

MY PERSONAL COMPASS



to determining quality services

Route 2 of the FSQAP Roadmap

(FSQAP = Florida Statewide Quality Assurance Program)

This Compass Belongs To:

The Date I Started My Compass:

This compass talks about my own ideas and thoughts on the services I receive through the Agency for Persons with Disabilities (APD).

Please do not read or share my personal compass unless you have my permission.

Sponsored by Delmarva Foundation and the State of Florida, Agency for Health Care Administration in cooperation with the Agency for Persons with Disabilities.



MPC 10/2003
2006 Version 2

Things you will need to complete your personal compass



- *A Pencil*

- *The phone number of your district office*

so you can get the **SCORE** received on the provider's **CONSULTATION** (your support coordinator may have this information too.)

- *A friend, advocate, guardian or someone you trust if you feel you need assistance.*

This person also can help you with reading and/or writing.

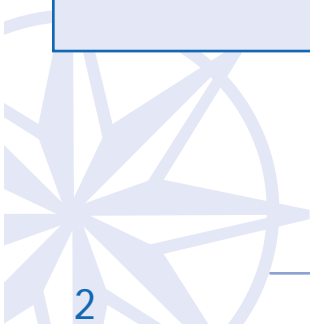
- *Your own thoughts and ideas to complete your personal compass.*



Words that are **BOLD** are in your “**helpful words**” section on the next page. This may be helpful as you go through your personal compass...

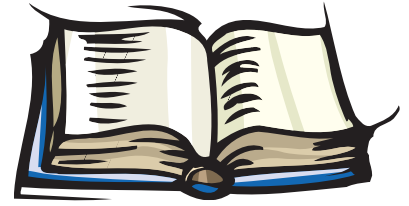
I live in Area:

The office phone number for the Area office for the Agency for Persons with Disabilities (see back page for directory) is:



Helpful Words

Here are some words you may see as you use your personal compass and what they mean...



AHCA

Agency for Health Care Administration

ALERT ITEMS

Something that warns of a problem; alert items are very important to our health, safety and well-being.

APD

Agency for Persons with Disabilities

COMMUNICATE

A way to express your feelings and attitudes. Some people communicate with words, some with help from others or the use of sign language or a communication device. We have many different ways to communicate our feelings.

CONFIDENTIAL

Confidential means that no one can look at your record (information about you) without you or your legal guardian saying it is "o.k.". Staff who work with you cannot discuss anything about you with other people without getting you to sign your name that it is ok for them to talk to someone else about you or to share information about you. They have to explain to you what they want to share from your record and talk with the other person about. If you don't understand what they want to share, then ask them to try explain it again or maybe even later in a different way.

CONSENT

To give your permission; to agree to something.

CONVERSATION

Communication between two or more people.

FSQAP

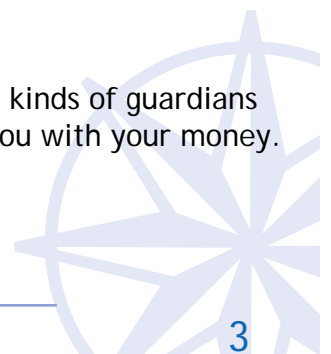
Florida Statewide Quality Assurance Program

GRIEVANCE

A word used to say you have a complaint about something. Each provider should have a way for you to state a complaint regarding their services.

GUARDIAN

A person chosen by law to provide help and assistance to someone. Florida has many kinds of guardians - some who help another person with a lot of things to someone who may just help you with your money. Remember, the court has to say it is ok for someone to be your guardian.



IDEAS AND THOUGHTS

Things you think about and come up with on your own. Many of these will be important to you and you will want to let your support team or someone important know. These could be things you want to learn to do. If so, tell people who work with you.

MONITOR OR MONITORING (now called consultation)

To keep watch over or look at something that is done to help insure your health, safety and wellness. It also makes sure that the goals you have told your support team you want to work on are indeed the things you are working towards. The Delmarva Foundation has been hired by the State of Florida to **consult with providers** to make sure they are doing their job and that you are getting the best DS Waiver services possible.

PERMISSION

Giving your "o.k." to something. For example, you may say it is "o.k." for your support coordinator to send something from your file to a provider or a doctor. You may say it is "o.k." for someone to use something of yours or to borrow something... this is giving your permission.

PERSONAL COMPASS

My personal guide that helps me decide if the services I am getting are quality services and gives me information on my rights as a consumer.

PRIVACY

Time alone in a place where other people will not disturb you. People who work with you should **RESPECT** your privacy needs. This is when you may want to spend time without anyone else or maybe alone with another friend.

PROVIDER

People who are paid to support you. Examples of Developmental Services Waiver providers are your Waiver Support Coordinator, Supported Living Coach, Supported Employment Coach, Personal Care Attendant, Group Home Staff and Training Program Staff.

RESPECT

To show consideration for. (examples: We are taught to **respect** our elders. They **respected** my privacy.) A feeling you have that people are treating you the way you want to be treated. People listen to you and take time to know you and learn about your needs and dreams for now and in the future.

ROADMAP

A guide to the Florida Statewide Quality Assurance Program and how it impacts me and my services.

RULES

We all have rules that we have to follow. A rule is a direction or instruction that we know we should do and follow.

SUPPORT TEAM

The individuals who you select to help support you in your life and help you work to meet the goals you want to achieve.

TAKE ADVANTAGE OF

This happens when someone takes or uses things that are yours and you have not told the person they can use your things. Taking advantage of someone is wrong.

Let's Start...

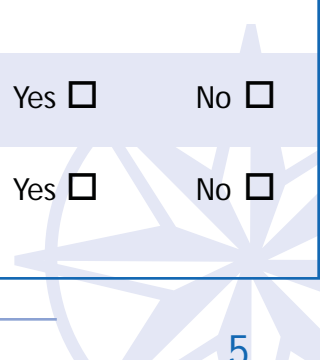
Begin by completing a checklist on each provider. Put a "yes" or "no" for each question.

Name of Provider/Person:	_____ / _____
Date they began providing my services:	_____ / _____

Place a check in the box:

- Check YES if the Provider/Person always or almost always does this
- Check NO if the Provider never does this or rarely does this

	Provider #1		Provider #2	
Calls me by the name I want to be called.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Talks to me in a nice way.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Looks at me when talking to me.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asks me about my feelings and ideas.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gives me extra time to talk or COMMUNICATE if I need it.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gives me extra time to do things if I need extra time without making me feel hurried.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asks me if I need help before giving me help.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Includes me in the CONVERSATION when other people are in the room and they are talking about me.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Shows up at the time and day they told me they would.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dresses and grooms in a way that makes me feel good about going out with them in the community.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>



	Provider #1		Provider #2	
Calls me if they are going to be late.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If they cannot come when they are SCHEDULED to, they call in time for me to make other plans.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Returns my phone call quickly or by the time I have asked them to call me back.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Knocks on my door before entering.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asks my PERMISSION before using personal things like my phone or stereo, reading my books/magazines, eating my food or touching my personal items.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respects my personal things when they use them.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Respects my privacy.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Supports and helps me to select goals that I want to work on.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Knows what my personal goals are on my support plan and implementation plan.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Helps me to work on things that are part of my goals.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Helps me find better or other ways to reach my goals when I am having a hard time reaching a goal.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Helps me change my goals and helps me to work on my new goals.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asks me what I want to work on or where I want to go.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>



	Provider #1		Provider #2	
Takes their time in doing the things I want to do when we go into the community.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Helps me to do things and I feel they are nice, gentle and listen to me.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
When I am with them, I feel we are really having a good time, learning things and enjoying our time together.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If I have a problem with what they are doing, I feel they listen to me and fix the problem quickly.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has explained to me their grievance procedures and how to use the grievance process.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*Overall, I feel good, safe and happy when I am with this person.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Add up all your "NO" answers and put them here

→ →



0 "Nos"

Zero "Nos"

If your total is zero "Nos" give this provider a big "Thank You" and tell them how much you appreciate them. Your provider is a great member of your team.

2 or 3 "Nos"

Two or Three "Nos"

Things are probably going pretty good. Talk to this provider about things that bother you. They will probably want to know and will work hard to fix any problems. They probably want to be on your team.

4 or More "Nos"

Four or More "Nos"

You might need to talk with someone, like your support coordinator or someone at the Area APD office, on ways to work with this person/provider. They may need training or information to help them. If you are unhappy with them, talk to your support team and work together to fix the problem.



Some other things to look at...

before picking a new provider, changing providers, or to look at about the person/provider who is serving you now

Sometimes people want or need a new provider for their medicaid waiver services. If you are:

- Moving from a group home or some other place, to a supported living arrangement or a new home;
- Moving from an institution into the community;
- In need of a new service, or
- Unhappy with your current provider and want to pick a new one;

You may want to get some information before picking a provider.

Here are some tips:

1

Talk to other individuals receiving services from this person or provider. Ask them if they have completed a personal compass and ask if they mind sharing the total score they got. Ask them what are good things about this person and if there have been bad things about them.

2

Talk with the Area APD office. Ask them if this person or provider has ever had a "grievance" (see definitions). This is also a good question to ask people who are serving you right now.

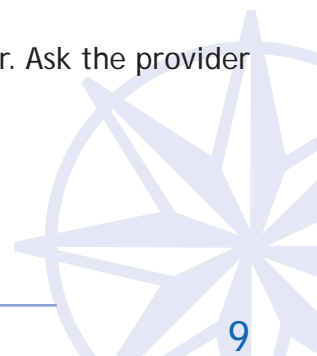
3

When talking with the Area APD, ask them how this person/provider scored on their annual consultation. Did they have any "alert" items? If they did, did they fix them and any other problems that were found? This is also a good question to ask about people who are serving you right now.

4

Talk with your support coordinator and others familiar with the provider. Ask the provider how they did during their Delmarva consultation.

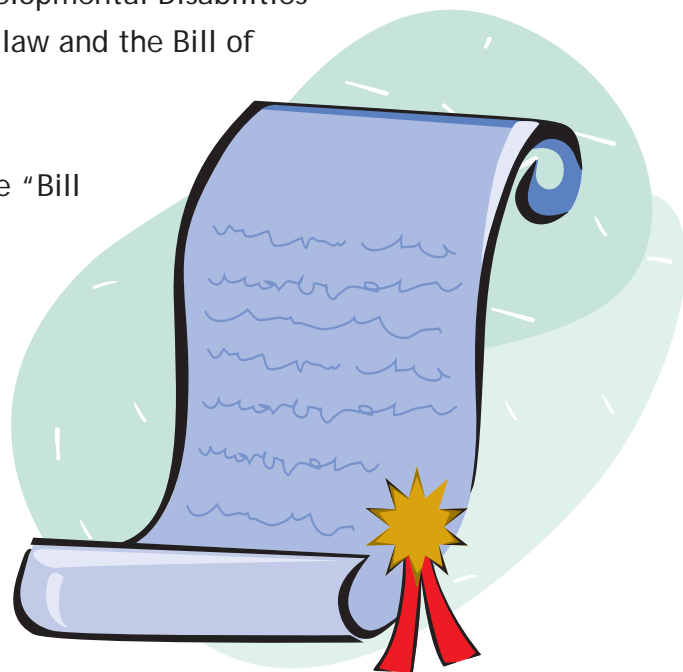
finally...



Now we are going to take a detour and head down the “Bill of Rights Road”. This road will give you information about a law called Florida Statute 393. This law protects persons in Florida who have developmental disabilities and who are served by the Developmental Disabilities Program in the Department of Children and Families. This law and the Bill of Rights are very important.

In June of 1975 the Governor of Florida signed into law the “Bill of Rights” as it had been passed by the 1974 Florida Legislature. The purpose of this law is to give extra importance to rights enjoyed by Florida’s Citizens with Developmental Disabilities.

These are the Rights:



- The Right to dignity, privacy and humane care.
- The Right to religious freedom and practice.
- The unrestricted Right to communication.
- The Right to personal possessions and effects.
- The Right to education and training.
- The Right to participate in community activities and to social interaction.
- The Right to prompt and appropriate medical care and treatment.
- The Right to behavioral and leisure time activities.
- The Right to physical exercise.
- The Right to humane discipline.
- The Right to physical examination prior to subjection to a treatment program to eliminate bizarre or unusual behaviors.
- The Right to minimum wage protection and fair compensation.
- The Right to vote.
- The Right to be free from physical restraint and
- The Right to central record.

Your Rights

What do these rights mean to me?

We all have rights; the Bill of Rights for persons with developmental disabilities helps to ensure your rights are protected.

Right To Dignity...

You have the right to dignity, privacy and humane care. This means you may expect to be treated with respect by people. They should be kind to you and talk to you in a nice way and treat you in a kind way.

Religious Freedom...

You have the right to religious freedom and practice. What this means is that you can go to a church you choose and to church activities you want to go to. Nobody can force you to go to a church or a church activity that you do not consent to (This means you have to give your permission and say O.K.).

Communication...

You have an unrestricted right to communication. This means you can send and get mail without other people looking at it first and you may share your mail with anyone you want - or you don't have to let anyone else see it. You also may make and get phone calls in privacy and talk to people about things you want to talk about.

Personal Possessions...

You have the right to your own things. This means you can keep and use things that you like. You can keep them for you to use only, or you can decide what things you want to share. You also have the right to access your money and to be informed of exactly how it has been spent so if staff help you with your money they must keep receipts and show you when you ask how much money you have in your bank accounts.



Education and Training...

You have the right to education and training. This means you have a right to learn new things so that you can take care of yourself, learn to use and do things in your community and become as independent as possible.

Medical Treatment...

You have the right to prompt and appropriate medical care and treatment. This means you can expect to see a doctor or dentist when you need one.

Behavior and Leisure Time Activities...

You have the right to behavioral and leisure time activities - time to enjoy yourself and have fun. You can do things with friends in the community.

Physical Exercise...

You have a right to physical exercise. This means you can play sports or games in your free time or walk or participate in an exercise program.

Humane Discipline...

You have the right to humane discipline. Basically what this means is that people have to tell you what the rules are that you must follow at home, work and in the community, but if you break the rules nobody is going to hurt you. There are other laws that protect you if someone does try to hurt you or to take advantage of you and there are people you can contact for help if someone does something bad to you.

Community Activities...

You have the right to participate in community activities and to social interaction.

Physical Exam Before Behavior Modification...

You have the right to have a physical examination before you are subject to a treatment program to help get rid of negative or bad behaviors. Sometimes there can be physical problems that may cause you to act in an unusual or bad way... this protects you to make sure that your support team knows there is nothing wrong with you physically before they start a behavior program.

Voting...

You have the right to register to vote and to participate in elections when they occur.

Minimum Wage...

You have the right to minimum wage protection and fair compensation. This means you have to be paid fairly for work that you do.

Freedom from Physical Restraint...

You have the right to be free from physical restraint. This means that you cannot be tied down even if you do something you shouldn't, unless you are trying to hurt yourself or someone else.

Central Record...

You have the right to a central record and to read and know what is in your record. This means that what is being said and written about you is going to be kept in one place and only the people who work with you can see it.

Important

Remember, if you feel that someone has treated you badly you can call the Florida Abuse Registry. Someone there must take your call and talk to you about what has been done to you. If they feel they need to come and talk to you, they will and will follow-up on your call to help protect you. You can call this number any time, day or night any day of the week. It is 1-800-962-2873. You should also know that if a staff person or someone working with you sees someone treat you badly or knows they have done something wrong to you, they are required by law to call the ABUSE number and report what they saw and know - it's the law!!!



And more information on your rights...

What should I do if I ever get involved with the law?

... for example, if the Police stop me and take me to the Police Station.

First, always carry a picture identification and the name and phone number of your support coordinator, a family member, or friend who you can depend on to come help you. If a Police Officer takes you to the Police Station ask to call one of these people. It is good to tell them that you are a person who receives services from the Developmental Disabilities Program - it is also a good idea to have the Area phone number in your wallet.

There is a law that protects persons who are served by the Developmental Disabilities Program who have been determined eligible through "Mental Retardation" or "Autism". Although we don't like to use these terms, the law states that you have certain rights if you are arrested or taken to the Police Station. This law is called Florida Statute 916. If you are told by a Judge that he or she is going to appoint you a lawyer, make certain they know about this law.

If you do not have a picture identification - ask your support coordinator to put it on your support plan and make plans immediately to get one - carry it at all times in your wallet with all your important phone numbers!!!



MY NAME IS _____

Phone # of Support Coordinator _____

Family Member or Friend _____



State of Florida

The Information Highway

Our next detour is to go down the “Information Highway”. This highway will provide you with phone numbers, website links and other places to go for good, useful information... please visit www.dfmc-florida.org or www.myflorida.com.



Agency for Persons with Disabilities/ Area Offices Developmental Disabilities Program

Daytona Beach, FL 32114	Flagler & Volusia Counties	210 N. Palmetto, Suite 336	386-947-4026
Ft. Lauderdale, FL 33301	Broward County	201 W. Broward Blvd., Suite 403	954-467-4218
Ft. Myers, FL 33906	Charlotte, Collier, Glades, Hendry & Lee	P.O. Box 60085	941-338-1572
Ft. Pierce, FL 34956	Indian river, Martin, Okeechobee & St. Lucie Counties	337 N. 4 th St., Suite A	561-467-3792
Gainesville, FL 32602-0390	Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee & Union Counties	1000 N.E. 16 th Ave.	352-955-5793
Jacksonville, FL 32224	Baker, Clay, Duval, Nassau & St. Johns Counties	3631-B Hodges Blvd.	904-992-2440
Lakeland, FL 33813-2030	Hardee, Highlands & Polk Counties	4720 Old Hwy. 37	941-619-4100
Miami, FL 33128	Dade County	401 N.W. 2 nd Ave., Suite N812	305-377-5029
Orlando, FL 32801	Brevard, Orange, Osceola & Seminole Counties	400 W. Robinson, Suite 930	407-245-0440
Pensacola, FL 32501	Escambia, Okaloosa, Santa Rosa & Walton Counties	1600 Governmental Center	850-595-8344
Tallahassee, FL 32303	Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla & Washington Counties	2639 N. Monroe, Suite 140-A	850-487-1992
Tampa, FL 33602	Desoto Hillsborough, Manatee, Pasco, Pinellas, & Sarasota Counties	1313 N. Tampa St.	800-741-8687 813-233-4300
W. Palm Beach, FL 33401	Palm Beach County	111 S. Sapidilla Ave.	561-837-5564
Wildwood, FL 34785	Hernando, Lake Marion & Sumter Counties	1601 W. Gulf Atlantic Hwy.	352-330-2162