

**MIAMI CEREBRAL PALSY RESIDENTIAL SERVICES, INC.**

**An Affiliate of United Cerebral Palsy**

**Private, Not For Profit Agency**

**Established since 1984**

# **RESIDENTIAL FACILITY INFORMATION MANUAL**

**ADULT EDUCATION PROGRAM AND ADMINISTRATIVE OFFICES**

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This manual is intended to provide general information regarding individuals we serve at the facilities operated by **Miami Cerebral Palsy Residential Services, Inc.** (MCPRS). The intent is not to provide a detailed accounting of Policy and Procedure, but rather a brief overview of the categories that are typically of interest to parents, guardians and individuals who reside in our homes. Specific questions should be directed to the Administrators at each facility.

MCPRS is a private non-profit organization affiliated with United Cerebral Palsy of South Florida. On the local level, United Cerebral Palsy facilities have been providing South Florida with programs and services since 1946. It began as a group of parents seeking help for their children in a church and then a store front setting in downtown Miami. UCP of Miami's Central facility has been located for the past thirty years in the Civic Center on what used to be the City of Miami Golf Course. The original Broward facility began providing services in the early 1970's in an East Lauderdale warehouse district in East Lauderdale. Each day over 1,000 local United Cerebral Palsy employees provide approximately 1300 children and adults with active treatment, education, occupational therapy, physical therapy, speech therapy, vocational training, medical intervention, psychological services, counseling, and residential services.

#### **MIAMI CEREBRAL PALSY RESIDENTIAL SERVICES, INC. (MCPRS)**



MCPRS opened their first facility homes, as **Intermediate Health Care Facilities** for the developmentally disabled in August of 1984. The facility home concept was part of Florida's statewide plan of phasing out large institutions such as Sunland, Orlando and Tallahassee. Miami Cerebral Palsy Residential Services, Inc. operated twelve health care facility homes in South Dade County until the forced relocation by Hurricane Andrew to

Broward County from August 1992 to April /May 1996 while new facilities were being built in Dade County. Relocation to Dade County became effective May/June of 1996 and includes the addition of an Adult Educational Day Program building with classrooms and administrative offices. In February 1997 MCPRS opened its first six-bed group home under the **Home & Community Based Services Waiver Program**. The 144<sup>th</sup> Court Medicaid Waiver group home is a one story single family home with four bedrooms. It has the capacity for six individuals who are able to ambulate and assist with transfers and are not in need of 24 hour nursing supervision. The group home operates and is funded through an alternate Medicaid program called the Home and Community Based Waiver.

The "Waiver" part of the name refers to an individual having "waived" their right to an Intermediate Care Facility for the Developmentally Disabled funded placement; however, services are subject to availability of funding. The group home offers many of the services provided by the Intermediate Care Facility for the Developmentally Disabled and seeks to promote community integration by having individuals participate in community events. The services offered also focus on the acquisition of skills necessary for daily living to be applied in a normalized setting. The individuals also attend a choice of Adult Day Training programs. This home is located in Kendale Lakes in a residential neighborhood.

Individuals served by MCPRS attend the UCP Training Vocational Center, the **MCPRS Adult Education Program**, or public school, during the day. In the evening, all individuals have different programmatic and recreational activities, as well as, community outings on weekends.

### **MCPRS ADULT EDUCATION PROGRAM**

Individuals living in our community with complex medical and functional challenges began receiving an exciting and unique service when the MCPRS Adult Education Day Program opened its doors on January 13, 1997. These individuals, many of who had been severely limited by fragile medical conditions and profound developmental disabilities, are now afforded the opportunity to engage in a day training program on a daily basis.

The Miami Cerebral Palsy Adult Education Day Program provides state of the art programs and services to primarily medically fragile individuals. The programs focus on increasing individual capabilities in a facility away from their home. The programs are specially designed to allow individuals to experience a life similar to their non-disabled peers. The program also includes a room for sensory integration called a Multi-Sensory Environment using the Snoezelen approach

The individual's learning experience is further enhanced by the Adult Basic Education Program. With degreed teacher(s) and associate teacher(s) provided through MCPRS and the Dade County Public Schools, each individual has personalized goal plans geared towards their participation in thematically arranged classrooms.

### **PHILOSOPHY**

It is our philosophy to ensure that individuals are placed in the least restrictive setting possible and that each individual is afforded a life worth living. Individuals presently residing at MCPRS shall be afforded every opportunity to participate in appropriate community activities. As a facility for the developmentally disabled, we provide comprehensive programmatic and health care services to each individual we serve. These services are based on current methods and materials in the field. The principle of normalization enhances the highest degree of individual independence regardless of disability.

Furthermore, the rights of individuals are commensurate with the rights of other Florida citizens as outlined in Florida's Bill of Rights for the Developmentally Disabled. The Bill of Rights for the individuals we serve is included in this manual.

### **APPLICABLE LAWS AND REGULATIONS**

We follow all applicable laws and regulations which ensure that all people, regardless of their disabilities, are entitled to equal rights and enrichment of life. These laws are on file at the facility and are available for your review. Contact the facility Administrator for further information. Florida Statutes are available on-line at <http://www.flsenate.gov/Statutes/>. ICF/DD regulations from the Agency for Health Care Administration are available on-line at <http://www.fdhc.state.fl.us>

### **MISSION STATEMENT**

The Mission Statement of Miami Cerebral Palsy Residential Services, Inc. is to affect positively: The quality of life for persons with Cerebral Palsy and other developmental disabilities, to meet their multiple needs and those of their families, and to prevent developmental disabilities and minimize their effects. **The Mission Statement is visually demonstrated by the Table of Organization which is represented in the back of this manual.**

### **BELIEFS AND TENETS**

1. Virtually nothing is impossible.
2. We must explore the far reaches of the human potential so we may raise our levels of expectation for ourselves and those whom we serve.
3. The people we serve are people first, and we must always advocate, despite the odds.
4. We must progressively and sensitively balance safety and common sense with the dignity of risk that is necessary for people to grow. We must be creative and fair enough to encourage the people we serve to make informed choices whenever safe and reasonable.
5. Our employees are invaluable and can learn, develop, and rise to any height they choose.
6. The people we serve should be treated as individuals and prescriptive programs and treatments shall be designed to meet each person's unique needs.
7. We have responsibility, where feasible, to contribute to advancements in the field of developmental disabilities.
8. We are part of a team in the service of people with developmental disabilities along with those we serve, their families, and other community and governmental agencies.
9. We support Florida's "Bill of Rights" for the Developmentally Disabled population.

## GENERAL INFORMATION

### ADMISSION

Admission to any of the facilities operated by MCPRS must be in keeping with Agency for Persons with disabilities (ADP), and the Federal Medicaid regulations. Individuals considered for placement at MCPRS facilities should be processed through ADP and must be processed by the MCPRS admissions committee. The program office in Tallahassee must authorize all admissions to MCPRS. Individuals should be able to benefit from Active Treatment and should be Medicaid eligible unless private pay.

### CERTIFICATION AND ACCREDITATION

MCPRS facilities are licensed by the State of Florida Agency for Health Care Administration, Division of Health Quality Assurance through an annual facility audit called a **survey**. In addition to this survey, the facilities are inspected by local health inspectors, individual advocate teams, federal office of Medicaid, and other applicable agencies. The agency places great emphasis on quality assurance.

### INDIVIDUAL CONDUCT/HOUSE RULES

The facility shall stipulate specific behaviors to be prohibited and consequently targeted for reduction via formal or informal intervention. In addition, behaviors to be permitted and in what context they can be engaged in will also be listed. The decision as to what types of behavior should be prohibited/permitted will be partly based upon the majority of this society's cultural and moral values and shall attempt to approximate a normalized environment to the best extent possible. The IDT, individual's and or advocates feedback shall also contribute in the decision making process.

The group identified the following behaviors to be discouraged because they were either socially unacceptable or infringed upon the rights of others:

#### **Behaviors determined to be inappropriate and prohibited:**

1. **Cursing/ swearing:** obscene language or gestures (damn is permissible).
2. **Verbal threats:** any message that conveys physical harm to others.
3. **Physical aggression to self or others:** includes hitting, biting, kicking, etc.
4. **Stealing:** taking items that belong to others without their permission.
5. **Masturbating in public:** includes exposing oneself in public areas.
6. **Smoking on premises:** MCPRS provides a smoke free environment for residents and staff. Therefore, smoking is not permitted.
7. **Yelling/tantrums:** screaming, banging objects and crying when denied ones way or yelling which is continuous and disruptive.

8. **Property destruction:** breaking items intentionally.
9. **Physically disciplining other individuals we serve:** an individual is permitted to give appropriate verbal feedback to another individual as a form of social disapproval.
10. **Self-stimulatory behaviors:** any behavior such as hand mouthing, hand weaving, etc. which interferes with an individuals ability to participate in training programs.
11. Inappropriate touching.
12. Sexual harassment.
13. Abuse of any kind including verbal, physical, sexual abuse, or any other type of abuse.

**Behaviors determined to be appropriate and permitted:**

1. **Consumption of alcoholic beverages:** May be allowed provided the individual is an adult, over 21, and there are no medical contraindications. If the individual is incompetent, consent from the legal guardian will be required. In order to prevent intoxication, consumption of alcoholic beverages will be limited to two servings per occasion.
2. Intimacy and social relationships. **Refer to MCPRS Policy B210 for specifics. Appendix I.**
3. **Freedom to choose bedtime:** Choosing one's own bedtime will be allowed with consideration of school, work or social obligations for the following day. Freedom to choose when to receive active treatment or select religious services are included.
4. **Eating snacks in bedroom.** Snacks will be allowed in the individual bedrooms.
5. **Participation:** Participation is encouraged in daily household chores and habilitation programs commensurate with physical abilities. We encourage as much participation in all aspects of life as possible.

**CONFIDENTIALITY**

It is the policy of MCPRS to treat all individual information on a confidential basis, and to release information from the records only with properly signed authorization. The few exceptions to releasing information without permission are outlined herein. All individual records are the property of MCPRS.



Confidentiality is intended to safeguard the content of information including video, audio, and/or computer stored information from unauthorized disclosure without the specific informed consent of the individual, parent of a minor child, or legal guardian.

In general, the individual's central record is confidential. Central Record may be released, providing written authorization.



If the individuals are competent, they may give permission themselves. If they are not competent, permission may be obtained from the parent or legal guardian.

The following are the situations where information may be disclosed without obtaining permission: Individual records from internal and external sources will be processed in response to a subpoena or released to persons authorized by order of the court. Individual records may be disclosed to a qualified researcher, a staff member with need to know, of the facility, an employee of the Agency for Persons with Disabilities, Florida Department of Children and Families and Support Coordinators when the Administrator of the facility deems it necessary for the individual's treatment, the maintenance of adequate records, compilation of treatment data, or an evaluation of programs. General information from individual records may be used for statistical and research purposes providing the individual's identity is protected. As appropriate, parent names or addresses will not be shared with outside sources such as hospitals or physicians. Instead, we will furnish their names to parents so that they can contact outside sources themselves if they so desire.

No information will be released from the records without proper signed authorization, and individuals will not be photographed, or participate in any other activity which may jeopardize their anonymity without written authorization. In order to protect confidentiality, all reference to individuals we serve in public correspondence will be stated with the first name and last initial.

### **INDIVIDUAL TRUST ACCOUNTS**

Each individual has a separate account into which funds from Social Security, friends and family, Veterans Assistance, Medicaid, and third party benefits are deposited.

Individual funds can be used for the following: individualized trips, outings to a restaurant, buying food or snacks for enjoyment above and beyond food that is required to be provided by the facility, chaperone expenses for special trips, haircuts, purchase of personal leisure/hobby related materials, personal items such as cologne, perfume, etc., and decorative items to individualize the bedroom living environment above and beyond the basics that must be provided by the facility. Also, the funds can be used for a burial fund to assist the family/guardian with this cost.

The Administrator is the person who is responsible for the monitoring of individual trust accounts, however, if an individual has been adjudicated incompetent or is under age, the guardian shall be permitted to manage the individual's fund if they so desire. Individuals with the desire and capability to manage their own accounts will be permitted to do so. Money from friends or family should be given directly to the Administrator for deposit or deposit into the individual's account if an individual is not capable of managing their own account. In the event of death, the accounting office will provide the executor or

administrator of the estate with a written accounting of the personal funds within ten business days from the time of death. Individual funds may be applied toward burial expenses along with burial account funds. Note: specific questions regarding individual trust accounts or related topics should be directed to the facility Administrator.

### **CLOTHING**

Each person is expected to have an adequate amount of clothing, which will be kept on inventory. The facility will provide basic non-brand clothing according to established Medicaid guidelines. Brand name clothing may be purchased when the price is comparable or less than a non-brand label. Otherwise the cost of brand name clothing will be at the expense of the individual and/or his or her family.

### **PERSONAL PROPERTY**

Each person is allowed to have personal possessions. Each item of a personal nature is cataloged on a separate inventory, with items being added or deleted from the list as needed.

### **USE OF SURVEILLANCE EQUIPMENT**

MCPRS uses video and audio recording devices in each home in accordance with all applicable laws to safeguard the individuals.

### **POSITIVE OUTCOMES FOR INDIVIDUALS:**

MCPRS provides supports and services to individuals with severe and profound disabilities to assist them in achieving their personal desires and outcomes. Personal Outcomes for people with disabilities have been defined by the Council on Quality and Leadership in Supports for People with Disabilities. These outcomes include Identity, Autonomy, Affiliation, Attainment, Safeguards, Rights, and Health and Wellness. The personal outcomes and goals of the individuals provide the vision and direction for the supports and services offered. The team of staff, who work with the individuals to support him/her in achieving personal goals, meet annually and review services regularly to ensure the individuals are receiving the necessary services to enjoy the highest quality of life. No two people will have the same wants and desires in life, so no two support plans will be identical. Person-centered planning is crucial to the success of our program.

### **GUARDIANSHIP**

All individuals admitted to the facility must have a legal guardian. If a parent/family member is not presently the guardian, the parent/family must make these arrangements.

## **REGISTRATION OF GRIEVANCES AND COMPLAINTS**

MCPRS realizes the benefit of obtaining feedback from the people we serve as one method of monitoring our effectiveness as an agency. Therefore, we encourage the individuals we serve, parents and guardians to freely express their concerns to us in a timely manner. If at all possible, the complaint should be directed to the Qualified Mental Retardation Professional as a first step of resolution. Unresolved issues should be brought to the facility Administrator's attention, and as a last resort, to the attention of the MCPRS' Executive Director. All family and guardians' grievances and/or complaints shall be reviewed by the MCPRS Human Rights Committee which is designed to protect and promote the individuals' rights. **Refer to Policy B100 Grievance Procedure for Individual Served/Family/Guardian under Appendix II** of this manual for more specific information.

Complaints dealing with suspected abuse should be directed to the Abuse Registry.

1-800-96-ABUSE (1-800-962-2873)

A copy of our **MCPRS Abuse policy B10** is available for your review upon request through your facility administrator.

## **RELIGIOUS ACTIVITIES**

Each person has the freedom to practice his/her own personal religious beliefs. Options include on-site non-denominational services which are frequently provided by community organizations, or, if possible, we will make transportation arrangements for individuals wishing to attend services in the community. Individuals are not coerced to participate in any type of religious activity.

## **VISITORS**

MCPRS encourages family and friends to maintain contact with the individuals we serve. Individuals are permitted to receive visitors at any reasonable time, provided that it does not interfere with daily individual care activities or the privacy of the other individuals. Visitors will be requested to sign the visitors log located at each facility and follow the visitor's guidelines. Home visits are encouraged and can be arranged through the Residential Services Coordinator/Administrator. Signs are posted at the homes to notify visitors of monitoring by surveillance equipment. **Refer to Policy B150-d under Appendix III** of this manual for more specific information on visitor guidelines.

## ACTIVE TREATMENT



It is our policy to allow the individuals we serve the opportunity to refuse participation in programming. However, it is also our responsibility to consider the effect such a refusal may have. Active Treatment Programming is offered in order to ensure maximized opportunity for development, therefore, individuals are expected to spend a major portion of their waking day out of bed and involved in planned indoor and outdoor activities.

## WORKING FOR THE FACILITY

The people who reside at MCPRS will be allowed to work for the facility as long as it is considered therapeutic and the goals and objectives are part of the Individual Program Plan and are written in behavioral and measurable terms. Individuals who are engaged in a work program will be compensated for their efforts at prevailing wages and commensurate with their ability. Any income which is received for work will be reported to the Medicaid agency. **Refer to MCPRS Policy B30** for additional guidelines for work by a resident, available through the facility administrator.

## CIVIL RIGHTS

In accordance with federal, state and local law, no person served by MCPRS, Inc. shall on grounds of sex, handicap, race, color, national origin, age, or for any other reason, be subjected to discrimination under any program or activity. **Refer to MCPRS Policy B30** Civil Rights of Individual Clients available through your facility administrator for additional information, the Bill of rights for the Developmentally Disabled and for clients residing at MCPRS, Inc., contained in this manual on the pages that follow and the Civil Rights Certificate Assurance of Compliance with Title VI of the Civil Rights Act of 1964, section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972. **Refer to Appendix IV of this manual.**

Each person and/or their legal representative, when admitted to our facility shall receive a complete orientation to inform them of their civil rights. In the event the person has been adjudicated incompetent or is under the age of 18 years of age, their parent/legal representative shall receive this orientation.

## **BILL OF RIGHTS FOR THE DEVELOPMENTALLY DISABLED**

As outlined in **Florida Statute, Chapter 393**, entitled Rights of all persons with developmental disabilities.

1. RIGHTS OF ALL PERSONS WITH DEVELOPMENTAL DISABILITIES.
  - The rights described in this subsection shall apply to all persons with developmental disabilities, whether or not such persons are clients of our agency.
  - a. Persons with developmental disabilities shall have a right to dignity, privacy, and humane care, including the right to be free from sexual abuse in residential facilities.
  - b. Persons with developmental disabilities shall have the right to religious freedom and practice. Nothing shall restrict or infringe on a person's right to religious preference and practice.
  - c. Persons with developmental disabilities shall receive services, within available sources, which protect the personal liberty of the individual and which are provided in the least restrictive conditions necessary to achieve the purpose of treatment.
  - d. Persons with developmental disabilities shall have a right to participate in an appropriate program of quality education and training services, within available resources, regardless of chronological age or degree of disability. Such persons may be provided with instruction in sex education, marriage, and family planning.
  - e. Persons with developmental disabilities shall have a right to social interaction and to participate in community activities.
  - f. Persons with developmental disabilities shall have a right to physical exercise and recreational opportunities.
  - g. Persons with developmental disabilities shall have a right to be free from harm, including unnecessary physical, chemical, or mechanical restraint, isolation, excessive medication, abuse, or neglect.
  - h. Persons with developmental disabilities shall have a right to consent to or refuse treatment, subject to the provisions of **s. 393.12(2)(a) or Chapter 744**.
  - i. No otherwise qualified person shall, by reason of having a developmental disability, be excluded from participation in, or be denied the benefits of, or be subject to discrimination under, any program or activity which receives public funds, and all prohibitions set forth under any other statute shall be actionable under this statute.
  - j. No otherwise qualified person shall, by reason of having a developmental disability, be denied the right to vote in public elections. **Refer to Appendix IV** for posting used throughout our homes and facilities.

## **ADDITIONAL RIGHTS FOR CLIENTS RESIDING AT MCPRS**

- I. CLIENT RIGHTS:** For the purposes of this subsection, the term “client,” as defined in **s. 393.063**, shall also include any person served in a facility licensed under **s. 393.067**.
- a) Clients shall have an unrestricted right to communication:**
1. Each client is allowed to receive, send, and mail sealed, unopened correspondence. A clients incoming or outgoing correspondence may not be opened, delayed, held, or censored by the facility unless there is reason to believe that it contains items or substances which may be harmful to the client or others, in which case the chief administrator of the facility may direct reasonable examination of such mail and regulate the disposition of such items or substances.
  2. Clients in residential facilities shall be afforded reasonable opportunities for telephone communication, to make and receive confidential calls, unless there is reason to believe that the content of the telephone communication may be harmful to the client or others, in which case the chief administrator of the facility may direct reasonable observation and monitoring to the telephone communication.
  3. Clients have an unrestricted right to visitation subject to reasonable rules of the facility. However, this provision may not be construed to permit infringement upon other clients’ rights to privacy.
- b) Each client has the right to possession and use of his or her own clothing and personal effects, except in those specific instances where the use of some of these items as reinforces is essential for training the client as part of an appropriately approved behavioral program. The chief administrator of the facility may take temporary custody of such effects when it is essential to do so for medical or safety reasons. Custody of such personal effects shall be promptly recorded in the client’s record, and a receipt for such effects shall be immediately given to the client, if competent, or the client’s legal guardian.**
1. All money belonging to a client held by the agency shall be held in compliance with **s. 402.17(2)**.
  2. All interest on money received and held for the personal use and benefit of a client shall be the property of that client and may not accrue to the general welfare of all clients or be used to defray the cost of residential care. Interest so accrued shall be used or conserved for the personal use or benefit of the individual client as provided in **s. 402.17(2)**.
  3. Upon the discharge or death of a client, a final accounting shall be made of all personal effects and money belonging to the client held by the agency. All personal effects and money, including interest, shall be promptly turned over to the client or his or her heirs.
- c) Each client shall receive prompt and appropriate medical treatment and care for physical and mental ailments and for the prevention of any illness or disability. Medical treatment shall be consistent with the accepted standards of medical practice in the community.**

1. Medication shall be administered only at the written order of a physician. Medication shall not be used as punishment, for the convenience of staff, as a substitute for implementation of an individual or family support plan or behavior analysis services, or in unnecessary or excessive quantities.
2. Daily notation of medication received by each client in a residential facility shall be kept in the client's record.
3. Periodically, but no less frequently than every 6 months, the drug regimen of each client in a residential facility shall be reviewed by the attending physician or other appropriate monitoring body, consistent with appropriate standards of medical practice. All prescriptions shall have a termination date.
4. When pharmacy services are provided at any residential facility, such services shall be directed or supervised by a professionally competent pharmacist licenses according to the provisions of **Chapter 465**.
5. Pharmacy services shall be delivered in accordance with the provisions of **Chapter 465**.
6. Prior to instituting a plan of experimental medical treatment or carrying out any necessary surgical procedure, express and informed consent shall be obtained from the client, if competent, or the client's parent or legal guardian. Information upon which the client shall make necessary treatment and surgery decisions shall include, but not be limited to:
  - a) The nature and consequences of such procedures.
  - b) The risks, benefits, and purposes of such procedures.
  - c) Alternate procedures available.
7. When the parent or legal guardian of the client is unknown or unlocatable and the physician is unwilling to perform surgery based solely on the client's consent, a court of competent jurisdiction shall hold a hearing to determine the appropriateness of the surgical procedure. The client shall be physically present, unless the client's medical condition precludes such presence, represented by counsel, and provided the right and opportunity to be confronted with, and to cross-examine, all witnesses alleging the appropriateness of such procedure. In such proceedings, the burden of proof by clear and convincing evidence shall be on the party alleging the appropriateness of such procedures. The express and informed consent of a person described in subparagraph 6. Above may be withdrawn at any time, with or without cause, prior to treatment or surgery.
8. The absence of express and informed consent notwithstanding, a licensed and qualified physician may render emergency medical care or treatment to any client who has been injured or who is suffering from an acute illness, disease, or condition if, within a reasonable degree of medical certainty, delay in initiation of emergency medical care or treatment would endanger the health of the client.

- d) Each client shall have access to individual storage space for his or her private use.
- e) Each client shall be provided with appropriate physical exercise as prescribed in the client's individual or family support plan. Indoor and outdoor facilities and equipment for such physical exercise shall be provided.
- f) Each client shall receive humane discipline.
- g) A client may not be subjected to a treatment program to eliminate problematic or unusual behaviors without first being examined by a physician who in his or her best judgment determines that such behaviors are not organically caused.
  - 1. Treatment programs involving the use of noxious or painful stimuli are prohibited.
  - 2. All alleged violations of this paragraph shall be reported immediately to the chief administrator of the facility and the agency. A thorough investigation of each incident shall be conducted and a written report of the finding and results of the investigation shall be submitted to the chief administrator of the facility and the agency within 24 hours after the occurrence or discovery of the incident.
  - 3. MCPRS shall adopt by rule a system for the oversight of behavioral programs. MCPRS policies shall establish guidelines and procedures governing the design, approval, implementation, and monitoring of all behavioral programs involving clients. The system shall ensure statewide and local review by committees of professionals certified as behavioral analysts pursuant to **s. 393.17**. No behavioral program shall be implemented unless reviewed according to the rules established by the agency under this section.
- h) Clients shall have the right to be free from the unnecessary use of restraint or seclusion. Restraints shall be employed only in emergencies or to protect the client or others from imminent injury. Restraints may not be employed as punishment, for the convenience of staff, or as a substitute for a support plan. Restraints shall impose the least possible restrictions consistent with their purpose and shall be removed when the emergency ends. Restraints shall not cause physical injury to the client and shall be designed to allow the greatest possible comfort.
  - 1. Daily reports on the employment of restraint or seclusion shall be made to the administrator of the facility or program licensed under this chapter, and a monthly compilation of such reports shall be relayed to the agency's local area office. The monthly reports shall summarize all such cases of restraints, the type used, the duration of usage, and the reasons therefore. The area offices shall submit monthly summaries of these reports to the agency's central office.



2. The agency shall adopt by rule standards and procedures relating to the use of restraint and seclusion. Such rules must be consistent with recognized best practices; prohibit inherently dangerous restraint or seclusion procedures; establish limitations on the use and duration of restraint and seclusion; establish measures to ensure the safety of clients and staff during an incident of restraint or seclusion; establish procedures for staff to follow before, during, and after incidents of restraint or seclusion, including individualized plans for the use of restraints or seclusion in emergency situations; establish professional qualifications of and training for staff who may order or be engaged in the use of restraint or seclusion; establish requirements for facility data collection and reporting relating to the use of restraint and seclusion; and establish procedures relating to the documentation of the use of restraint or seclusion in the client's facility or program record. A copy of the rules adopted under this subparagraph shall be given to the client, parent, guardian or guardian advocate, and all staff members of facilities and programs licensed under this chapter and made a part of all staff pre-service and in-service training programs.
  - i) Each client shall have a central record. The central record shall be established by the agency at the time that an individual is determined eligible for services, shall be maintained by the client's support coordinator, and must contain information pertaining to admission, diagnosis and treatment history, present condition, and such other information as may be required. The central record is the property of the agency.
    1. Unless waived by the client, if competent, or the client's parent or legal guardian if the client is incompetent, the client's central record shall be confidential and exempt from the provisions of **s. 119.07(1)**, and no part of it shall be released except:
      - a. The record may be released to physicians, attorneys, and government agencies having need of the record to aid the client, as designated by the client, if competent, or the client's parent or legal guardian, if the client is incompetent.
      - b. The record shall be produced in response to a subpoena or released to persons authorized by order of court, excluding matters privileged by other provisions of law.
      - c. The record or any part thereof may be disclosed to a qualified researcher, a staff member of the facility where the client resides, or an employee of the agency when the administrator of the facility or the director of the agency deems it necessary for the treatment of the client, maintenance of adequate records, compilation of treatment data, or evaluation of programs.
      - d. Information from the records may be used for statistical and research purposes if the information is abstracted in such a way to protect the identity of individuals.

2. The client, if competent, or the client's parent or legal guardian if the client is incompetent, shall be supplied with a copy of the client's central record upon request.
- j) Each client, residing at MCPRS who is eligible to vote in public elections according to the laws of the state has the right to vote. Facility administrators shall arrange the means to exercise the client's right to vote.

**II. LIABILITY FOR VIOLATIONS.** – Any person who violates or abuses any rights or privileges of persons with developmental disabilities provided by MCPRS is liable for damages as determined by law. Any person who acts in good faith compliance with the provisions of these rights is immune from civil or criminal liability for actions in connection with evaluation, admission, habilitative programming, education, treatment, or discharge of a client. However, this section does not relieve any person from liability if the person is guilty of negligence, misfeasance, nonfeasance, or malfeasance.

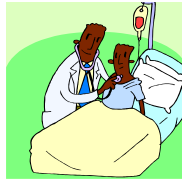
**III. NOTICE OF RIGHTS.** – Each person with developmental disabilities, if competent, or parent or legal guardian of such person if the person is incompetent, shall promptly receive from MCPRS a written copy of this act. Each person with developmental disabilities able to comprehend shall be promptly informed, in the language or other mode of communication which such person understands, of the above legal rights of persons with developmental disabilities.

**IV. RESIDENT GOVERNMENT.** – MCPRS residential facilities provide services to clients who are desirous and capable of participating in a program of resident government to hear the views and represent the interests of all clients served by the facility. The resident government shall be composed of residents elected by other residents, staff advisers skilled in the administration of community organizations, and, at the option of the resident government, representatives of advocacy groups for persons with developmental disabilities from the community. **Refer to MCPRS Resident Government Meeting Policy B70** for details, available through your facility administrator.

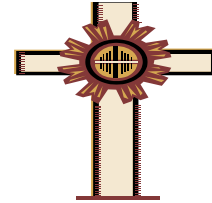
**BILL OF RIGHTS FOR THE DEVELOPMENTALLY DISABLED**



**COMMUNICATION**



**MEDICAL TREATMENT**



**RELIGIOUS FREEDOM**



**SOCIAL INTERACTION**



**PHYSICAL EXERCISE**



**MINIMUM WAGE**



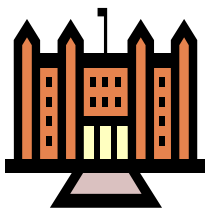
**CENTRAL FILES**



**FREEDOM FROM RESTRAINT**



**RIGHT TO DIGNITY**



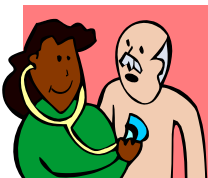
**EDUCATION & TRAINING**



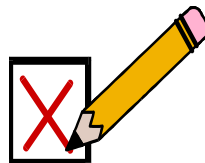
**HUMANE DISCIPLINE**



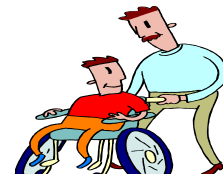
**PERSONAL POSSESSION**



**PHYSICAL EXAM BEFORE  
BEHAVIOR MODIFICATION**



**RIGHT TO VOTE**



**LEISURE ACTIVITY**



**COMMUNITY ACTIVITY**

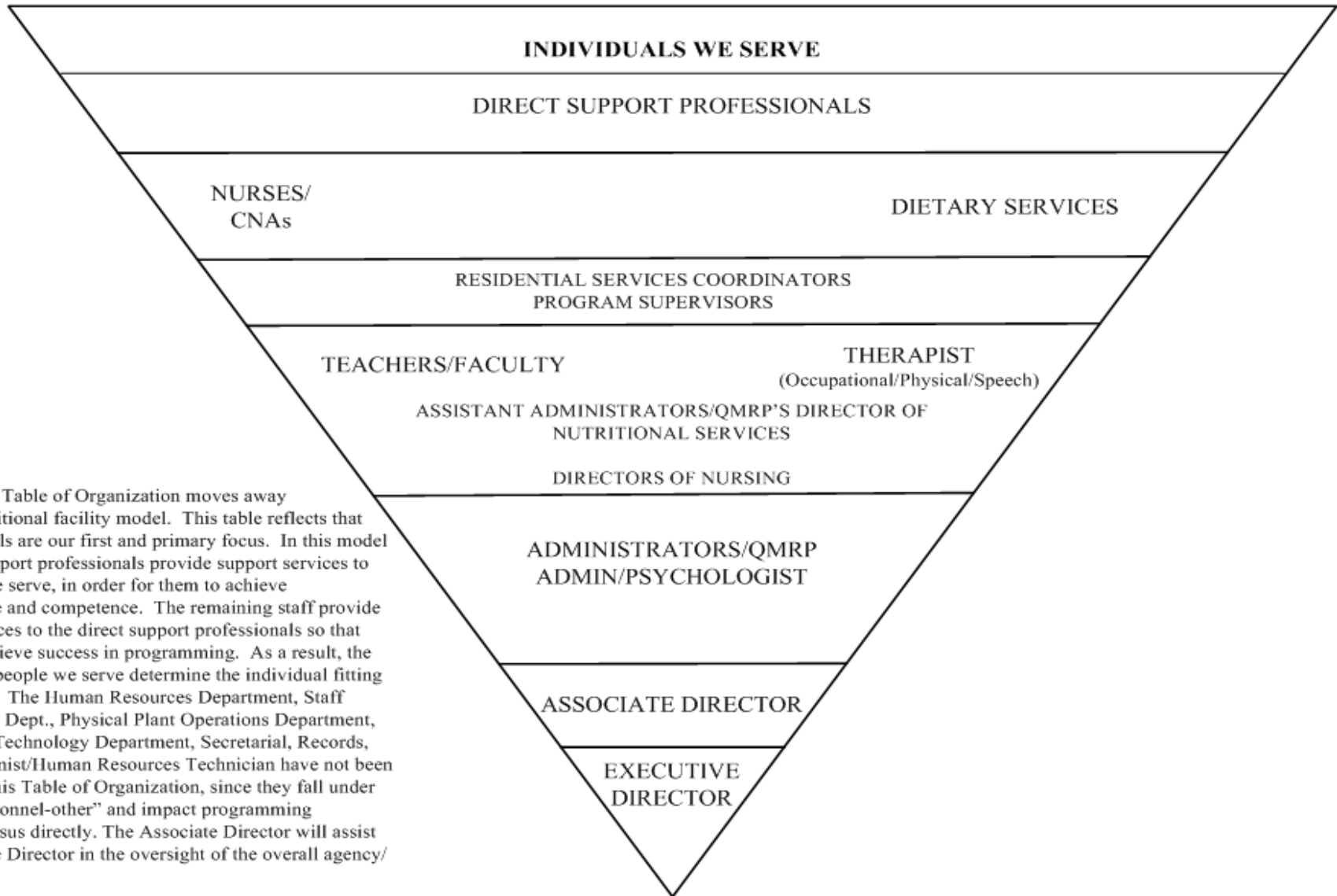


**CONSENT**

### **HUMAN RIGHTS ADVOCACY COMMITTEE**

MCPRS has a Human Rights Committee that meets monthly, or as needed, for the purpose of reviewing and approving adverse interventions, significant medication changes, uses of sedation, surgical procedures, behavior plans, and issues pertaining to the rights and welfare of the individuals served by MCPRS. Parent/guardian/guardian advocate participation on this committee is welcomed and encouraged.

**Table of Organization**



**NOTE:** The Table of Organization moves away from the traditional facility model. This table reflects that our individuals are our first and primary focus. In this model the direct support professionals provide support services to the people we serve, in order for them to achieve independence and competence. The remaining staff provide support services to the direct support professionals so that they may achieve success in programming. As a result, the needs of the people we serve determine the individual fitting into services. The Human Resources Department, Staff Development Dept., Physical Plant Operations Department, Information Technology Department, Secretarial, Records, and Receptionist/Human Resources Technician have not been included in this Table of Organization, since they fall under "support personnel-other" and impact programming indirectly versus directly. The Associate Director will assist the Executive Director in the oversight of the overall agency/personnel.

## **GLOSSARY**

### **ACTIVE TREATMENT**

Active Treatment Plan (ATP): Is the individual program plan for each individual developed by an Interdisciplinary Team. The goal of the plan is to have the individual function as independently as possible in the least restrictive environment, and to prevent regression or loss of functional status. Every individual is required to receive active treatment. Active treatment involves teaching the individuals life skills using developmental programming.

Each year the Interdisciplinary team develops an individual program plan for each individual by identifying the barriers that prevent the individual from functioning more independently. Our goal is to assist the individual in achieving positive outcomes.

### **DIRECT SUPPORT PROFESSIONAL**

The Direct Support Professional (DSP) is responsible for providing the individuals with actual direct care in terms of assisting and/or providing training in all aspects of an individual's life such as dressing, bathing, feeding, active treatment, recreation and emotional support and supervision. The level of actual hands on assistance is determined by the ability levels of the individual.

### **QUALIFIED MENTAL RETARDATION PROFESSIONAL (QMRP)**

The Qualified Mental Retardation Professional is the team leader at each facility and responsible for the overall delivery of services to each individual.

The Qualified Mental Retardation Professional will be professional, and sensitive towards the issues surrounding the individuals we serve as well as their families.

The Qualified Mental Retardation Professional will be compassionate in regards to families dealing with stressful, sensitive situations.

The Qualified Mental Retardation Professional will not be judgmental in regards to any decisions the families make.

The Qualified Mental Retardation Professional will be available to help families in distress when the distressing factor deals specifically with the individual we serve.

The Qualified Mental Retardation Professional must keep in mind the rights of the individuals we serve, while trying to find the balance.

The Qualified Mental Retardation Professional is the chairperson of the Interdisciplinary Team and is responsible for coordinating all of the information received from the various disciplines and developing the Individual Program Plan (IPP). This person is ultimately responsible for supervising the implementation of each individual's plan of care and ensuring the IPP is integrated, coordinated and monitored. They directly and actively supervise the effort of all team members engaged in providing services to the individuals we serve.

### **INTERDISCIPLINARY TEAM - (IDT)**

The IDT is a group of professionals who are responsible for assisting the individual to make decisions on all aspects of his/her life, by evaluation and development of a program plan specifically suited to the individual. Individuals/departments involved in the Interdisciplinary Team process may include: the individual, Physician, Dietitian, Occupational Therapist, Physical Therapist, Speech Therapist, Nursing, Psychologist, Administrators, Residential Services Coordinator, Direct Support Professionals, Teacher and parents/guardian/guardian advocate. The chairperson of the Interdisciplinary Team is the Qualified Mental Retardation Professional.

### **NORMALIZATION**

The concept of normalization drives service delivery at Miami Cerebral Palsy Residential Services, Inc. Normalization means establishing or maintaining personal behaviors that are considered normal by our culture. For example, normalization means our individuals will experience a regular rhythm of activity during the day. As does everyone else, the individuals get out of bed in the morning, get dressed, eat breakfast and then embark in some type of productive and fulfilling activity. They also experience normalization by having a normal rhythm of the week by attending school or being engaged in programming Monday through Friday and then relaxing or going on outings during the weekend. Normalization is experienced by having a normal rhythm of the year by attending seasonal sporting events and celebrating traditional seasonal celebrations. Individuals also experience normalization in terms of normal developmental experiences in their life cycle, living in a world of two sexes, and by having a range of choices, wishes, and desires to include being able to express their choices on where and with whom they will live.

# **APPENDIX I**



*Miami Cerebral Palsy Residential Services, Inc.*

**POLICY: B 210**

**SUBJECT: SOCIAL RELATIONSHIPS and SEXUALITY**

**AUTHORITY REFERENCE:** 483.420 Condition of Participation: Client Protection  
Standard: Protection of client rights (a)(7)(9)(11)  
393.13 Developmental Disabilities Bill of Rights FOR THE  
Developmentally Disabled  
F.S. 744.3215 Rights of Persons  
F.S 402.17  
The Council on Quality and Leadership in Supports for People with  
Disabilities

**POLICY:**

The Council identifies that people with disabilities have the right to identity, autonomy, affiliation, safeguards, and rights. MCPRS recognizes sexuality as a legitimate life function. Sexuality is a basic biogenic need and is integral to the total way in which an individual relates to his or her world as male or female. It includes not just sexual activity, but also the acknowledgement of feelings, ways of relating to self and others, self-esteem, gender identification and sexual orientation. Individuals who are developmentally disabled share these needs and have the right to express their sexuality as consenting adults (over the age of 18) with other individuals of their choice so long as they are not injuring themselves or others. Therefore, the facility will neither encourage nor discourage sexual behavior nor specific sexual orientation for our individuals, but rather, help each person to come to awareness of his/her own sexual orientation and to make informed choices in fulfilling their needs and wishes.

**POLICY INTERPRETATION AND IMPLEMENTATION:**

**IDENTITY:**

1. As unique individuals, people are provided the opportunity to express themselves. Intimate relationships are one way of self expression. The challenge of the persons caring for and supporting the individuals is to learn about people as individuals, then coach and assist these individuals in attaining their wants and desires.
2. Intimacy in relationships includes intellectual, social, emotional and physical aspects. These areas may include physical affection, sexuality, family ties, and spiritual dimensions. Individuals with disabilities have the choice and opportunity to develop close personal relationships. Personal desires for intimacy with others should be respected and supported. Individuals need to have the supports provided to enable them to safely explore their needs for intimacy. The role of the facility is to provide assistance to learn about relationships, assist in making choices, arranging, and accessing opportunities for enhancing relationships.

*Miami Cerebral Palsy Residential Services, Inc.*

**Policy B 210 Social Relationships and Sexuality Continued:**

**AUTONOMY:**

1. Individuals have the ability to choose their personal routine. Part of this decision making may include making decisions about leisure activities that include a variety of experiences, and who they may want to participate with in the leisure activities.
2. Individuals have time, space, and opportunity for privacy to develop social relationships.

**AFFILIATION:**

1. The facility will solicit the individual's preferences or requests for interaction in community activities. This will encourage community participation and increase opportunities for social networks. Opportunities for meaningful contacts are encouraged to focus on individualized, rather than group activities. A broad array of opportunities should always be available, unless otherwise requested.
2. Integrated and diverse environments provide individuals the opportunity to choose activities and relationships that will meet their needs, and located where other people carry out these same activities.
3. Training and supports are provided so that individuals actively join and share in community life. Information and resources should be readily available to individuals.
4. The facility will afford the opportunity to express their unique qualities and differing roles in the community (i.e. being a friend).

**SAFEGUARDS:**

1. Individuals are connected to natural support networks. These networks can consist of family members, friends, etc. The facility should ensure these networks are nurtured over time. It is important in the life of the individual, the connections established be maintained in any way necessary (i.e. providing transportation to visit in the community).
2. Individuals should be encouraged to develop, enhance, or renew relationships.

**RIGHTS (as related to social relationships):**

1. Individuals with disabilities have the same rights as all others.
2. The facility will assist the individual to fully exercise rights and make choices.

*Miami Cerebral Palsy Residential Services, Inc.*

**Policy B 210 Social Relationships and Sexuality Continued:**

3. The facility will provide training and supports to help individuals recognize and understand personal freedoms and rights of others.
4. Individuals have the right to be safe.

**SEXUALITY:**

1. When an individual expresses a desire to be sexually active with another, either verbally or via observable behaviors, a Sexuality Information Survey will be completed by the psychologist for the purpose of identifying the individual's present repertoire of sexual expression, knowledge, and skills as to safe sex practices and need for educational counseling.
2. As part of the annual functional assessment of each individual, using the Human Growth & Development portion, the team will identify the need for general sex education and/or counseling. If a need is identified, the psychologist will provide sex education and/or counseling.
3. For individuals to be afforded bedroom privacy with one another, both must be able to show a readiness to demonstrate responsible sexual behavior and thereby communicate informed sexual consent.
4. Individuals must also be able to indicate when they wish an activity to stop.
5. Social relationships are to occur in a private place, and the acquisition of the private place must not inconvenience another individual (i.e. the roommate of the participant). A private place is an area where no other people are present. Inconvenience refers to infringing on the roommate or other person's wishes in any way and respecting the rights of all.
6. At any point during the social interaction, the behavior must cease if either participant indicates his or her wish to cease as reflected by verbal statements, expressions of discomfort, or physical attempt to escape.
7. Individuals choosing to engage in other means of sexual gratification (i.e.: masturbation, insertion of objects into vagina/rectum) will be re-directed to engage in these behaviors in an appropriate setting such as the bathroom or bedroom.
8. The activity must occur during non-obligated time (i.e.: not at the ADT program, UCP Workshop).
9. The individuals are to be informed as to above parameters.

*Miami Cerebral Palsy Residential Services, Inc.*

**Policy B 210 Social Relationships and Sexuality Continued:**

- 10.** The individuals are to receive formal training regarding prevention of HIV/AIDS, sexually transmitted diseases, pregnancy (**Refer to MCPRS HIV/AIDS Training Module**), and prevention of injury.
- 11.** The facility will ensure the individuals can access the materials that prevent transmission of disease and pregnancy, and safe replacement items
- 12.** A Sexuality Review Committee consisting of the psychologist, QMRP of the facility of the individual, and any other appropriate designated staff, to review cases of individual's requesting to have private time with another, and to determine if consent and other criteria have been met.
- 13.** The QMRP, IDT, and any other appropriate staff will review any individual expressing or engaging in other sexual gratification behavior, and provide direction in the appropriate guidelines and training to address this behavior.

## **APPENDIX II**

**POLICY: B 100**

**SUBJECT: Grievance Procedure for Individual Served/Family/Guardian**

**AUTHORITY REFERENCE(S):** Department Of Children and Families Core Assurances (Medicaid Waiver Program), F.S. Chpt.120; MCPRS Internal Policy (All other programs)

**POLICY:**

MCPRS realizes the benefit in obtaining feedback from our individuals and family members as one method of monitoring our effectiveness as an agency. Written grievance procedures will be used to resolve conflicts which may arise between the individual, family, and/or guardian and the Provider. These procedures do not preclude appropriate requests for a hearing in accordance with Chapter 120, F.S., nor do they preempt the individual, family and guardian's right to request a change in services and/or Provider or request a meeting to discuss other issues of concern.

**POLICY INTERPRETATION AND IMPLEMENTATION:**

1. MCPRS encourages all concerns pertaining to an individual's quality of care, Individual Program Plan/support plan outcomes and specific service provisions to be communicated to the facility administrator, and/or qualified mental retardation professional.
2. The individual initiating the complaint **may** complete the MCPRS **Grievance Form (Refer to Policy Form B 100)**. If the individual is not able to write, the verbal complaint will be written for the individual by either personal care staff, residential services coordinator, the individual's support coordinator (Medicaid Waiver Program), friend or other advocate. The MCPRS Grievance Form will contain the following information:
  - a. The name of the individual initiating the complaint and relationship to the individual receiving services.
  - b. The date the complaint was received.
  - c. A clear description of the complaint.
  - d. The date of the final disposition of each complaint.
3. All complaints will be retained in the individual's central file with a copy contained in the facility unusual incident binder. This section in the unusual incident binder will be maintained as the grievance log section, and will be kept in the administrator's office.
4. Upon notification of a grievance, the administrator will investigate the facts/issues and attempt to resolve the issue(s) in a timely fashion.
5. If the issue cannot be resolved at this level, the grievance will be directed to the associate director or the individual's support coordinator if in the Medicaid Waiver program, as the next step of resolution.
6. As a last resort, unresolved issues will be resolved between the individual initiating the grievance, the agency executive director and the individual's support coordinator, if applicable.
7. Response to grievances will be provided verbally and in writing on the MCPRS Grievance Form.
8. For facilities funded through the Medicaid Waiver, the grievance policy will be annually reviewed and signed by the individual, family and/or guardian. During such time, procedures will be communicated in clear, understandable language to the individual, family and/or guardian. For all other programs, the grievance policy will be signed once upon admission to the facility.

## **APPENDIX III**

## VISITOR GUIDELINES

**Policy: B150-d**  
Effective: 7/12/01  
Revised: 03/12/08

*Miami Cerebral Palsy Residential Services, Inc. strives to make your loved one's quality of life the best possible. One of the many ways we do this is to encourage family and friends to become involved and visit often. In order to make these visits as enjoyable as possible, we are asking that everyone please follow these Visitor Guidelines:*

- ♥ When you visit, sign in at the visitor's logbook and announce yourself to the staff people on duty.
- ♥ When addressing your relative/friend speak slowly and distinctly; raise your voice only when necessary. If the individual you are visiting is visually impaired and/or blind, then describe yourself or the items you may have with you.
- ♥ Visit with your relative/friend in the living room area or on the patio (weather permitting). The visit will seem much more special if it is in the living room or patio. After all, this is his/her home and he/she wants to be gracious.
- ♥ Please call ahead if you are not sure of your relative/friend's schedule. Your arrival may interrupt mealtime. Another reason to call ahead is to make sure the individual is home, it is not uncommon for him / her to be out, especially on a weekend day.
- ♥ Please respect his/her privacy and that of the other individuals. **This is very important to be HIPAA compliant.**
- ♥ If you are not sure what to talk about during a visit, bring an article, a picture book, book of poems or photographs to share. Call the Residential Services Coordinator for ideas.
- ♥ If you need to move your relative/friend from one place to another, ask the staff person on duty for assistance. **Please do not attempt to transfer him/her yourself!**
- ♥ If you choose to do a daily care activity; such as, feeding, bathing, etc. of your relative/friend, a staff person will assist you. **Do not attempt to do these tasks on your own! MCP will gladly provide training.**
- ♥ Remember your relative/friend may be on a restricted diet, check with the nurse on duty prior to offering any food or beverage to your relative/friend or other individuals.
- ♥ When bringing in gift items; such as clothing, toys, photographs, etc., label them clearly and let the nurse or staff person in charge know that the items are being left. This will also insure the item (when appropriate) is added to their personal inventory.
- ♥ While jewelry is always a nice gift, MCPRS, Inc. cannot be responsible for its safekeeping.
- ♥ Please do not remove any of your relative/friends' belongings without proper notice. MCPRS, Inc. is responsible for his/her inventory.
- ♥ When writing to your relative/friend include your last name, your relationship to them, address and/or phone number. Your loved ones enjoy getting mail, so remember birthday and holidays and write often.
- ♥ Please address any concerns with the Residential Services Coordinator or Administrator/Qualified Mental Retardation Professional.
- ♥ **SMOKING in the homes or around the premises is not permitted.**



## Guía Para Visitantes

Miami Cerebral Palsy Residential Services, Inc. trata de hacer sus seres queridos la mejor calidad posible. Una de las maneras de hacer esto posible es invitar a las familias y amigos que participen y visiten a menudo. En orden de hacer las visitas más agradables posible, estamos pidiendo que sigan estas "Leyes de la Casa":

- ♥ Cuando usted visite, firme el libro de visitantes y anuncie a los empleados que están trabajando ese día.
- ♥ Cuando se este dirigiendo a su familiar, hable despacio y claramente, alce su voz solo cuando sea necesario. Si el individuo es ciego, entonces describa su persona y los artículos que usted tiene.
- ♥ Visite con sus familiares y amigos en la sala de espera o el patio (siempre lo permita el clima). Además, estas es la casa de el o ella y quieren ser hospitalarios.
- ♥ Por favor llame antes de tiempo si usted no sabe el programa de ese día. Otra razón de llamar por adelantado es para saber que el individuo esta en la casa porque es posible que el o ella este fuera de la casa especialmente si es fin de semana.
- ♥ Por favor respete la privacidad de el o ella y la de los otros individuos. **Esto es muy importante en mantenerse de las regulaciones HIPAA.**
- ♥ Si usted no sabe de que hablar durante la visita, traiga un artículo, un cuadro, un libro de poesías, o fotografías que puedan compartir. Llame a la coordinadora de servicios residenciales para ideas.
- ♥ Si usted tiene que mover su familiar o amigo de un sitio a otro, pregunte a la empleada que esta de turno para asistencia. **Por favor no atente a transferirlo!**
- ♥ Si usted escoge una tarea diaria como alimentar o bañar al familiar o amigo, pida le a la empleada de turno que la ayude. **No trate de hacer esto por su cuenta! MCP con mucho gusto la puede enseñar.**
- ♥ Recuerde que su familiar o amigo esta en una dieta estricta. Cheque con la enfermera de turno antes de ofrecerle alguna bebida o comida.
- ♥ Cuando traiga artículos de regalo como ropa, juguetes o fotografías, etc., identifique los artículos bien claro con una etiqueta y déjesele a la enfermera de turno o encargada que se los de. Esto asegura el artículo y también para entrarlo en el inventario.
- ♥ Joyas es un regalo muy bonito. MCPRS, Inc. no se puede hacer responsable de asegurarlo.
- ♥ Por favor no le remueva a sus parientes o amigos sus pertenencias sin notificar. MCPRS, Inc. es Responsable del inventario.
- ♥ Cuando les escriba a sus familiares o amigos, incluya su apellido, dirección, su relación con la residencia y su teléfono. Sus seres queridos gozan cuando reciben correo, recuerde su cumpleaños y días de fiestas y escríbanle pronto.
- ♥ Por favor dirija cualquier queja a la coordinadora de servicios residenciales o administradora.
- ♥ **NO FUME en ninguna de las casas o alrededor**

## **APPENDIX IV**



# CIVIL RIGHTS CERTIFICATE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND THE OMNIBUS BUDGET RECONCILIATION ACT OF 1981.

The applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts (except contracts of insurance or guaranty), property, discounts, or other Federal financial assistance to programs or activities receiving or benefiting from Federal financial assistance.

The applicant assures that it will comply with:

1. Title VI of Civil Rights Act of 1964, as amended, 42 U.S.C. 2000d et seq., which prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving or benefiting from Federal financial assistance.
2. Section 504 of the Rehabilitation Act of 1973, as amended, 29 U.S.C. 794, which prohibits discrimination on the basis of handicap in programs and activities receiving or benefiting from Federal financial assistance.
3. Title IX of the Education Amendments of 1972, as amended, 20 U.S.C. et seq., which prohibits discrimination on the basis of sex in education programs and activities receiving or benefiting from Federal financial assistance.
4. The Age Discrimination Act of 1975, as amended, 42 U.S.C. 6101 et seq., which prohibits discrimination on the basis of age in programs or activities receiving or benefiting from Federal financial assistance.
5. The Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, which prohibits discrimination on the basis of sex and religion in programs and activities receiving or benefiting from Federal financial assistance.
6. All regulations, guidelines, and standards lawfully adopted under the above statutes.

The applicant agrees that compliance with this assurance constitutes a condition of continued receipt of or benefit from Federal financial assistance, and that it is binding upon the applicant, its successors, transferees, and assignees for the period during which such assistance is provided. The applicant further assures that all contractors, subcontractors, subgrantees or others with whom it arranges to provide services or benefits to participants or employees in connection with any of its programs and activities are not discriminating against those participants or employees in violation of the above statutes, regulations, guidelines, and standards. In the event of failure to comply, the applicant understands that the Grantor may, at its discretion, seek a court order requiring compliance with the terms of this assurance or seek other appropriate judicial or administrative relief, to include assistance being terminated and further assistance being denied.

The person(s) whose signature(s) appear(s) below is/are authorized to sign this application, and to commit the applicant to the above provisions.

**MARTA E. MORIN**  
EXECUTIVE DIRECTOR

3-12-08  
Date

MIAMI CEREBRAL PALSY RESIDENTIAL SERVICES, INC.  
Applicant (Recipient)

DISTRICT ELEVEN  
Grantor (Program/District)

2200 N.W. 107TH AVENUE  
Applicant Address

MIAMI  
City

FLORIDA 33172  
State Zip Code

CF 707, PDF 10/2005

Braddock Facility	14400 SW 32 <sup>nd</sup> St.	Miami, Florida 33175
NW 2 <sup>nd</sup> St. Facility	11801 NW 2 <sup>nd</sup> St.	Miami, Florida 33182
80 <sup>th</sup> St. Facility	11750 SW 80 <sup>th</sup> St.	Miami, Florida 33183
Sunset Facility	7100 SW 122 <sup>nd</sup> Ave.	Miami, Florida 33183
144 <sup>th</sup> Ct. Facility	7100 SW 144 <sup>th</sup> Ct.	Miami, Florida 33183