



**It's who we are.
It's what we do.**

Client Orientation Manual

Our Mission is...

To improve and save lives by serving the healthcare needs of those who experience mental illness and/or addiction related conditions.

Our Vision is...

To be the most trusted, highly effective and accessible provider of behavioral healthcare services in the region with a unique ability to provide a continuum of integrated, cost-effective services addressing a broad spectrum of needs.

Our Core Values are...

- Accountability
- Agility
- Collaboration
- Communication
- Compassion
- Diversity
- Empowerment
- Excellence
- Growth
- Innovation
- Integrity
- Optimism
- Responsiveness
- Unity

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Approved:

A handwritten signature in blue ink that reads "Jennifer Jacobs".

Senior Vice President & Chief Operating Officer
Behavioral Healthcare Partners of Central Ohio, Inc.

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Contact Information

Behavioral Healthcare Partners of Central Ohio, Inc. (BHP)

P.O. Box 4670
Newark, Ohio 43058 - 4670
(740) 522-8477 Phone
(866) 593-6330 Toll Free
www.bhcpartners.org

BHP - Knox County

8402 Blackjack Rd.
Mt. Vernon, Ohio 43050

Hours of Operation:

Monday	7:30am – 6:00pm
Tuesday – Thursday	7:30am – 7:00pm
Friday	7:30am – 5:00pm

BHP-Licking County

65 Messimer Drive
Newark, Ohio 43055

Hours of Operation:

Monday	7:30am – 7:00pm
Tuesday-Thursday	7:30am – 8:00pm
Friday	7:30am – 5:00pm

BHP-Medical Services-Licking County

1445 W. Main Street
Newark, Ohio 43055

Hours of Operation:

Monday-Friday	7:30am – 5:30pm
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Courage House Women's Recovery Center-Licking County

74 Granville Street
Newark, Ohio 43055
(740) 345-5074 Phone
(740) 345-7758 FAX

Hours of Operation:

24 hours per day, 365 days per week

Spencer House Men's Recovery Center-Licking County

69 Granville Street
Newark, Ohio 43055
(740) 345-7030 Phone
(740) 345-7454 FAX

Hours of Operation:

24 hours per day, 365 days per year

Work/Life Solutions

80 Granville Street
Newark, Ohio 43055
(740) 349-1805 Phone
(740) 349-1814 FAX

Hours of Operation:

Monday-Friday

After business hours

8:00am – 5:00pm

As needed

Crisis/Emergency Contact Information

A crisis is an acute critical situation that causes emotional or mental distress as well as disrupts one's daily routine.

BHP has resources to assist you during times of crisis such as: BHP's Crisis Intervention Services and the Crisis Information Center of Pathways.

BHP Crisis Intervention Services:

- Is available 24/7, 365 days per year
- Provides pre-hospital screening
- Provides behavioral health assessments
- Provides intervention for individuals feeling suicidal, homicidal, or are experiencing acute mental health issues
- Can make referrals to various other community services

To access Crisis Intervention Services during business hours call 740.522.8477 or 877.593.6330. For after hours Crisis Intervention Services, contact Pathways at one of the numbers listed below. A representative from Pathways will ask you a few questions including your name and phone number. They will contact BHP Crisis Intervention Services with the information and a Crisis Intervention Specialist will contact you.

Pathways:

- Available 24/7
- Free and confidential
- A good source for information on resources regarding:
 - Emergency shelter
 - Utility assistance
 - Substance abuse
 - Elder abuse
 - And more...

To contact Pathways dial 2-1-1, which works on most phones, but for those that it does not work dial: (800) 544-1601 or (740) 392-2828 (Knox County).

If you have a life threatening emergency please call '911'.

Treatment Services Offered

Diagnostic Assessment Services (Mental Health and Alcohol and/or Other Drugs)

- Performed by a qualified professional at time of intake or during a crisis
- A comprehensive clinical evaluation is done in order to identify client needs by determining the psychological and emotional state and current level of functioning, including alcohol and/or other drug dependence. The clinician will determine if BHP is the appropriate organization to meet the needs presented.

Outpatient Therapy Services

- BHP offers mental health and alcohol and/or other drug treatment services including: Group Therapy, Family Therapy, and Individual Therapy for children, adolescents, and adults.

Medical/Psychiatric Services

- Psychiatric evaluation services for eligible clients
- Psychiatric medication management

Crisis Intervention Services

- Available 24/7, 365 days per year
- See page 3 of this manual for details

Child/Adolescent Community Psychiatric Supportive Treatment Services (CPST)

- Provides assistance to high-risk children and adolescents who experience mental health issues or who suffer from severe emotional disturbance
- Works to link families with community services and to facilitate their connection to these services
- Services are offered in the home, school, and in the community
- Intensive Home Based Therapy services are offered to eligible clients

Adult Community Psychiatric Supportive Treatment Services (CPST)

- Provides individualized services for clients who may be at risk for psychiatric hospitalization or who may be suffering from severe and persistent mental illness
- Provides assistance in accessing medical services, housing, benefits, social activities, and other community resources
- Services are offered in the home, school, and in the community

FACT (Forensic Assertive Community Treatment) Team–Licking County Only

- Provides intensive, comprehensive, time unlimited behavioral health services for severely mentally disabled adults and adults who have been adjudicated on felony charges and meet specific forensic criteria
- Provides clients with coordination of psychiatric, therapy, nursing, and Adult Recovery Coordination services using the Team model (all clients on team receive services from all employees on the team)
- Services are available 24/7 for eligible FACT clients

Community Housing Assistance

- Based on client eligibility and available funds
- Can provide assistance with rent and/or deposit

Residential Services-Located in Licking County

Available to residents of Licking and Knox Counties

- River Valley Adult Care Facility
- Altmaier House

Based upon residency, availability, and client eligibility

Residential AOD Treatment Services-Located in Licking County

Available to residents of Licking and Knox Counties

- The Courage House Women's Recovery Center serves adult women who are severely alcohol and/or other drug dependent and their children.
- The Spencer House Men's Recovery Center serves adult men who are severely alcohol and/or other drug dependent.

A Pre-Admission Orientation for Residential Treatment Services (Courage House & Spencer House) is included in this manual for additional program specific information

Vocational Services

- Vocational assessment and supportive employment assistance
- Assistance with finding and keeping employment
- You do not need to receive mental health or alcohol and/or other drug treatment services to participate if referred by Opportunities for Ohioans with Disabilities (OOD).

Criteria for Treatment Services

Outpatient Alcohol and/or Other Drug Treatment Services

- Meet diagnostic criteria for a psychoactive substance use disorder
- Agree to abide by the program's rules, regulations, and expectations
- Possess an intention, desire, willingness or commitment to change

Outpatient Mental Health Treatment Services

- Meet diagnostic criteria
- Agree to abide by the program's rules, regulations, and expectations
- Be able to attend to personal needs and be without incapacitating physical problems

Residential Alcohol and/or Other Drug Treatment Services

- Meet diagnostic criteria for a psychoactive substance use disorder, as applicable
- Be 18 years of age or older
- Agree to abide by the program's rules, regulations and expectations
- Agree to follow their physician's orders if prescribed medication
- Have a recent physical and TB test
- Not have a history of arson, aggressive sexual behavior or extreme violent behavior
- Be able to attend to personal needs and be without incapacitating physical problems

Residential AOD clients who are referred by the criminal justice system must also meet the following admission criteria:

- Meet criteria of moderate risk for re-offense or higher, and/or
- Meet the following criteria:
 - High risk client
 - Client with F1 and F2 offenses regardless of risk level
 - Client with F3 offenses if not lower than moderate risk
 - Client with F4 and F5 offenses if not lower than moderate and are being sentenced to the program for violating a condition of supervision OR have a journalized community control revocation at any time within the preceding five years

In keeping with regulations set forth by the Ohio Department of Rehabilitation and Correction, BHP reserves the right to deviate from the admissions criteria for clients referred by the criminal justice system under the following circumstances: clients assessed as moderate risk who are directly referred to the halfway house for programming targeted at specific populations—e.g., DUI, domestic violence, sex offenses, non-support, clients who are low risk for recidivism but are high need for substance abuse treatment, and judicially released offenders. This deviation in admission criteria will not exceed 20% of admissions.

Residential Mental Health

- Meet diagnostic criteria for a severe mental disability that impacts the ability to live independently in the community
- Be 18 years of age or older
- Agree to abide by the program's rules, regulations, and expectations
- Be able to attend to personal needs and be without incapacitating physical problems

Vocational Services

- Express an interest in Vocational Services
- Client is not in imminent danger to himself or others.
- Client is eligible for services through Opportunities for Ohioans with Disabilities (OOD) or other payment source (i.e. Medicaid).

Program Overview

Program Requirements

As previously outlined, treatment services provided by BHP may have differing criteria for acceptance. BHP employees will review these criteria with you in greater detail. This information is also outlined in the Program Plans that can be found in the lobbies of outpatient treatment facilities.

Program Rules and Responsibilities

During the intake process and ongoing thereafter, employees will review the rules and responsibilities of any new treatment service(s) with you along with the consequences of not adhering to the established rules and responsibilities.

For example, alcohol and/or other drug treatment services require a commitment and/or desire to be abstinent from alcohol and/or other drug use while in the program. As such, drug testing may be a requirement and included in your Individual Service Plan. In this instance, you would need to be prepared to take random drug tests while receiving treatment services. Your treatment provider would share these results with you and with the organization that referred you (with signed authorization for disclosure) for treatment services and discuss any appropriate treatment adjustments that may be needed based upon the test results.

If you're found to be in violation of program rules, your treatment provider will discuss the violation with you and determine if any action must be taken. If your rights and/or privileges are restricted in any way, your treatment provider will discuss this with you and steps will be identified to regain your rights and/or privileges. For example, if you are disruptive or otherwise break the rules of group therapy, you may be removed from the group for an established period of time and individual therapy provided instead. The treatment provider might also require you to write a letter of apology to group members for the disruptive behavior. When all required steps are completed, you and your treatment provider would discuss your actions and determine if your rights and/or privileges should be regained.

Assessing Your Strengths, Needs, Abilities and Preferences

At the time a referral is made or upon initial contact with BHP, intake employees will ask questions about the reason for the referral and assess whether or not BHP has the appropriate services to meet your needs. If determined inappropriate for services or if the organization does not provide the service requested, you will be given information about other organizations in the community that provide the desired service. If determined appropriate for services, you will be notified of upcoming Open Access Intake Clinics or an intake appointment will be scheduled.

During this initial appointment you will meet with a qualified treatment provider who will conduct a thorough Diagnostic Assessment, including health history, mental health, family situation, education and learning, substance use/abuse history, risks and needs, and other areas of your life. Based on this information, they will develop a diagnosis and work with you to decide which services will meet your needs.

At regular intervals following your initial Diagnostic Assessment and/or upon significant changes in your life circumstances, the Diagnostic Assessment will be updated. The purpose of this updated assessment is to help clarify your goals and monitor your progress in treatment.

Individual Service Plans (ISP)

Upon admission to treatment services, you will be assigned a treatment provider who will work with you to develop/update your ISP. Your treatment services will be based on your input, assessment findings, clinical opinion and recommendations from the referral source (when applicable). Based on your needs, you and your treatment provider will determine your level of care to decide the appropriate length and intensity of services. Your ISP may include multiple treatment services provided by BHP. Goals, objectives and action steps will be outlined in the ISP and progress toward meeting these goals will be reviewed no less than annually as required by Ohio law. However, BHP considers the ISP to be a document that guides treatment and it will be regularly reviewed and revised throughout treatment. The purpose of your treatment services is to achieve the identified goals so that you can successfully transition out of treatment.

Service Limits

BHP has engaged in a Utilization Management process since 2008. This means that we assign and/or monitor the usage of mental health outpatient therapy and CPST (a.k.a. case management) sessions based on severity of symptoms, diagnosis, risk assessment, and level of care. We want to ensure that clients receive the appropriate level of services and provide care to as many people who need it.

The number of outpatient therapy (a.k.a. counseling) sessions that are initially approved normally range from 3 to 25 sessions with many falling between 10 and 15. Moreover, a therapist may request additional sessions for a person when he/she feels more are warranted. Research has shown that Solution-Focused Brief Therapy is a very effective form of treatment so this is a method we strive to practice.

In the fall of 2009, BHP introduced the Utilization Management process to case management. A person's risk assessment in addition to his/her level of care is used to determine the average number of CPST (a.k.a. case management) hours that may be provided per month. Again, this is not an absolute limit as exceptions can be made based on need.

In 2011 the State of Ohio introduced service limits to Medicaid. This means that a person may only receive a certain number of hours per service with some exceptions per *fiscal* year (July 1 through June 30th of the next year). Below is the grid that the state has sent to Medicaid recipients explaining these limits. Please note that according to the May 4, 2014 Ohio Council Member E-Bulletin. "[T]he community behavioral health benefit limits for services except Community Psychiatric Supportive Treatment (CPST) have been removed for those individuals enrolled under [Medicaid] expansion. Individuals that are enrolled under the 'traditional' Medicaid program or were Medicaid eligible and not enrolled prior to Medicaid expansion will continue to be subject to the existing behavioral health benefit limits.

Medicaid Mental Health Service	Annual Limit (July 1 – June 30)	Exception to Annual Limits
Counseling	52 hours per year	No exception for adults. Children (up to age 21) may receive more if your mental health provider documents you have a medical need for more services.
Diagnostic Assessment (performed by a medical doctor)	2 hours per year	No exception for adults. Children (up to age 21) may receive more if your mental health provider documents you have a medical need for more services.

Diagnostic Assessment (performed by someone other than a medical doctor)	4 hours per year	No exception for adults. Children (up to age 21) may receive more if your mental health provider documents you have a medical need for more services.
Community Psychiatric Supportive Treatment (CPST)	104 hours per year	You may receive more of this benefit if your mental health provider documents you have a need for more services and requests prior authorization.
Crisis Intervention	No Limit	N/A
Pharmacologic Management	24 hours per year	No exception for adults. Children (up to age 21) may receive more if your mental health provider documents you have a medical need for more services.

With regard to Alcohol and Drug Treatment Services, the state has imposed a limit of 30 hours of services per week.

We understand that this information can be confusing, so please let us know if you have any questions.

Successful Completion of Treatment

You will begin planning for the completion of treatment services from the beginning of treatment. Timelines for successful completion of treatment services will be a collaborative decision between you and your treatment provider and will be based upon the completion of the goals you include in your ISP. As you approach the end of treatment, employees will work with you to transition into other community services, if needed.

When appropriate and with appropriate authorization, the person or agency that referred you to treatment will be notified that you have been terminated from treatment services. For example, if you are mandated to participate in treatment services by the criminal justice system, BHP treatment providers would need to inform the necessary parties of your completion of treatment goals and that your treatment services are being terminated.

Unsuccessful Completion of Treatment

Each treatment service has guidelines for leaving treatment services unsuccessfully. For example, The Client Handbook (Courage & Spencer House) clearly outlines the possible reasons for unsuccessful termination from the program. When appropriate and with appropriate authorization, the person or agency that referred you to treatment will be notified that you have been unsuccessfully terminated from treatment services. For example, if you are mandated to participate in treatment services by the criminal justice system, BHP treatment providers would need to inform the necessary parties of your failure to follow established guidelines and that your treatment services are being terminated.

Any client who poses a danger to the health and safety of an employee or other clients could be involuntarily terminated from services provided by the organization. The incident would be reported in written form and submitted as a Major Unusual Incident. The client would be made aware of the reasons for being terminated from services and the procedures they must follow to have services reinstated. A referral would be made to another service provider so the client is not without access to treatment services.

General Information

Access to Records

During the intake process you will be informed of your right to review and/or request copies of your client records. A copy of the Notice of Privacy Practices is included in this manual which tells you how to request this information. This policy also explains the circumstances under which information can be provided without authorization and tells you how to submit a grievance should you feel that your rights have been violated. BHP's Notice of Privacy Practices, which includes guidelines regarding access to records, is prominently posted in the various facilities for your convenience.

Attendance

All BHP treatment services are considered voluntary by this organization, even in cases where clients are court-ordered to complete treatment services. However, by consenting to treatment services you are expected to actively engage in treatment services as identified in your Individual Service Plan (ISP).

It is extremely important that you keep all scheduled appointments. If you are unable to attend a scheduled appointment, you are expected to provide notice of cancellation at least 48 hours prior to the appointment. If you are going to be late for an appointment or are unable to attend because of an unexpected emergency, you should immediately notify BHP.

Frequent no shows and cancellations will make it difficult for you to be successful in treatment. In addition, when appointments are cancelled late or someone no shows for an appointment, it limits our ability to respond to the needs of others who need help. If you frequently miss appointments, the following will happen:

- If you fail to keep two (2) scheduled Behavioral Health Assessments or Initial Psychiatric Evaluations without canceling at least 48 hours prior to the appointment, the following action will be required:
 - You will only be allowed to attend the Open Access Clinic for a Behavioral Health Assessment.
 - You will have to attend three (3) engagement group sessions before you will be scheduled for an Initial Psychiatric Evaluation.
- If you fail to keep two (2) appointments within three (3) consecutive months without canceling at least 48 hours prior to the appointment, you will no longer be able to schedule individual appointments and will have to attend engagement group sessions.
 - Access to crisis intervention services is not affected by the loss of individualized scheduling privileges.
 - Individualized scheduling privileges will be restored after you have attended three (3) engagement group sessions.
- Co-scheduling appointments (i.e. back-to-back appointments for clients in the same household or simultaneous appointments) may be offered as a convenience. However, if appointments are co-scheduled and you no show or fail to cancel their appointments at least 48 hours prior to the scheduled appointment, BHP reserves the right to discontinue co-scheduling appointments.

Just In Time (JIT) Scheduling for Medical Services:

- BHP uses a JIT model for scheduling medical services. Here's what it means to you:
 - At the conclusion of each scheduled medical appointment, you will be provided an appointment card indicating when you should be seen again. You should call within that timeframe to be scheduled for an appointment. Prescribers will only write prescriptions to last through the time of your next appointment.
 - If you fail to keep two (2) appointments within a three (3) month period without canceling at least 48 hours prior to the appointment, you will not be rescheduled for an individual appointment. Instead, the following will happen:
 - You will be informed that you will need to attend "walk in" clinic.
 - You will "walk in" between designated hours and wait until a direct service provider is available. You will be required to attend two (2) "walk in" sessions before you will be eligible for a scheduled appointment.

- Once individual appointments are reinstated, if you fail to keep two (2) appointments in another three (3) consecutive months without canceling at least 48 hours prior to the appointment, you will be assigned to the “walk in” clinic for one (1) year.
- If you fail to keep an appointment, medication refills via telephone will not be provided. A face-to-face evaluation with a prescriber is required for medication refills.

It is important to remember that missing two (2) scheduled appointments of any type will result in alternative scheduling. For example, if you miss one (1) medical and one (1) outpatient therapy service without canceling at least 48 hours prior to the appointments, all individualized appointment scheduling privileges will be discontinued. As such, you would need to attend engagement groups and would also need to attend ‘walk-in’ clinics if receiving medical services.

Client Rights & Grievances

BHP is committed to providing a treatment experience that is respectful of all clients and employees. As such, employees are expected to uphold the organization’s Code of Ethics and client rights. Clients are also expected to treat BHP employees, clients and property with respect.

During intake you will be provided a copy of the organization’s client rights and grievance policies (included in this manual) and procedures and your rights as a client of BHP will be explained to you. The organization’s grievance policies and procedures explain how you can submit a grievance should you feel that your rights have been violated. BHP’s client rights and grievance policies and procedures are prominently posted in the various facilities for your convenience.

Code of Ethics

BHP is committed to providing services in a professional and ethical manner. As such, employees will protect your client rights and treat you with respect and dignity. If you ever feel that an employee is violating the organization’s standard of ethical behavior, you may report this behavior by submitting a grievance to a Client Rights Officer. BHP’s Code of Ethics is prominently posted in the various locations for your convenience.

Communication Assistance

If you do not speak English and need translation services, BHP will pay for, or assist with, the cost of translation services as long as it is related to the delivery of treatment services. Please contact the Senior Vice President & Chief Operating Officer or any BHP employee for assistance.

Confidentiality

As a client of BHP, your participation in treatment and your client information is protected by the Federal Regulations on the Confidentiality of Alcohol and Drug Abuse Patient Records [42 CFR Part 2, paragraph 2.22] and the Health Insurance Portability and Accountability Act of 1996 (HIPAA). All clients have a right to the highest level of privacy.

All information disclosed within treatment sessions is confidential and may not be revealed to anyone outside the organization without your written permission. The only exceptions are when disclosure is required or permitted by law. Those situations are outlined in the Notice of Privacy Practices (included in this manual) and typically involve substantial risk of physical harm to oneself or to others, or suspected abuse of children. BHP’s Notice of Privacy Practices, which includes guidelines regarding confidentiality and privacy, is prominently posted in the various facilities for your convenience.

You are not to talk about other clients or share information you receive about other clients during group therapy. A simple rule of thumb for maintaining your confidentiality and that of other clients is... ‘What is said in treatment stays in treatment!’ If you share such information, it can be grounds for immediate termination from treatment services and possible legal action.

Continuous Quality Improvement

While receiving treatment services from BHP you will have many opportunities to provide input into the services you receive. Employees will work with you directly to get your input on your individual services but will also get your input through outcome measures and client satisfaction surveys. Outcome measures and client satisfaction surveys will be made available to you at various times while receiving services as well as after services have been ended.

Information will be collected from clients regarding accessibility, availability, appropriateness and acceptability of care as well as satisfaction with treatment services. The information you provide is very important and helps us to better serve you and future clients of BHP.

BHP is also interested in seeing how clients are doing after they have terminated treatment services. If you agree to receive contact from BHP after terminating treatment we may contact you by telephone, email, or U.S. Mail up to 24 months after you have terminated treatment services. All requested information will be held confidential and used to see how you are doing after completing services with BHP and to improve the quality of our services. All identifying information will be removed for reporting purposes.

Cooperation

Accomplishing treatment goals requires the cooperation and active participation of clients and their families. It is important that you be direct and open with your treatment providers regarding your emotional and physical health, including past and present illness, medications, allergies, previous treatment, alcohol and/or other drug use, etc. It is also important that you notify BHP of any changes in name, address, phone numbers, insurance and/or financial information, and other life circumstances that may impact your treatment services.

Very rarely, lack of cooperation by a client may substantially interfere with the treatment provider's ability to effectively provide services. Under such circumstances, the treatment provider may decide to terminate services. In such cases, this would be discussed with you prior to termination and other treatment options would be provided.

Employee Credentials

BHP is committed to providing quality treatment services, facilitated by trained and licensed/certified employees. Treatment services are provided by appropriately licensed/certified employees in accordance with state laws. All non-licensed employees providing treatment services are supervised by a licensed employee. Treatment documents such as Diagnostic Assessments, Progress Notes, and Individual Service Plans will include the name and credentials of the employee providing the treatment service. When applicable, staff credentials will also be found on their business cards and/or posted in their offices.

Fees

Treatment services often have different fees associated with them. During the intake process the organization's financial policies and fee structure will be explained to you. You will be informed of any and all fees that will be charged for treatment services and arrangements for payment for those services. You are expected to provide current and accurate information regarding your household income and household size so that we can determine any fees that may apply and coordinate billing for your treatment services. It is also important that you notify BHP of any changes in insurance and/or financial information on an ongoing basis. You will be responsible for making payment at the time of each billable treatment service. If you have difficulty meeting your financial obligations for outpatient treatment services, it is your responsibility to contact the billing office to discuss payment options. Failure to meet your established fee may result in your account being processed for collection.

Pets/Service Animals

Pets are not permitted in any BHP facility. However, service animals such as guide dogs, signal dogs, or other animals individually trained to provide assistance to individuals with a disability are permitted in BHP facilities per ADA requirements. While on properties owned or operated by BHP, the care and supervision

of the service animal is the sole responsibility of the owner, which includes the requirement that all service animals must be on some type of leash.

Seclusion & Restraint

As outlined in the client rights policy and procedure, BHP does not use seclusion or restraint (including chemical or mechanical restraints). Verbal de-escalation is used if clients become aggressive or display threatening and/or violent behavior. If de-escalation is unsuccessful, '911' will be called.

Sensory-Impaired Clients

If you are blind, deaf or have any other sensory impairments, BHP will pay for, or assist with, the cost of auxiliary services as long as it is program related. Please contact the Senior Vice President & Chief Operating Officer or any BHP employee for assistance.

Health & Safety Information

Safety

For your safety, emergency evacuation plans and listing of emergency codes are located in all facilities. The emergency evacuation plans identify where you should go in case of an emergency as well as the location of first aid kits and fire extinguishers. Please be sure to look at these plans and know where all emergency exits can be found. The listings of emergency codes provide direction on how to proceed if an emergency occurs. Fire extinguishers and First Aid kits are also provided in each facility. The location of these items can be found on the emergency evacuation plans.

Tobacco Use

BHP facilities are tobacco-free environments. Smoking and the use of smokeless tobacco products (including e-cigarettes) are prohibited anywhere within BHP's facilities or vehicles. Smoking and other tobacco use is permitted in designated outdoor areas. This policy applies to all employees, volunteers, visitors, vendors and clients of the organization.

Possession of Illicit or Licit Drugs

No employee, volunteer, visitor, vendor, or client of the organization is permitted to bring illicit (e.g. cocaine, marijuana, etc.) or licit (e.g. alcohol) drugs onto BHP premises, any satellite location under the management or administration of the organization or on the grounds or parking areas. In addition, no one being transported in a vehicle owned, rented or leased by the organization or in an employee's vehicle may be in possession of illicit or licit drugs. Anyone found to be in possession of illicit or licit drugs will be asked to leave the premises or vehicle and the police may be contacted. In residential alcohol and/or other drug treatment programs, such items are considered to be contraband and the possession of such items could result in termination of services. Licit drugs such as medication used for illness or over-the-counter drugs are permitted as outlined below. Licit drugs such as tobacco are permitted as outlined above.

Prescription/Over-The-Counter Medications

If you need to take or possess prescription medication or over-the-counter medications while on BHP premises, any satellite location under the management or administration of the organization, parking lots and grounds surrounding the premises or in vehicles you must keep them in your possession. Medications are not to be shared or given to anyone for whom the medication is unintended. Residential and medical treatment services have specific guidelines for the storage and/or distribution of medications.

Weapons

BHP is a "Zero Tolerance-Weapons Free Zone". Possession of valid concealed weapons permit authorized by the State of Ohio is NOT an exemption under this procedure. This policy applies to all employees, volunteers, visitors, vendors and clients.

No employee, volunteer, visitor, vendor or client shall possess on their person any firearm or other form of weapon in a BHP facility, satellite location under the management of administration of the organization, parking lots and grounds surrounding the premises or in vehicles owned, rented or leased by the organization or their employee. Individuals who are authorized to carry weapons (e.g. police, corrections officers) will be permitted on BHP property. Specific procedures are in place for individuals who are

authorized to carry weapons (e.g. police, corrections officers) and are visitors at residential alcohol and/or other drug treatment facilities.

Appendix

1. Advance Directives
2. Pre-Admission Orientation for Residential Alcohol and/or Other Drug Treatment Services (Courage House & Spencer House)
3. Client Rights (Policy 26.06)
4. Client Grievance (Policy 26.07)
5. Notice of Privacy Practices
6. Fees for Treatment

Advance Directives Overview

An **Advance Directive Durable Power of Attorney for Health Care** is a legal document. It empowers you to name an *agent*, a trusted friend or family member, to make health care decisions when an attending physician determines that you have lost the capacity to make informed health care decisions for yourself. It is commonly called an Advance Directive for Health Care.

If you have a mental illness or have been diagnosed with a mental illness in the past, and you already have a Durable Power of Attorney for Health Care, you also may wish to have a **Declaration for Mental Health Treatment** to address issues that might arise and are not specifically covered by your Durable Power of Attorney for Health Care. The Declaration for Mental Health Treatment lets health care professionals know your own preferences regarding mental health treatment. It also allows the person you have named in the declaration (your “proxy”) to advocate for your stated choices and make other decisions in your best interest if you have not stated any preferences.

Many people with a history of mental illness live in fear of what will happen if they lose the ability to make health care decisions. When you develop an Advance Directive for Health Care or Declaration for Mental Health Treatment, you name an agent to act on your behalf. It is a proactive approach to making your own decisions about your care.

An Advance Directive for Health Care or Declaration for Mental Health Treatment may include instructions to your agent as to what you want done, who you wish to see or not see, where you want to go for treatment and other very important issues related to treatment. You may revoke your Advance Directive or Declaration or the authority of a specific agent at any time. You may create a new Advance Directive or Declaration whenever you have the capacity to make your own health care decisions.

For more information regarding Advance Directives or Declarations for Mental Health Treatment you can contact:

Ohio Legal Rights Service (OLRS)
Telephone: (866) 529-6446 or
(614) 466-7264

WEB: <http://olrs.ohio.gov>
TTY: Use website to find provider,
then call Ohio Relay Service at:
1-800-750-0750

NAMI Ohio (National Alliance on Mental Illness of Ohio)
Telephone: (614) 224-2700 or 1-800-686-2646
WEB: www.namiohio.org

Pre-Admission Orientation for Residential Alcohol and/or Other Drug Treatment Services

Waiting List

Due to limited bed availability, once you are accepted into treatment services, it is very likely that you will be placed on a waiting list. You are required to call to 'check in' weekly to indicate your continued interest in treatment services and provide any relevant changes in your current status (e.g. completion of Medical Examination, change in contact information, etc.). The phone number provided for 'check in' will allow you to leave a message with this information. If you do not call in weekly you may be removed from the waiting list. If you are hospitalized or are in jail/prison, you will not be required to 'check in' weekly.

Medical Concerns

You are required to have a current TB test and Medical Examination. Bring a thirty (30) day supply of any medications you are taking, along with instructions on use. Also bring any over-the-counter medications that you use, including vitamins. All of your medications must be turned in immediately at admission. All of your medication will be locked up in our office.

Benefits

You will be required to apply for a Direction Card and Disability Assistance, until you are in Phase III. Employees will assist you in completing the necessary forms. A birth certificate, Social Security card and driver's license or state ID are required to apply for these benefits. If you own a car you must bring a copy of your auto title and verification of insurance.

Fees

Residential client fees are reviewed annually and are outlined in detail in the Client Handbook that will be provided upon admission to either The Courage House Women's Recovery Center or Spencer House Men's Recovery Center. A bi-weekly fee of \$25 will be charged at admission and throughout your time in the program.

General Financial Responsibilities

Clients who owe fines, court costs, restitution, child support and legal fees, etc. must make payment in a timely manner while receiving services. Clients who are employed or otherwise have a source of income (e.g. disability assistance) shall be required to make such payments.

What to Bring

You are responsible for bringing and keeping a supply of personal items (i.e. clothing, soap, etc.). There are certain items that you are required to bring, however, due to very little closet and storage space, you are limited on the amount to bring. Below is a suggested list of items with the maximum allowed:

Work Shoes (1 pair)	Face lotion (1)
Shoes (1 pair)	Sheets (twin, 2 sets)
Tennis Shoes (1 pair)	Blanket (1)
Street Clothes (5 outfits)	Pillow (1)
Gym Clothes/Sweats (2 sets)	Towels (3)
Dress Clothes (1 outfit)	Wash Cloths (6)
Underwear (7 sets)	Toothpaste (1)
Sleepwear (2 sets)	Toothbrush (2)
Coat/Jacket (1)	Shaving supplies (2)
Work Clothes (5)	Soap (1)
Bathing Suit (1)	Shampoo (1)
Alarm Clock (1)	Deodorant (1)
Body Lotion (1)	Slippers (1 pair)
Hair Products (2)	

Prohibited Items

The Client Handbook provides a complete list of prohibited items and those items considered to be contraband. The following are some of the items that are prohibited:

- Aerosol cans of any type (e.g. shaving cream, mousse, hair spray)
- Flammable chemicals (e.g. lighter fluid, body spray, cologne/perfume in a spray bottle, hair spray)
- Finger nail polish and remover

All electronics, music CDs and DVDs or over-the-counter medication must be pre-approved before being brought into the house.

	Policy Title: Client Rights	Policy: 26.06
		Chapter: 26 Justice
		Effective: 05/27/15

POLICY STATEMENT

It is the policy of Behavioral Healthcare Partners of Central Ohio, Inc. (BHP) that clients will receive services in keeping with the procedures outlined herein and in accordance with all federal, state and local regulations and standards set forth by regulatory entities.

PROCEDURE

BHP	<p>A. The President & Chief Executive Officer and Senior Vice President & Chief Operating Officer shall ensure that the organization's intake criteria prohibits discrimination in accepting referrals and that clients are not subjected to discrimination based on race, religion, national origin, gender, disability or political views.</p> <p>B. Every client of the organization receiving alcohol/drug (AOD) and/or mental health (MH) treatment services shall have the following rights:</p> <ol style="list-style-type: none"> 1. All who access AOD and/or MH treatment services are informed of these rights: <ol style="list-style-type: none"> a. The right to be informed of all client rights prior to consent to proceed with services and annually thereafter. During the intake process, each client shall receive an Orientation Manual which includes an overview of BHP's client rights and grievance policies and procedures. At such time, the designated employee shall review this information and answer any questions. The client shall sign the Clerical Intake Checklist acknowledging that they have received a copy of the policies and procedures. This process shall be repeated annually thereafter; and b. The right to have these rights available at all times for review and clarification and to request a written copy of these rights. A copy of this policy shall be posted on a bulletin board in each facility and copies shall be made available to any client upon request; and c. The right to receive information in language and terms appropriate for the person's understanding.
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- i. Limited English proficient and/or sensory-impaired clients, who need assistance or their advocate, shall contact the Senior Vice President & Chief Operating Officer or any staff member. The Senior Vice President & Chief Operating Officer shall coordinate assistance and may solicit assistance from resources at local colleges and/or companies that provide interpreter services and communication devices, including Ohio Relay. Interpreters must be fluent in the language of the client with demonstrated ability and/or certification. The organization shall pay for the cost as long as it is program related.
 - ii. Ordinarily, family and friends will not be used as interpreters for limited English proficient and/or sensory impaired clients. If it is the specific request of the client that family or friends be used as Interpreters, this request will be documented.
- d. The right to be fully informed of the cost of services. This information is reviewed with clients as evidenced by the **Payment Agreement form.**
- 2. Services are appropriate and respectful of personal liberty;
 - a. The right to be treated with consideration, respect for personal dignity, autonomy, and privacy; and
 - b. The client's right to be informed of their condition and other applicable information is sufficient to facilitate their decision making; and
 - c. The right to be informed of and participate in any appropriate and available service that is consistent with an **Individual Service Plan (ISP)**, regardless of the refusal of any other service, unless that service is a necessity for clear treatment reasons and requires the person's participation; and
 - d. The right to reasonable assistance, in the least restrictive, feasible setting; and
 - e. The right to reasonable protection from any form of abuse or neglect including physical abuse, sexual and emotional abuse, financial abuse and exploitation, inhumane treatment, assault, humiliation, retaliation, or battery by any other person; and
 - f. The right to access or referral to self-help and advocacy support services.
- 3. Development of **ISP's**:
 - a. The right to a current **ISP** that addresses the client's needs and responsibilities and that specifies the provision of appropriate and adequate services, as available, either directly or by referral. Policy 20.01 provides more detailed

- information on ISP completion.
- b. The right to actively participate in the development, periodic review and revision of the **ISP** with the staff including services necessary upon discharge; and
- c. The right to receive a copy of the **ISP**.
- 4. Declining or consenting to services:
 - a. The right to give full informed consent or refusal or express choice regarding any service, treatment or therapy including concurrent services, composition of the service delivery team, and medication (absent an emergency) prior to beginning the service, treatment or therapy. The **Consent for Treatment** will be completed upon Intake and updated as needed; and
 - b. The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs, or other audio and visual technology. This right does not prohibit the agency from using closed-circuit monitoring to observe common areas, which does not include bathrooms. The client's consent shall be obtained in order for BHP to use client's name, likeness, etc. The **Audio/Video-Taping Permission form** will be completed when client's name, likeness, etc. is to be used for therapeutic or training or supervision purposes; and
 - c. The right to decline any unusual or hazardous procedures including unnecessary or excessive medication. BHP does not use unusual or hazardous procedures; and
 - d. The right to give full informed consent or refusal or express choice regarding involvement in research projects and adherence to research guidelines and ethics, if applicable. BHP generally does not conduct or participate in external research. Policy 70.13 and 21.22 provide more detailed information about research and adherence to research guidelines and ethics.
- 5. Restraint, seclusion or intrusive procedures:
The right to be free from restraint or seclusion. As outlined in Policy 22.10, seclusion and/or restraint shall not be employed, nor shall clients be isolated in locked, unmonitored rooms. The organization will respond to aggressive or assaultive behaviors as outlined in Policy 25.12. In such cases, staff shall employ verbal de-escalation techniques and/or contact the police in situations perceived to be volatile and/or injurious to self or others.
- 6. Privacy:
The right to reasonable privacy and freedom from excessive intrusion by visitors, guests and non-agency surveyors, contractors, construction crews or others.

7. Confidentiality:
 - a. The right to confidentiality of communications and personal identifying information unless an **Authorization for Disclosure** is authorized; and
 - b. The right to request to restrict treatment information being shared; and
 - c. The right to be informed of the circumstances under which an agency is authorized or intends to release, or has released, confidential information without written consent for the purposes of continuity of care as permitted by division (A)(7) of section 5122.31 of the Revised Code and other state and federal laws and regulations as outlined in the **Notice of Privacy Practices**.
8. Grievances:

The right to have the grievance procedure explained orally and in writing, the right to file a grievance, with assistance if requested; and the right to have a grievance reviewed through a grievance process, including the right to appeal a decision. These procedures are outlined in Policy 26.07.
9. Non-discrimination:

The right to receive services and participate in activities free of discrimination on the basis of race, ethnicity, age, color, religion, gender, national origin, sexual orientation, political views, physical or mental handicap, developmental disability, genetic information, human immunodeficiency virus status, or in any manner prohibited by local, state or federal laws.
10. No reprisal for exercising rights:

The right to exercise rights without reprisal in any form including the ability to continue services with uncompromised access. As outlined in Policy 26.07, the client will not experience any retaliation or barriers to service if they chose to file a **Client Rights and Grievance Application**. No right extends so far as to supersede health and safety considerations.
11. Outside opinions:

The right to have the opportunity to consult with independent specialists or legal counsel, at one's own expense.
12. No conflicts of interest:

No employee may be a person's guardian or representative if the person is currently receiving services from BHP.
13. The right to have access to one's own psychiatric, medical or other treatment records, unless access to particular identified items of information is specifically restricted for clear treatment reasons in the client's **ISP**. If access is restricted,

the **ISP** shall also include a goal to remove the restriction.

14. The right to be informed in advance of the reason(s) for denial or discontinuance of service provision, and to be involved in planning for the consequences of that event.
15. The right to be informed of the methods to reinstate any restricted rights or privileges and the purpose or benefit for such restrictions. While the organization does not restrict client rights, privileges may be restricted under certain circumstances. For example, the **Client Handbook** for residential AOD programs clearly defines program rules and possible consequences for failing to adhere to such rules.

- C. Every client of an Adult Care Facility (ACF) shall also have the following rights:
1. The right to a safe, healthy, clean, and decent living environment;
 2. The right to be treated at all times with courtesy and respect, and with full recognition of personal dignity and individuality;
 3. The right to practice a religion of her choice or to abstain from the practice of religion;
 4. The right to manage personal financial affairs;
 5. The right to retain and use personal clothing;
 6. The right to ownership and reasonable use of personal property so as to maintain personal dignity and individuality;
 7. The right to participate in activities within the facility and to use the common areas of the facility;
 8. The right to engage in or refrain from engaging in activities of the client's own choosing within reason;
 9. The right to private and unrestricted communications, including the right to receive, send, and mail sealed, unopened correspondence, the right to reasonable access to a telephone for private communications, and the right to private visits at any reasonable hour;
 10. The right to initiate and maintain contact with the community, including the right to participate in the activities of community groups at the client's initiative or at the initiative of community groups;
 11. The right to state grievances to the owner or the manager of the facility, to any governmental agency, or to any other person without reprisal;
 12. Prior to becoming a client, the right to visit the facility alone or with the individual's sponsor;
 13. The right to retain the services of any health or social services practitioner at the client's own expense;
 14. The right to refuse medical treatment or services, or if the client has been adjudicated incompetent pursuant to Chapter 2111 of the Revised Code and has not been

restored to legal capacity, the right to have the client's legal guardian make decisions about medical treatment and services for the client;

15. The right to be free from abuse, neglect, or exploitation;
16. The right to be free from physical restraints;
17. The right not to be deprived of any legal rights solely by reason of residence in an ACF;
18. The right to examine records upon the client's request;
19. The right to confidential treatment of the client's personal records, and the right to approve or refuse the release of these records to any individual outside the facility, except upon transfer to another ACF or a nursing home, residential care facility, home for the aging, hospital, or other health care facility or provider, and except as required by law or rule or as required by third-party payment contract;
20. The right to be informed in writing of the rates charged by the facility as well as any additional charges, and to receive thirty days notice in writing of any change in the rates and charges;
21. The right to have any significant change in the client's physical health or behavioral status reported to the client's case manager and sponsor; and
22. The right to share a room with a spouse, if both are clients of the facility.
23. The right not to be locked out of the facility. If the facility is locked during any portion of the day, each client shall be provided with a key or a staff member shall be immediately available on the premises to open the door;
24. The right not to be locked in the facility at any time for any reason. All lockable doors shall be capable of being opened by clients from the inside without using a key; and
25. The right not to be isolated or to have food or other services withheld for punishment, incentive, convenience, or due to the ACF manager or staff member exceeding instructions contained in a mental health plan for care.

D. In crisis or emergency situations, pertinent rights will be explained verbally such as their right to consent or to refuse the offered treatment and the consequences of that agreement or refusal. A full verbal explanation of the Client Rights and Grievance Policies and Procedures will be provided during the next appropriate appointment.

E. When the organization provides non-direct client services such as information and referral, consultation, mental health education,

prevention and training services, those in attendance may receive a verbal explanation of their rights and will be provided access to the written client rights and grievance policies and procedures upon request.

- F. Every employee, contract staff, volunteer and student intern shall receive training and be given a copy of this policy during their orientation. They shall sign an acknowledgement form to be placed in their personnel file, indicating that they have been given a copy of the policy and that they agree to abide by it.
- G. Training regarding client rights and grievance procedures shall be conducted annually in accordance with the **Staff Development and Training Plan**.
- H. The Senior Vice President & Chief Operating Officer shall appoint Client Rights Officers, who shall be available to provide clients assistance in filing a grievance, if needed, and to investigate the grievance.

The organization shall make provisions for prompt accessibility of a Client Rights Officer to the griever.

The Client Rights Officers are Josh Edds, Information Technology Director, and Stephanie Byes, Support Staff Supervisor. The Client Rights Officers are located at 65 Messimer Drive, Newark, OH 43055 and 8402 Blackjack Road, Mt. Vernon, OH 43050. The Client Rights Officers' typical office hours are Monday-Friday 8:00 AM – 5:00 PM. The Client Rights Officers can be reached by telephone at 740-522-8477, or 877-593-6330.

CITATIONS

- ACA: 3A-05, 6B-01, 6B-02
- CARF: 1.K.1, 1.K.2, 1.K.6, 1.K.7, 2.F.1, 1.L.1, 1.L.4
- OhioMHAS: OAC§3793:2-1-07(E)-(I), OAC§5122-26-18(A),(D),(F), OAC§5122-33-23(B)-(G), OAC§5122-26-17(c)(4)-(6), (D)(1)-(3); (E)(2)(5)
- BHP: Operational Policy 21.01 ISP Development & Progress

REVIEW/REVISION HISTORY

- Origination: 04/11
- Reviewed: 02/12; 05/12; 03/13; 03/14; 11/14; 04/15
- Revised: 02/12; 05/12; 03/14; 04/15
- Effective: 04/26/11; 02/12/12; 05/31/12; 03/20/14; 05/27/15
- Approved:



Jennifer Turnes, Senior Vice President & Chief Operating Officer
Behavioral Healthcare Partners of Central Ohio, Inc.

	Policy Title: Client Grievance	Policy: 26.07
		Chapter: 26 Justice
		Effective: 05/27/15

POLICY STATEMENT

It is the policy of Behavioral Healthcare Partners of Central Ohio, Inc. (BHP) that clients are provided an avenue through which they can make a formal complaint regarding a violation of their rights that protects the client from retaliation or barriers to services. Client grievances shall be investigated in keeping with the procedures outlined herein and in accordance with all federal, state and local regulations and standards set forth by regulatory entities.

PROCEDURE

BHP	<p>A. The Senior Vice President & Chief Operating Officer shall appoint Client Rights Officers, and PREA Coordinator for sexual assault and harassment, who shall be available to provide clients assistance in filing a grievance, if needed, and to investigate the grievance.</p> <p>The organization shall make provisions for prompt accessibility of a Client Rights Officer or PREA Coordinator to the griever.</p> <p>The Client Rights Officers are Josh Edds, Information Technology Director, and Stephanie Byes, Support Staff Supervisor. The offices of the Client Rights Officers are located at 65 Messimer Drive, Newark, Ohio 43055 and 8402 Blackjack Road, Mt. Vernon, Ohio 43050. The PREA Coordinator is Lisa Pertee, Continuous Quality Improvement Director, and her office is located at 77 Granville Street, Newark, Ohio 43055. The Client Rights Officers' and PREA Coordinator's typical office hours are Monday – Friday 8:00am – 5:00pm. The Client Rights Officers and PREA Coordinator can be reached by telephone at 740-522-8477 or 877-593-6330.</p> <p>B. Client Rights grievances must be in writing. The client may request a grievance application package from any staff member. All staff members must immediately advise the client about the name and availability of the Client Rights Officers, and the client's right to file a grievance. However, the completed written application must be submitted to a Client Rights Officer.</p>
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If the client is unable to complete the application package, a staff member or the Client Rights Officer shall complete the application package based upon the client's verbal report. The grievance application shall include at least the date, approximate time, and description of the incident and names of individuals involved in the incident/situation being grieved.

The grievance application must be dated and signed by the client or the individual filing the grievance on behalf of the client. A PREA complaint does not require a signature.

- C. The organization shall offer clients every opportunity to file grievances and to assist, when necessary, in that process. Clients have the opportunity to file grievances within any reasonable time frame, but are encouraged to do so within thirty (30) days from the date that the grievance occurred, so that information is readily available and memories are still fresh. PREA complaints do not have a time limit for filing.

Staff will accept PREA complaints verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. If a client feels that they are being sexually abused or sexually harassed or believe that someone else is being sexually abused or sexually harassed, it should be reported to any staff member, the PREA Coordinator or an outside agency (listed below). There is no time limit for filing a PREA complaint.

- D. A written acknowledgement of receipt of the grievance shall be provided to the client filing the grievance. The acknowledgment shall be provided within three (3) working days from receipt of the grievance. The written acknowledgment shall include, but not be limited to, the following: date grievance was received, summary of grievance, overview of grievance investigation process, timetable for completion of investigation and notification of resolution and treatment provider contact name, address and telephone number.

- E. No employee, contract staff, volunteer or student intern shall take any retaliation, including abuse, humiliation, neglect, denial of or impeding access to program services as a result of a client filing a grievance.

The agency shall issue a final agency decision on the merits of any portion of a PREA complaint within (ninety) 90 days of the initial filing of the grievance. Computation of the (ninety) 90 day

time period shall not include time consumed by clients in preparing any administrative appeal. An extension of time to respond can be claimed by agency, of up to seventy (70) days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the client in writing of any such extension and provide a date by which a decision will be made.

F. Resolution Process:

1. The Client Rights Officer shall review the application, gather additional information and investigate the grievance. If a resolution can be found at this level, a written statement which details the grievance, the investigation and resolution shall be given to the grievor. This shall be signed by the Client Rights Officer.
2. The PREA Coordinator, after receiving an emergency grievance alleging a client is subject to substantial risk of imminent sexual abuse, shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within five (5) calendar days.
3. If the grievor is not satisfied, that person and the Client Rights Officer or PREA Coordinator will meet with the Senior Vice President & Chief Operating Officer. If a resolution is reached at this level, a written statement as detailed above shall be given to the grievor.
4. If at this point there is no resolution, the grievor shall be invited to bring his or her concerns before the Executive Committee of the Board of Directors. This shall be the final option within the organization.

G. The Client Rights Officer and PREA Coordinator shall make a resolution decision on the grievance within twenty (20) working days of receipt of the grievance. Any extenuating circumstances indicating that this time period shall need to be extended shall be documented in the grievance file and written notification given to the client.

H. A client may be represented by a person of his or her own choice. If a client employs an attorney, the client must pay for the attorney's fees. The organization is not required and shall not be responsible for any fees or costs related to the employment of private counsel.

I. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, BHP shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within five (5) calendar days. The initial response and final decision shall document BHP's determination whether the client is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

J. The griever has the option to file a grievance with outside organizations, that include, but are not limited to, the following:

Mental Health and Recovery for Licking and Knox Counties
1435-B West Main Street
Newark, Ohio 43055
(740)522-1234

Ohio Department of Mental Health and Alcohol Addiction
Services (OhioMHAS)
30 East Broad Street, 8th Floor
Columbus, Ohio 43215-3430
(614)466-2596
(877)275-6364
www.mha.ohio.gov

Ohio Legal Rights Service
50 West Broad Street, Suite 1400
Columbus, Ohio 43215-5923
(614)466-7264
(866)529-6446
Hearing Impaired: (800)750-0750
www.ohiolegalservices.org

Attorney General's Office, Medicaid Fraud Control Section
150 East Gay Street, 17th Floor
Columbus, Ohio 43215
1-800-282-0515
1-877-527-1305 (fax)
www.ohioattorneygeneral.gov

Ohio Developmental Disabilities Council
899 E. Broad Street, Suite 203
Columbus, Ohio 43205
(614)466-5205

(800)766-7426
www.ddc.ohio.gov/Abt/contact.htm

U.S. Department of Health & Human Services
Office for Civil Rights, Region V
233 N. Michigan Avenue, Suite 240
Chicago, Illinois 60601
(800)368-1019
(800)537-7697 (TDD)
www.hhs.gov/ocr/office/file/

The State of Ohio Counselor, Social Worker and
Marriage and Family Therapist Board
50 W. Broad Street, Suite 1075
Columbus, Ohio 43215-3344
(614)466-0912
www.cswmft.ohio.gov

State Medical Board of Ohio
30 E. Broad Street, 3rd Floor
Columbus, Ohio 43215-6127
(614)466-3934
www.med.ohio.gov

Ohio Board of Nursing
17 South High Street, Suite 400
Columbus, Ohio 43215-7410
(614)466-3947
(614)466-0388 (fax)
www.nursing.ohio.gov

State Board of Psychology
77 South High Street, Suite 1830
Columbus, Ohio 43215-6108
(614)466-8808
(877)779-7446
www.psychology.ohio.gov

Ohio Chemical Dependency Professionals Board
77 S. High St., 16th Floor
Columbus, Ohio 43215
(614)387-1110
www.ocdp.ohio.gov

HIPAA Complaints
Office for Civil Rights
U.S. Department of Health and Human Services

200 Independence Avenue S.W.
Washington, D.C. 20201
(800)368-1019
(800)537-7697 (TDD)
www.hhs.gov/ocr/hipaa

K. Upon request, and when accompanied by an appropriate **Authorization of Disclosure**, or as otherwise authorized by law, the Client Rights Officers or PREA Coordinator will provide all relevant information about the grievance to one or more of the organizations specified in the paragraph above.

L. The Client Rights Officers shall maintain a **Grievance Log** by fiscal year (July 1 – June 30) containing the following information: grievance, summary of the complaint and resolution of action taken.

The Client Rights Officers shall be responsible for maintaining a file of the grievance complaints by fiscal year (July 1 – June 30). Attached to a copy of the grievance, shall be documentation reflecting the process used, resolution/remedy of the grievance, summary of all contact and meetings, letters and other documents and a signed copy of the resolution. If applicable, documentation of extenuating circumstances for extending the time period for resolving the grievance beyond twenty (20) working days.

Each fiscal year a log and file shall be submitted by the Client Rights Officers to the Continuous Quality Improvement Director to be maintained for a minimum of two (2) years.

M. During the organization's Continuous Quality Improvement Committee meetings, grievances will be reviewed. A summary will be provided to the Board of Directors in the Quality Assurance and Improvement Reports. The Senior Vice President & Chief Operating Officer, or designee, will at least annually evaluate the grievance policy and procedures to determine its efficiency and effectiveness. The quality and nature of grievances shall be aggregated and analyzed. Results may be used in future program and policy changes.

N. During the intake process, each client shall receive an **Orientation Manual** which includes an overview of BHP's client rights and grievance policies and procedures. At such time, the designated employee shall review this information and answer any questions. The client shall sign the **Intake Checklist**

	<p>acknowledging that they have received a copy of the policies and procedures.</p> <p>A copy of this policy shall be posted on a bulletin board in each facility and copies shall be made available to any client upon request.</p> <p>O. Every employee, contract staff, volunteer and student intern shall receive training and be given a copy of this policy during their orientation. They shall sign an acknowledgement form to be placed in their personnel file, indicating that they have been given a copy of the policy and that they agree to abide by it.</p> <p>P. Training regarding client rights and grievance procedures shall be conducted annually.</p>
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CITATIONS

ACA: 6B-03
 CARF: 1.K.3, 1.K.4
 OhioMHAS: OAC §5122-26-18(D)(8)-(11),(G),(H)
 BHP: Operational Policy 26.06 Clients Rights
 PREA: §115.251, §115.252

REVIEW/REVISION HISTORY

Origination: 04/11
 Reviewed: 02/12; 05/12; 03/13; 11/14; 04/15
 Revised: 02/12; 05/12; 04/15
 Effective: 04/26/11; 02/12/12; 05/31/12; 05/27/15
 Approved:



Jennifer Turnes, Senior Vice President & Chief Operating Officer
 Behavioral Healthcare Partners of Central Ohio, Inc.

Behavioral Healthcare Partners of Central Ohio, Inc.
Notice of Privacy Practices
Effective: July 1, 2010

THIS NOTICE DESCRIBES HOW PROTECTED HEALTH INFORMATION (PHI) ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

If you have any questions about this notice, please contact the organization's privacy officer at (740)522-8477 or toll free 1-(877)593-6330.

GENERAL INFORMATION:

Information regarding your health care, including payment for health care, is protected by two (2) federal laws: the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. § 1320d et seq., 45 C.F.R. Parts 160 & 164, and the Confidentiality Law, 42 U.S.C. § 290dd-2, 42 C.F.R. Part 2. Under these laws, we may not say to a person outside the facility that you attend the program, nor may we disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected information except as permitted by federal law.

We must obtain your written consent before we can disclose information about you for payment purposes. For example, we must obtain your written consent before we can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before we can share information for treatment purposes or for health care operations. However, federal law permits us to disclose information **without** your written permission as outlined below.

WHO WILL FOLLOW THE REQUIREMENTS OF THIS NOTICE:

This notice describes our organization's practices and those of:

- Any health care professional authorized to enter information into your client records
- All departments and units of the organization
- Any member of a volunteer group we allow to help you while under the care of the organization
- All employees other personnel
- All of the following entities, sites and locations comply with the terms of this notice. In addition, these entities, sites and locations may share PHI with each other for treatment, payment or organizational operations purposes described in the notice.
 1. Mental Health and Recovery for Licking and Knox Counties (MHR)
 2. Behavioral Health Generations (BHG)

OUR PLEDGE REGARDING PHI:

We understand that PHI about you and your health is personal. We are committed to protecting PHI about you. We create a record of the care and services you receive at the organization. We need this record to provide you with quality care and to comply with certain legal requirements. This notice applies to all of the records of your care generated by the organization, whether made by employees or other personnel of the organization or persons under contract to the organization (example, psychiatrist). This notice will tell you about the ways in which we may use and disclose PHI about you. We also describe your rights and certain obligations we have regarding the use and disclosure of PHI.

We are required by law to:

- Assure PHI that identifies you is kept private
- Give you this notice of our legal duties and privacy practices with respect to PHI about you, and
- Follow the terms of the notice that is currently in effect

HOW MAY WE USE AND DISCLOSE PHI ABOUT YOU:

The following categories describe different ways that we use and disclose PHI without written permission. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information without written permission will fall within one of the categories.

- **For Healthcare Operations** We may use and disclose PHI about you for organizational internal operations and with qualified service organization. These uses and disclosures are necessary to run the organization and make sure that all of our clients receive quality care. For example, we may use PHI to review our treatment and services and to evaluate the performance of our employees and other personnel in caring for you. We may also combine PHI about many clients of the organization to decide what additional services the organization should offer, what services are not needed, and whether certain new treatments are effective. We may also disclose information to doctors, nurses, technicians, health professionals in training, and employees and other personnel of the organization for review and learning purposes. We may also combine the PHI we have with PHI from other agencies to compare how we are doing and see where we can make improvements in the care and services we offer. We may remove information that identifies you from this set of PHI so others may use it to study health care and health care delivery without learning who the specific patients are.
 - **Appointment Reminders** We may use and disclose PHI to contact you as a reminder that you have an appointment for treatment or services at the organization.
- **For Payment** We may use and disclose PHI about you so that the treatment and services you receive at the organization may be billed to and payment may be collected from you, an insurance company or a third party. For example, we need to give MHR and/or Ohio Mental Health and Addiction Services (OhioMHAS) information about counseling you received at the organization so the Board will pay us for the service.
- **For Treatment** We may use PHI about you to provide you with behavioral health and medical treatment or services. We may disclose PHI about you to doctors, nurses, counselors, healthcare professionals in training, or employees and other personnel of the organization who are involved in taking care of you through the organization. Treatment communications will be on a 'need to know' basis and will include the minimum necessary information to carry out treatment or service activities. For example, a student/intern may accompany or request permission to participate in a session with you and your service provider(s). Different departments of the organization may also share PHI about you in order to coordinate the different things you need, such as prescriptions, counseling and residential support. We also may, with proper authorization, disclose PHI about you to people outside the organization who may be involved in your care, such as family members, caregivers, or others that we use to provide services that are part of your care.
 - **Treatment Alternatives** We may use and disclose PHI to tell you about or recommend possible treatment options or alternatives that may be of interest to you.
 - **Health-Related Benefits and Services** We may use and disclose PHI to tell you about health-related benefits or services that may be of interest to you.
- **Fundraising Activities** We may use PHI about you to contact you in an effort to raise money for the organization and its operations. We may disclose PHI to a foundation related to the organization so that the foundation may contact you in raising money for the organization. We only release contact information, such as your name, address and phone number and the dates you received treatment services at the organization. *If you do not want the agency to contact you for fundraising efforts, you must notify the agency in writing.*
- **Health Oversight and Regulatory Activities** We may disclose PHI to a health oversight agency for activities authorized by law. These activities include, for example, audits and evaluations. These activities may be completed by a governmental agency with financial or regulatory authority or a private entity that provides financial assistance, is a third party payor, or is a peer review organization. Such activities are necessary to monitor the quality of services and that of the larger health care system, government programs, and compliance with civil rights laws.
- **Law Enforcement** We may release PHI if asked to do so by a law enforcement official:
 1. In response to a special court order. For example, if a subpoena is issued, you will be asked to provide written permission to release PHI. The organization will release PHI without permission if a court order is issued that complies with 42 C.F.R.;

2. To report a crime (or threat of crime) on the organization's premises or against our employees. Information released will be limited to circumstances, client status, name and address, and last known location;
 3. Report cause of death as required by law;
- **Public Health Risks** We may disclose PHI about you for public health activities. These activities generally include the following: to
 1. Report cause of death as required by law;
 2. Report child abuse or neglect (we cannot respond to follow-up requests from information or to subpoenas unless you provide written consent or a court has issued an order that complies with 42 C.F.R Part 2);
 3. Consult with medical personnel in emergency situations in which there is an immediate threat to health and immediate medical intervention is necessary; and
 4. Disclose information to medical personnel of the FDA who assert reason to believe the health of any individual may be threatened by error in manufacture, labeling, or sale of product, and that information will be used exclusively for notifying clients of potential dangers.
 - **Required by Law** We will disclose PHI about you when required to do so by federal, state or local law.
 - **Research** Under certain circumstances, we may use and disclose PHI for research purposes. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another, for the same condition. All research projects, however, are subject to a special approval process. PHI may only be disclosed after determining that the researcher is qualified, has a protocol with appropriate safeguards, and has had independent review by a review board determining that rights and welfare will be protected and the benefits outweigh risks of disclosure. We will almost always ask for your specific permission if the researcher will have access to your name, address, or other information that reveals who you are, or will be involved in your care at the organization.

SPECIAL SITUATIONS:

We may also disclose PHI about you for other purposes if you provide written permission or if information is provided in such a manner that it does not identify you as a client receiving drug and alcohol services, if applicable. These purposes generally include the following:

- **Avert a Serious Threat to Health or Safety** We may use and disclose PHI 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.
- **Coroners, Medical Examiners, and Funeral Directors** We may release PHI to report cause of death as required by law. Other disclosures are only permitted with authorization from your legal representative or, if none, a family member.
- **Individuals Involved in Your Care or Payment for Your Care** With proper authorization, we may release PHI about you to a friend or family member who is involved in your medical care or to someone who helps pay for your care.
- **Inmates** If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI about you to the correctional institution or law enforcement official. This release would be necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others, or (3) for the safety and security of the correctional institution. Releases can only be made to the individuals within the criminal justice system that are responsible for monitoring patient progress. The release can be revoked only after the specified period or event (i.e. completion of sentence).
- **Law Enforcement** We may release PHI if asked to do so by a law enforcement official to identify or locate a suspect, fugitive, material witness, or missing person;
- **Lawsuits and Disputes** If you are involved in a lawsuit or a dispute, we may be required to disclose PHI about you in response to a court order issued in compliance with 42 C.F.R..
- **Marketing Activities** We may only use PHI about you for marketing purposes with your written permission.

- **Military and Veterans** If you are a member of the armed forces, we may release PHI about you as required by military command authorities. We may also release PHI about foreign military personnel to the appropriate foreign military authorities.
- **National Security and Intelligence Activities** We may release PHI about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.
- **Protective Services for the President and Others** We may disclose PHI about you to authorized federal officials so they may provide protection to the President, other authorized persons or foreign heads of state or conduct special investigations.
- **Public Health Risks**
 1. Prevent or control disease, injury or disability;
 2. Report births and deaths;
 3. Report abuse, neglect, or domestic violence;
 4. Notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
 5. Notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.
- **Workers Compensation** We may release PHI about you for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

YOUR RIGHTS REGARDING PHI ABOUT YOU

You have the following rights regarding PHI we maintain about you:

- **Right to Request Restrictions** You have the right to request restrictions on certain uses and disclosures of your health information. We are not required to agree to any restrictions you request, but if we agree, then we are bound by that agreement and may not use or disclose any information which you have restricted, except as necessary in a medical emergency.
- **Right to Access** You have the right to inspect and copy PHI that may be used to make decisions about your care. Usually, this includes medical and billing records including psychotherapy notes. To inspect and copy PHI that may be used to make decisions about you, you must submit your request in writing to the supervisor of medical records. Access must be granted or denied within 30 days, except for information maintained off-site, which must be handled within 60 days. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with your request. We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to PHI, you may request that the denial be reviewed. Another licensed health care professional chosen by the organization will review your request and the denial. The person conducting the review will not be the person who denied your request. We will comply with the outcome of the review.
- **Right to Amend** If you feel that PHI we have about you is incorrect or incomplete you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by, or for, the organization. To request an amendment, your request must be made in writing and submitted to the Supervisor of Medical Records. In addition, you must provide a reason that supports your request. The request must be granted or denied within 30 days. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that 1) was not created by us, unless the person or entity that created the information is no longer available to make the amendment; 2) is not part of the PHI kept by or for the organization; 3) is not part of the information which you would be permitted to inspect and copy; or 4) is accurate and complete.
- **Right to an Accounting of Disclosures** You have the right to request an "accounting of disclosures". This is a list of the disclosures we made of PHI about you. To request this list or accounting of disclosures, you must submit your request in writing to the Supervisor of Medical Records. Your request must state a time period that may not be longer than six years and may not include dates before April 14, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the

cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

- **Right to Request Confidential Communication** You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request in writing to the organization's privacy officer. We will not ask you the reasons for your request. We will accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.
- **Right to a Paper Copy of This Notice** You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. A paper copy of this notice may be obtained from the reception or billing areas.

CHANGES TO THIS NOTICE

We reserve the right to change this notice. We reserve the right to make the revised or changed notice effective for PHI we already have about you as well as any information we receive in the future. We will post a copy of the current notice in the organization. The notice will contain on the first page in the top center, the effective date. In addition, each time you register at or are readmitted to the organization for treatment or health care services, you will be offered a copy of the current notice in effect.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with the organization or with the Secretary of the Department of Health and Human Services. All complaints must be submitted in writing. This may be given to any employee of the organization who will forward the complaint to the organization's privacy officer.

Privacy Officer
Behavioral Healthcare Partners of Central Ohio, Inc.
P.O. Box 4670
Newark, OH 43058-4670
(740)-522-8477 or toll free 1-(877)-593-6330

You may also file a complaint with the Secretary of the Department of Health and Human Services, to do so contact:

Office for Civil Rights, DHHS
233 N. Michigan Avenue, Suite 240
Chicago, Illinois 60601
Phone: (312)886-2359; TDD: (312)353-5693; or Fax: (312)886-1807

You will not be retaliated against, penalized, or discriminated against for filling a complaint.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

OTHER USES OF PHI

Other uses and disclosures of PHI not covered by this notice or the laws that apply to us will be made only with your written permission. If you provide us permission to use or disclose PHI about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose PHI about you for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

Origination: 07/10
Reviewed: 05/15
Revised: 05/15
Effective: 07/01/10; 05/20/15
Approved:



Jennifer Turnes, Senior Vice President & Chief Operating Officer
Behavioral Healthcare Partners of Central Ohio, Inc.

Form #: 113

Behavioral Healthcare Partners of Central Ohio, Inc.

Fees for Treatment

In order to better assist you in understanding the fee structure and the charges associated with mental health (MH) and alcohol and other drug (AOD) treatment services provided by Behavioral Healthcare Partners of Central Ohio, Inc. (BHP), we have included a listing of Usual and Customary Rates (UCR) for the services offered:

Service	Cost per Hour (MH)	Cost per Hour (AOD)
Assessment/Intake	135.00	135.00
Case Management (Individual)	92.00	80.56
Case Management (Group)	40.00	N/A
Crisis Intervention (Intake)	183.00	N/A
Crisis Intervention (Services)	183.00	N/A
Group Therapy	40.00	39.12
Individual Therapy	100.00	100.00
Medical/Pharmacological Management	240.00	N/A
	Cost per Service	Cost per Service
Laboratory Analysis	N/A	60.00
Urine Dip Screen	N/A	19.96
Residential Services (Courage & Spencer House)	N/A	25.00 bi-weekly
Residential Services (Altmaier House)	*	N/A
Residential Services (River Valley)	*	N/A

* Fees associated with our Adult Care Facilities vary with location and can be discussed with your treatment provider.