CAP) Brochure.
- 4) (FMS Consumers only) I understand that I am the employer of my Direct Service Worker.
- 5) I understand that after my case has been classified as inactive, LINK, Inc. will retain my records for a period of ten years at which time they will be destroyed, unless I claim them.

Consumer Date

LINK Personnel Date

I would like to receive the LINK, Inc. Newsletter by mail: Yes _____ No _____

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