

Path Behavioral Healthcare

Consumer Handbook

RECIPIENT HANDBOOK
FOR:

Office Hours 8am-4:30pm Monday – Friday

If you have questions or do not understand any information contained in this handbook, please contact your individual service provider for assistance.

Who We Are

Path Behavioral Healthcare believes that people can and do recover from mental illness by using a Recovery and Person-Centered approach. The dedicated staff of Path will assist you in your journey by focusing on your strengths, needs, abilities and preferences. Path can help you find ways to manage and create a meaningful life in your community.

Mission

PATH is an acronym for Positive Advocates Teaching and Helping. We felt it was important to choose a name that put positivity first as we believe seeing themselves in a positive light is crucial to our client's success.

We also intentionally choose the term "advocates" for our employees because advocates are defined by the support they provide. Our team is happy to serve in support of your success!

Services

Path Behavioral Health provides Psychosocial Rehabilitation (PSR), Community Psychiatric Support Treatment (CPST), and Outpatient Therapy.

Outcomes: The outcomes the agency desires to achieve are that the individuals and families served have:

- Choices among good clinical care options
- Peer support and relationships
- Support of family and friends
- Work, school or other meaningful daily activity
- A feeling of power and control over one's life
- Can overcoming stigma individually and collectively
- Productive involvement in the community
- Access to needed resources
- Education about the illness and about helpful behaviors
- To manage symptoms and triggering stressors.

Staff Qualifications

Our staff are licensed and qualified mental health professionals with training to assist you achieve your goals.

Your Responsibilities

Transportation: Understand that staff may transport you at times, if it applies to specific goals in your treatment or person-centered plan and is consistent with the guidelines of the service you are receiving. However, it is not part of the general service to take you places that are not part of your treatment or person-centered plan.

Appointments: Understand that time with staff is extremely important, and you agree to make every effort to keep all scheduled appointments. The Agency reserves the right to discharge you from service if you do not show for scheduled appointments.

Assessments: Agency staff will work with you to cater your service(s) around your preferences, needs and wants. In order for us to get to know you better, you will be asked to participate in an assessment. The assessment you receive is dependent upon your specific needs.

Individualized Service Plan- Once an assessment is completed, you will work with your staff to develop your individualized plan for treatment. We ask that you are honest with yourself and staff about your goals. We encourage you to ask questions about things you do not understand. If you would like a copy of your Individual Service Plan please contact our medical records coordinator

Fees: We accept Medicaid as payment in full.

Court Mandated: If you are receiving services because you have been ordered by a court of law, then appropriate reporting will be followed per the requirements of the court.

Your Rights

Each person client who is admitted to and is receiving services from the agency has the right to treatment, including access to medical care and habilitation, regardless of age or degree of mental illness, developmental disabilities, or substance abuse. Each client has the right to an individualized service plan setting forth a program to maximize the development or restoration of his capabilities.

A list of your rights will be posted in the agency's facilities and staff will be available for clarification at all times. Your rights include:

- Freedom to choose his/her agency
- The right to ask for a different agency
- The right to participate in and request changes to their treatment plan, crisis plan, and discharge plan
- The right to confidentiality
- The right to review their record
- The right to complain about their services without fear of reprisal, such as discontinuance of services
- The right to be free from being restrained or secluded, unless necessary to protect him/herself or others from harm
- To have privacy when receiving treatment
- Freedom from:
 - Abuse
 - Financial or other exploitation
 - Retaliation
 - Humiliation

- Neglect
- Access to:
 - Information pertinent to the person served in sufficient time to facilitate his or her decision making
 - His or her records during business hours by contacting the medical records coordinator.
- Informed consent or refusal or expression of choice regarding:
 - Service delivery.
 - Release of information
 - Concurrent services
 - Composition of the service delivery team
 - Involvement in research projects, if applicable
- Access or referral to:
 - Legal representation at your cost
 - Self-help and advocacy support programs
- Adherence to research guidelines and ethics when persons served are involved, if applicable
- Investigation and resolution of alleged infringement of rights
- Explanation of fee assessment and collection practices for services rendered
- Grounds for suspension and expulsion
- Ways input is given regarding quality of care, achievement of outcomes and satisfaction
- Freedom from unnecessary or excessive medication. Medication shall not be used for punishment, discipline or staff convenience
- To be fully informed of the services that will or could be provided, the alleged benefits, potential risks, and possible alternatives and to give or withhold informed consent for any research projects, treatment or concurrent services and withdraw consent at any time
- To exercise the same civil rights and civil remedies as any other citizen, *e.g.*, own and dispose of property, execute instruments, make purchases, enter into contractual relationships, register and vote, bring civil actions, and marry and get a divorce, procreate and have children, unless the exercise of a civil right has been precluded by an un-revoked adjudication of incompetence
- To receive a timely response from the agency to a request for service, support, or information
- To communicate with staff at all reasonable times

Grievances

The agency will provide individuals served and their family members and/or guardians with an opportunity to present grievances and to appeal management decisions through a dispute resolution/ grievance procedure. The agency attempts to resolve all grievances, including Title VI matters, promptly under provisions of this policy. Filing a grievance under this policy does not alter or endanger the person's continued service by the agency.

A grievance is defined as an allegation of a violation of Agency policy/procedures. A complaint is any disagreement with Agency practices or decisions that are not related to policy/procedures and would follow the normal chain of command to resolve issues informally.

The grievee has a right to an internal or personal advocate during the proceedings.

PROCEDURES FOR GRIEVANCES

- Step One Consumer puts his or her grievance in writing and submits to the Corporate Compliance Officer (CCO). The written grievance must be signed by the consumer. The Agency will not accept anonymous grievances. The CCO will determine if the issue is a complaint versus a grievance. If a determination is made that it is a complaint, the consumer is referred to the complaint policy.
- Step Two The CCO will attempt to resolve the issue. The CCO has 10 business days to respond in writing to the consumer. If the CCO's resolution does not satisfactorily resolve the issue, the decision can be appealed in writing to the Chief Executive Officer (CEO). The CEO must receive the appeal within 10 business days of the CCO's decision. The CEO has 10 business days to respond in writing.
- Step Three. If the grievant is dissatisfied with the CEO's decision a final appeal may be made to the Client Rights Committee by submitting the written grievance to the Committee Chair within 10 business days of the CEO's decision. The Committee will hear the issue at the next regularly scheduled meeting.
- Final decisions on grievances are not precedent setting or binding on future grievance resolutions unless they are officially stated as Agency policy.
- Clients may call the LA Department Of Health at 225-342-0138 or CARF at 888-281-6531 if they are not satisfied with the agency resolution of the problem.

The agency will not allow any retaliation against any person who files a grievance.

Ways to give us input:

- Satisfaction Surveys
- Talk to local Administrator for additional ways you can have input into services, quality of care and outcomes related to your services or service delivery in general.

Discharge Procedure

You have the right to request to be discharged from any program at any time, for any reason. You have the right to appropriate discharge and/or transition planning. In some instances the Agency may decide to administratively discharge you from services for the following reasons: changes in service definition requirements for eligibility, it is determined that you need service(s) not offered by the Agency, you are not participating in services as it is defined in your Person Centered Plan, not showing for appointments or failure to pay. If you are discharged and continue to need services the Agency will ensure linkage to appropriate care with 72 hours of discharge.

Suspension from Services

The Agency may administratively suspend or expel persons from services when continuing to provide services may endanger the person served, others or the agency.

Each person receiving service shall be free from the threat or fear of unwarranted suspension or expulsion from services. Suspension of services would occur when the reasons listed below present a temporary problem, but can be corrected.

Expulsion from services shall occur when the reasons listed below are egregious and irreparable.

Suspension or expulsion from services would occur at such time when it is in the best interest of the individual served and/or the Agency due to one or more of the following reasons:

- imminent danger of abuse to other individuals exists;
- extensive property damage poses an imminent risk of danger to self or other persons;
- funding for treatment/care does not meet the individual's clinical needs;

Should the need for suspension occur, the local office must notify in writing the person served/legally responsible person and authorizing entity representative of the specific time and conditions for resuming services following the suspension including:

- the reason(s) for suspension from services;
- a specific day services will end, or in the case of suspension, the plan for resuming services
- Efforts by staff to find alternate services and designation of service.

If the agency expels the person served, the local office must provide a 10 day written notice (which includes appeal rights) to the individual served/legally responsible person and authorizing entity representative of the expulsion date and reason(s) for expulsion from services.

The CEO or COO must approve all suspensions and expulsions.

Confidentiality/HIPAA

We require a written release of information to release any information about you, unless permitted or required by law. See the privacy statement in this handbook and the attached list of enumerated confidentiality measures for more information. Any information released will only be used for the specified purpose and is protected by State and Federal HIPAA regulations. Release/disclosure of information may only occur with a consent unless it is an emergency or for other exceptions as detailed in the General Statutes or in 45 CFR 164.512 of HIPAA.

Education about advanced directives

The Agency will provide forms and instruction about advanced medical and mental health directives at your request.

Use of seclusion and restraint

It is the policy of the agency not to use restrictive interventions, seclusion or therapeutic holds as emergency or planned interventions in its programs. If a person served behavior is an immediate threat to themselves or others law enforcement will be called.

Dress

This is a comfortable and casual environment. Please be respectful when choosing your attire, by avoiding suggestive clothing, t-shirts with inappropriate or offensive messages. We have learned that individuals feel better when they dress in a clean and neat manner, but we also understand that it can be a struggle. Even if you don't feel like "cleaning up", you are still encouraged to join us.

Tobacco Use

Tobacco use is prohibited in all Agency offices. Smoking areas are available outside of the building for adult smokers. Please only smoke in designated areas.

Medications

We understand that you may have prescription or over the counter medications with you when you visit our office locations. We ask that you do not bring medications onto the premises unless absolutely necessary. If you must have medications with you when you are visiting an agency office, then please keep your medications on your person at all times.

Illegal Drugs

Agency offices are drug free.

Weapons

No weapons are allowed in agency offices or while in the community with staff. Weapons are considered anything which may cause physical harm. This includes, but is not limited to: guns, knives, pepper spray, stun guns, etc...

Referring a Friend

We would love for you to tell your friends about our programs and would be happy to arrange a meeting with them.

Personal Items

Please do not leave any personal items unattended at the Agency office or staff's vehicle. We are not for any lost, stolen or damaged items.

Religion and Spirituality

We provide care to individuals from families with varied religious backgrounds and beliefs. We do not promote or teach religious doctrine at our centers; however, we have designed our learning programs to teach caring and respect for others, regardless of religious affiliation.

The following list includes Holidays when the office is closed. Check with your staff regarding service availability for these days.

- New Years Day
- Martin Luther King Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day & the day after
- Christmas Eve and Christmas Day

Accounting and safeguarding personal funds- the agency does not manage people's funds.

After Hours Crisis Line

The agency provides first responder services by Licensed and Qualified Professionals 24 hours a day, 365 days a year basis for all programs. If the local office provides medication management services a physician shall be on-call for medication management consumers of that office. The crisis number is on the front of this handbook.

Emergency Preparedness

In the event of a natural disaster the agency office will be closed. Our staff will endeavor to assist you to find shelter and food. If you require our assistance please call our crisis line.

Privacy Statement

We understand that information about you and your health is personal. The Agency is required by law to maintain the privacy of your health information, to follow the terms of this notice, and to provide you with this notice of our legal duties and privacy practices with respect to your health information. We are required to follow the terms of the notice that is currently in effect.

How the Agency May Use or Disclose Your Health Information- The Agency protects the privacy of your health information. For some activities, we must have your written authorization to use or disclose your health information. However, the law permits the agency to use or disclose your health information for the following purposes without your authorization:

For Payment: We may use and disclose your health information so that your services may be billed to, and payment may be collected from an insurance company or a third party.

For Health Care Operations: We may use and disclose health information about you for quality assurance operations. Unless you provide us with alternative instructions, we may send reminders and other materials related to your health care to your home. These uses and disclosures are necessary to run the Agency and make sure that you receive quality customer service.

As Required by Law. We will disclose health information about you when required to do so by federal, state or local law.

To Avoid a Serious Threat to Health or Safety. We may use and disclose health information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

Public Health Risks. We may disclose health information about you for public health activities. These activities generally include the following: (1) to prevent or control disease, injury or disability; (2) to report reactions to medications or problems with products; (3) to notify people of recalls of products they may be using; (4) to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition; and (5) to notify the appropriate government authority if we believe a person has been the victim of abuse, neglect or domestic violence when required or authorized by law,

For Health Oversight Activities. We may disclose health information to a health oversight agency for activities authorized by law. These oversight activities, which are necessary for the government to monitor the health care system, include audits, investigations, inspections and licensure.

Lawsuits and Disputes. If you are involved in a lawsuit or dispute, we may disclose health information about you in response to a court order or administrative order. We may also disclose health information about you in response to a subpoena, discovery request or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request (which may include written notice to you) or to obtain an order protecting the information requested.

For Specific Government Functions. The Agency may disclose health information for the following specific government functions: (1) health information of military personnel, as required by military command authorities; (2) health information of inmates, to a correctional institution or law enforcement official; (3) in response to a request from law enforcement, if certain conditions are satisfied; and (4) for national security reasons.

Advance Instruction: Professionals may disclose advance instruction for mental health treatment or confidential information from an advance instruction to a physician, psychologist, or other professional when it is determined that disclosure is necessary to give effect to or provide treatment in accordance with the advance instruction.

Next of Kin/Family Member/Designee/Advocate: In response to a written request of the next of kin/family member/designee/advocate who has a legitimate role in the therapeutic services offered, the Agency shall: (1) Provide the information requested based upon determination that providing this information will be to the consumer's therapeutic benefit, and provided that the client or his legally responsible person has consented in writing to the release of the information requested; or (2) Refuse to provide the information requested based upon the responsible professional's determination that providing this information will be detrimental to the therapeutic relationship between client and professional; or (3) Refuse to provide the information requested based upon the responsible professional's determination that the next of kin/family member/designee/advocate does not have a legitimate need for the information requested. The Clinical Director will make this determination.

When the Agency May Not Use or Disclose Your Health Information-Except as described in this Notice, the Agency will not use or disclose your health information without your written authorization. If you do authorize the Agency to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

You Have the Following Rights With Respect to Your Health Information:

You have the right to request restrictions on certain uses and disclosures of your health information. The Agency is not required to agree to a restriction that you request. If we do agree to any restriction, we will put the agreement in writing and follow it, except in emergency situations. We cannot agree to limit the uses or disclosures of information that are required by law.

You have the right to inspect and copy your health information as long as the Agency maintains the health information. Your health information usually will include treatment and billing records. To inspect or copy your health information, you must submit a written request to the Medical Records Coordinator. We may charge a fee for the costs of copying, mailing or other supplies that are necessary to grant your request. We may deny your request to inspect and copy in certain limited circumstances. If you are denied access to your health information, you may request that the denial be reviewed.

You have the right to request that the Agency amend your health information that is incorrect or incomplete. To request an amendment, you must submit a written request to the Clinical Director, along with the reason for the request. The Agency is not required to amend health information that is accurate and complete. The Agency will provide you with information about the procedure for addressing any disagreement with a denial.

You have a right to receive an accounting of disclosures of your health information we have made after April 14, 2003 for purposes other than disclosures (1) for Agency treatment, payment or health care operation, (2) to you or based upon your authorization and (3) for certain government functions. To request an accounting, you must submit a

written request to the Medical Records Coordinator. You must specify the time period, which may not be longer than three years.

You may request communications of your health information by alternative means or at alternative locations. For example, you may request that we contact you about health matters only in writing or at a different residence or post office box. To request confidential communication of your health information, you must submit a written request to the local office providing services. Your request must state how or when you would like to be contacted. We will accommodate all reasonable requests.

If you would like to exercise one or more of these rights, contact the Clinical Director.

Changes to this Notice of Privacy Practices

The Agency reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for health information we already have about you as well as any information we receive in the future. Any revised Notice will be posted. Upon request, we will provide a revised Notice to you.