

Helping Hands Community Based Services, Inc.

5524 Old National Highway, Suite B, College Park, GA 30349

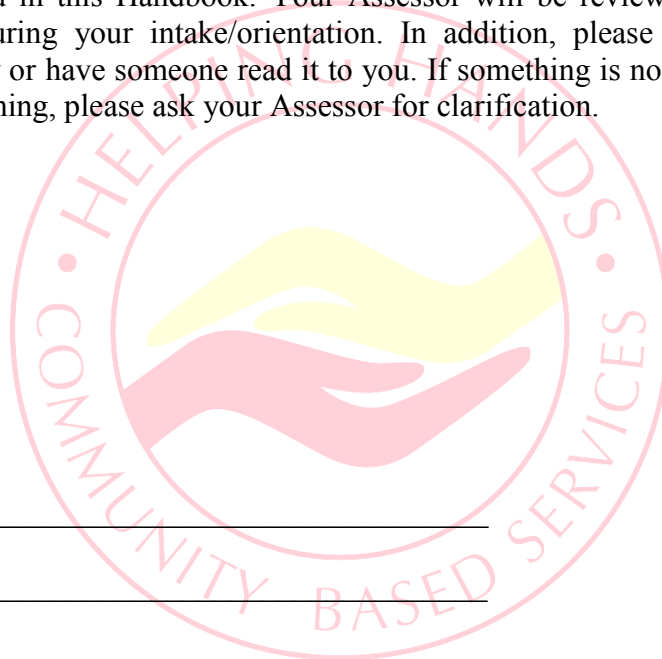
Handbook for Individuals Receiving Services

Welcome to HHCBS, Inc.



Helping Hands Community Based Services, Inc.
5524 Old National Highway, Suite B, College Park, GA 30349

You and your parent, guardian, or responsible party will need to know and understand the information contained in this Handbook. Your Assessor will be reviewing and explaining the Handbook to you during your intake/orientation. In addition, please take time to read the Handbook thoroughly or have someone read it to you. If something is not clear to you or you do not understand something, please ask your Assessor for clarification.



Assessor: _____

Phone Number/ext: _____

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I. History and Mission of Helping Hands Community Based Services, Inc.

HHCBS, Inc. was founded in 2010. HHCBS, Inc. is a mental health and addictive diseases contracted core service provider for the State of Georgia. The agency was formed to provide professional counseling services and CSI - Community Support Individual Services to individuals in the community. HHCBS is a member of the Better Business Bureau, the Old National Merchants Association and has applied to CARF for accreditation.

HHCBS, Inc. mission is to provide individualized-centered services that focus on solutions, interventions, community based collaborations, and strengthening family units to promote emotional, social, educational, and physical development.

HHCBS is committed to providing the highest mental health services to our clients. Our purpose is to provide a continuum of quality habilitation and rehabilitation services in order to maximize their independent functioning, improve their quality of life and/or maintain employment commensurate with their potential.

II. Hours of Operations

HHCBS, Inc. office is located at 5524 Old National Highway, Suite B, and Collage Park, GA. Our phone number is 404-763-8555. We are open Monday through Thursday from 9:00 a.m. – 9:00 p.m. and Friday 9:00- 1:00 p.m. Since we are a community-based program, our staff maintains flexible hours during days, evening and weekends by appointment. Please be aware that our services are available to you 24/7 for emergency purposes. The afterhour's number is 678-477-3476.

III. Program Description

HHCBS, Inc. is a CORE provider to children, adolescents and adults. Our Core Services are used as preventative measure.

HHCBS, Inc. services are comprised of but not limited to a Behavioral Health Assessment, Diagnostic Assessment, Individual Recovery/Resiliency Planning, Individualized Service Plan Development, Individual Counseling, Family Training/Counseling, Group Training/Counseling, Community Support Individual, Crisis Intervention, Medication Administration, Nursing Assessment and Health Services, Psychiatric Treatment, Physician Assessment and Care, and Outpatient Substance Abuse Treatment and Education Program.

IV. Team Composition

Services are delivered utilizing a team approach and are provided primarily to youth and adults in their living arrangement and within the family system. Individual Counseling is performed by a clinician, who has a background in Social Work and/or Counseling. During individual counseling, the clinician explores, probes, and assists the client with various areas of personal need. The Community Support Individual (CSI) service is performed by non-degreed or Bachelor Level employees and services are typically not provided in the office. The services are provided in the community.

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V. Admission Criteria

1. Consumer is between the ages of 9 - 64 years of age.
2. Consumer is a resident of the State of Georgia
3. Consumer is not considered a danger to self or others.
4. Consumer has an identified and/or diagnosed involvement with drugs or alcohol.
5. Consumer agrees to actively participate in a treatment and/or behavioral management program.
6. Consumer has an identified and/or diagnosed mental illness.
7. Treatment has been attempted at a lower level of care or given serious consideration and been unsuccessful.
8. Consumer and/or family are in immediate need of crisis management skills.
9. Consumer and/or family do not have sufficient resources to cope with family crisis issues.
10. Consumer and/or family require coordinated and supportive clinical interventions and support.
11. Consumer is willing to contract for services and participate in the program.
12. Family is willing to contract for services and fully participate in the program.

VI. Behavioral Health Assessment/ Diagnostic Assessment, Individualized Recovery/ Resiliency Planning or Individualized Service Plan Development

HHCBS, Inc. will schedule you an initial intake assessment with a member of our team to determine eligibility of services within the agency criteria. Upon authorization of services, you will be scheduled to have a Behavioral Health Assessment or Diagnostic Assessment by a Therapist that will work with you to determine the focus of your individualized treatment based upon your presenting problems, needs, strengths, abilities, skills, and interests. The information obtained during this assessment will guide the assigned Therapist, your parent/guardian, family member or support person and you to formulate goals, objectives and interventions to assist you in reaching your optimum level of vocational, education, social, physical, and personal development. An Individualized Service Plan or Individualized Recovery/ Resiliency Plan are to maximize your strengths and working towards your goals; therefore, please be sure to actively participate in the development of the plan.

VII. Discharge Plan

In order to ease some of the pressure and trauma involved in being discharged from HHCBS, Inc. services, discharging planning must occur virtually when you actually begin receiving services. In addition, all staff and other appropriate individuals who have had some involvement in your plan of care should also be integrally involved in the discharge planning process. Sometimes, discharge cannot be planned, or problems may develop which cannot be resolved by the end of authorization of services. Prior to discharge, HHCBS, Inc. staff will make efforts to resolve any problem(s) with you, your parents/guardian or responsible parties. Prior to discharge, every effort will be made by HHCBS staff to refer you to another agency or to arrange for you to receive some sort of services that will be of benefit to you.

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VIII. Transfer and Re-entry

At anytime while participating in HHCBS, Inc. program of services, you have the right to request a transfer to another agency of your choice by contacting **BHL** – Georgia Crisis Line at **1-800-715-4225**. You may apply for re-admission to HHCBS at any time.

IX. Financial Obligations

HHCBS, Inc. accepts the following payment options:

- Medicaid/ Medicare
- Most Major Health Insurances
- Self-Pay
- Sliding Scale

X. Client Satisfaction

HHCBS, Inc. values input from you. We welcome your suggestions and are always willing to listen to and act upon your concerns. A suggestion box is located in the lobby of our main office. It is essential for you to provide us with input that will enable us to provide a better service to you and others who will participate in our programs in the future. HHCBS, Inc. asks that each participant complete a Pre and Post Survey. You may also receive a phone call during your treatment from our Director of Quality Assurance and/ or CSI Coordinator to obtain information regarding current services.

XI. Consumer Rights

- **Respect, courtesy and privacy:** The consumer has the right to be treated at all times with respect and courtesy within a setting that provides the highest degree of privacy possible.
- **Freedom from discrimination:** The consumer has the right to freedom from discrimination related to age, ethnicity, national origin, gender, disability, religion, sexual orientation, gender identity, values and beliefs, marital status, medical condition, or any other arbitrary reasons.
- **Access to HIV/AIDS service information:** The consumer has the right to full access to information from the health care provider's about current FDA approved or other proven HIV/AIDS treatments. The consumer has the right to full access to information from all service providers about HIV-related social and support services.
- **Identity and provider credentials:** The consumer has the right to know the identities, titles, specialties, and affiliations of all service providers, as well as anyone else, involved in the consumer's care. The consumer has the right to know about the service provider's rules and regulations that are pertinent to the care or type of care geared towards the consumer receives. Any biases or conflict of interest the service provider may have will be disclosed. Consumer must be advised of the risk and benefits of any proposed treatment considered to be experimental in nature.
- **Culturally sensitive provision of information:** The consumer has the right to have the information provided in a way that is easily understood and sensitive to each consumer's background, culture, and orientation.

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- **Care Plan:** The consumer has the right to be involved in and make decisions about their plan of care prior to the start of and during the course of service. Consumers have the right to renegotiate the care plan at any time.
- **Assess to services:** The consumer has the right to be informed, within a reasonable amount of time, of any termination of Title II Services.
- **Refusal of services:** the consumer has the right to refuse to participate in any service. The consumer may change his or her mind after refusing service without affecting ongoing care.
- **Access to financial information:** The consumer has the right to receive an explanation of any fees related to services received, and to obtain a copy of the criteria used to determine eligibility and availability for services.
- **A consumer grievance procedure:** The consumer has the right to voice complaints and suggest changes without interference, pressure, or reprisal. The consumer will be informed of the service provider's grievance process for problem resolution. The consumer has the right to receive a response to a grievance in a timely manner, as stated in the service provider's agency policies.
- **Confidentiality:** The consumer has the right to confidentiality per federal and state guidelines.
- **Access to records:** The consumer may have access to treatment records as allowed by federal and state guidelines. The consumer will be provided with copies of their records as allowed by law, at the fair cost within the timeline established by each service provider to furnish these documents.
- **Referral and continuity of care:** The consumer has the right to continuity of care whenever possible. The Consumer has the right to appropriate referrals, based on eligibility and availability, to another HIV service provider.

XII. Consumer Responsibilities

Respect and courtesy: The consumer has the responsibility of treating all service providers with respect and courtesy. Providers want to guarantee the consumer with a safe and confidential setting in which to receive services. Every consumer is expected to behave in a way that promotes the safety and confidentiality of others. Certain behaviors could result in the reduction or denial of services at provider agency.

These include:

- Violent or threatening behavior
 - Repeated rude or inappropriate behavior
 - Bringing alcohol or illegal drugs to the provider agencies
 - Coming to appointments drunk or high
 - Violation of the confidentiality of other clients
- **Correct and complete information:** The consumer has the responsibility to provide correct and complete information to the service provider about their health status and inform in a timely matter of any updates and changes.

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- The consumer has the responsibility to provide immediate notification of any and all changes in residency, employment, insurance, and/or financial status.
- The consumer has the responsibility to disclose the availability or use of other payment sources, treatment medications, and health or social service providers.
- The consumer has the responsibility of collecting and furnishing to the service provider any and all documentation necessary for the purposes of determining eligibility.

- **Seeking information about care:** The consumer has the responsibility for seeking facts and asking questions about the current eligibility, availability, risks, benefits, financial aspects, or other components of a service or treatment.
- **Individualized care plan adherence:** The consumer has the responsibility of following the agreed upon individualized care plan. The consumer is responsible for the results if they choose to act against professional advice or does not follow instructions of an agreed to individualized care plan.
- **Scheduled appointments:** The consumer has the responsibility for keeping scheduled appointments. The consumer has the responsibility of canceling and/or rescheduling with the service provider in a timely manner when an appointment cannot be kept.
- **Communicating your financial needs:** The consumer has the responsibility for disclosing financial burdens related to their care plan prior to receiving health and/or social services. It is the responsibility of the consumer to provide accurate information about payment sources.
- **Rules and regulations of service providers:** The consumer has the responsibility for following the rules and regulations of the service providers and their relevant funding sources.
- **Being respectful to others:** The consumer has the responsibility of being respectful of the rights, property, and confidentiality of others.
- **Voicing complaints:** The consumer has the responsibility from voicing individual complaints and requests for change in an appropriate and timely manner via the service provider's grievance procedures.

XIII. Code of Ethics

- HHCBS, Inc. will treat all clients/families fairly, and with dignity and respect.
- HHCBS, Inc. will protect the rights and privacy of all clients and their information.
- HHCBS, Inc. will provide clients with accurate and timely information regarding their mental health and information necessary to make informed decisions.
- HHCBS, Inc. will work with clients/families toward improving outcomes and functioning.
- HHCBS, Inc. staff will not put themselves in a position with clients that would exploit the client or their family,

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XIV. Non-Discrimination Policy

Helping Hands Community Based Services, Inc. serves individuals who are considered children, adolescents and adults. Helping Hands Community Based Services, Inc. does not discriminate in admission or access to treatment or employment in its programs and activities. Helping Hands Community Based Services, Inc. takes affirmative action to serve individuals without regard to sex, marital status, race, religion, political beliefs, national origin, age, or mental/physical disability.

XV. Confidentiality Policy

It is the policy of Helping Hands Community Based Services, Inc. that staff will maintain confidentiality regarding individuals who receive services. Confidentiality is defined as the non-disclosure of private personal information. State and Federal statutes regarding confidentiality protect information about individuals receiving services.

Staff members and volunteer staff will receive training on the issues of confidentiality prior to conducting responsibilities with the clients. Staff and volunteers will not share personal information about consumers or their issues to outside persons without authorization. The confidential nature of a consumer's health and personal history will be protected. Consumer issues will not be shared in public settings.

XVI. Safety Procedures

Safety is everyone's responsibility. ALL accidents or injuries that occur at HHCBS, Inc.'s facility must be reported to the Director of Quality Assurance immediately.

XVII. Smoking Policy

HHCBS, Inc. is a smoke free place. Smoking is not allowed anywhere inside the building. Smoking is only allowed during break time and must be done outdoors away from the entrance of the building and other individuals that are not participating in smoking.

XVIII. Drug Use Policy

HHCBS is committed to protecting the safety, health, and well-being of all employees and other individuals. HHCBS recognizes that alcohol and drug use pose a significant threat to our goals. HHCBS has established a drug free program that balances our respect for individuals with the need to maintain an alcohol and drug free environment. Clients are allowed to bring prescribe drugs to the office and present it to the Mental Health Nurse or Psychiatrist in discussing pertinent information in medication maintenance, but must be taken with the individual upon completion of their scheduled appointment. No personal prescribed consumer medication is stored at the outpatient behavioral health agency.

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XIX. Seclusion/Restraints Policy

Consumer served shall have the right to be free from the use of restraints or seclusion for the purposes of discipline, punishment or staff convenience. Helping Hands Community Based Services, Inc. is expected to use positive behavioral support methods such as positive communications and nonviolent crisis intervention training techniques. All HHCBS employees receive positive behavior support concepts, premises, and strategies annually.

XX. Grievance and Appeal Procedures

Consumers shall be encouraged to discuss their grievance/complaint with the Therapist/Clinician. If the grievance/complaint concerns the Therapist/ Clinician and as a result the consumer is not comfortable discussing the situation with them, the consumer member may schedule an appointment to meet with the Director of Operations. The Director of Operations shall serve as mediator, when necessary, to facilitate resolution of the complaint. If a complaint is not resolved to the consumer's satisfaction, a Grievance/Complaint Form may be completed and submitted to the Director of Quality Assurance/ Patient Advocate. The Director of Quality Assurance shall have ten days to review and respond to the complaint. If the consumer does not feel satisfied with the response from the Director of Quality Assurance, the complaint may contact the State of Georgia, Department of Human Resources, Division of Mental Health/Development Disabilities/Addictive Diseases, and Office of Regulatory Services Complaint Unit 32nd Floor 2 Peachtree Street, Atlanta, Georgia 30303 at 404-657-5728 or online at <http://ors.dhr.georgia.gov>

XXI. Medication Policy

Helping Hands Community Based Services, Inc. has medical licensed staff that has received training in the dispensation of medications. If you should require that prescribed medication be dispensed to you, please inform the Licensed Mental Health Nurse, so proper procedures for that medication can be followed, and proper documentation of the "Physician Orders" are in place within the chart and was supported by the agency psychiatrist. No personal consumer medication is stored at the agency site. It is the sole responsibility of the consumer in obtaining their prescribe medication from their preferred pharmacy prior to their scheduled medication dose for administration by the health care provider. No medications are dispensed by any unlicensed staff member in any community employment services.

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XXII. Notice of Privacy Policy

Our Commitment to Protect Your Mental Health and Medical Information

You have a right to privacy with respect to your past, present, and future mental health and medical information. Helping Hands Community Based Services, Inc. is required by law to protect your information and to provide you with this Notice of our legal duties and privacy practices with respect to your protected health information. You have the right to receive a paper copy of this Notice.

We are required to follow the privacy practices described in this Notice, though we reserve the right to change our privacy practices and the terms of this Notice at anytime. In the event this Notice is revised, you may request a paper copy of the revised notice or view the revised notice.

How We May Use and Disclose Your Protected Health Information

We use and disclose protected health information for a variety of reasons. In general, our use and disclosures fall within the following three categories; treatment, payment, and health care operations.

Treatment - We will use your protected health information and disclose protected health information and disclose it to others as necessary to provide treatment to you. For example; members of our clinical staff may access your record in the course of your care, or share information in the process of coordination your care. Such staff members include physicians, psychologist, nurse, and other mental health professionals. Additionally, disclosure to another facility, community health center or private practitioner may become necessary for your continued treatment.

Payment – We will use or disclose your protected health information as necessary to arrange for payment of services provided to you. For example, information about your diagnosis and the services we provide to you may be included in a bill that we send to a third party payer.

Health Care Operations – We will use or disclose your protected health information in the course of operating Helping Hands Community Based Services, Inc. when requested by the health care operations of another organization that has a relationship with you. For example; our quality assurance officer reviews records to ensure that our high standards of treatment delivery are reached consistently. In addition, Helping Hands Community Based Services, Inc. may contract with outside companies, or “business associates,” such as consultants, accountants, lawyers, and medical transcriptions, to provide services that may involve the use of your protected health information.

Unless you instruct us otherwise, we may also send appointment reminders, information about treatment options and other health-related benefits that may be of interest, and other similar materials to you.

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Uses and Disclosures Requiring Your Authorization

We are generally prohibited from using or disclosing your protected health information for purposes other than treatment, payment and health care operations without your written authorization, unless the use or disclosure is within one of the categories described below. In addition, we generally may not use or disclose psychotherapy notes written by your mental health provider without your written authorization, even for treatment, payment and health care operations. You have the right to revoke your authorization in writing at any time, except to the extent that we have already undertaken an action in reliance upon your authorization.

Uses and Disclosures Not Requiring an Authorization

By law, we may use or disclose certain of your protected health information without an authorization in the following circumstances:

When required by law – We may disclose protected health information when a law requires that we report information about suspected abuse, neglect, or domestic violence, or relating to certain criminal activity, or in response to a court order. We must also disclose protected health information to authorities that monitor our compliance with these privacy requirements.

For Public Health Activities – We may disclose certain protected health information to public health agencies as permitted or required by law.

For Health Oversight Activities – We may disclose certain protected health information to certain government agencies for oversight activities authorized by law.

Judicial and Administrative Proceedings – We may disclose certain protected health information in response to a court or administrative order. We may also disclose protected health information in certain cases in response to a subpoena, discovery request, or other lawful process, subject to your notice and opportunity to object.

Relating to Deceased Individuals – We may disclose certain protected health information related to death to pursuant to a valid subpoena of a coroner or medical examiner.

To avert a serious threat to health or safety – We may disclose protected health information, in order to avoid a serious threat to your health or safety and the health and safety of the public or another person.

For specific government functions – We may disclose protected health information as required by military authorities, to correctional facilities in certain situations, to government benefit programs relating to eligibility and enrollment, and for national security and intelligence reasons, such as protections of the President.

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Uses and Disclosures of Alcohol/Drug Treatment Records

At Helping Hands Community Based Services, Inc. personally identifying information related to the treatment of substance abuse has special legal privacy protections. We will not disclose any information identifying you as a consumer of our services or provide any mental health or medical information relating to substance abuse treatment except in certain circumstances, including but not limited to: (1) you consent in writing; (2) a court order disclosure of the information, after a show cause hearing, as required under Georgia Law. (3) medical personnel need the information to meet a medical emergency; (4) qualifying personnel use the information for the purpose of conducting research, management audits, or program evaluation; or (5) it is necessary to report a crime or threat to commit a crime to report child abuse or neglect as required by law. As applicable, you will be provided an additional notice regarding the confidentiality of substance abuse information.

Uses and Disclosures to Which You May Object

In the following situations, we may disclose a limited amount of your protected health information if we inform you in advance and you do not object, as long as law does not otherwise prohibit the disclosure.

To families, friends, or others involved in your care – we may share with these people certain information directly related to their involvement in your care, or payment for your care. We may share certain protected health information with these people to notify them about your location, general condition, or death.

Patient directories – Your name, location, and general condition may be put into a facility patient directory for disclosure to callers or visitors who ask for you by name. Additionally, your religious affiliation may be shared with clergy.

Your Rights Regarding Your Protected Health Information

You have the following rights with respect to your protected health information:

To obtain access to your protected health information - You generally have the right to see and obtain copies of your protected health information upon written request. We may deny you access to review or copy your protected health information. If your request is denied, we must provide you with a reason for the denial and explain any right to have the denial reviewed. If we grant your written request for copies of your protected health information, we advise you in advance of any fees we may impose for the cost of copying and mailing.

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To request restrictions on uses and disclosures – You have the right to ask that we limit how we use or disclose your protected health information. We will consider your request, but are not legally bound to agree to the restriction. If we do agree to any restriction, we will put the agreement in writing and abide by it except in the case of emergency situations. We cannot agree to limit uses and disclosures that are required by law.

To receive confidential communication- You have the right to request that we communicate with you by using an alternative address or by alternative means. We must agree to your request as long as it is reasonable for us to comply.

To an accounting of disclosures – You have the right to receive upon written request an accounting of when; to whom, for what purpose, and what content of your protected health information has been released for the past six years. This list will not include the following instances for disclosure: for treatment, payment, and health care operations; to you, to your family, or for a facility directory; or pursuant to your written authorization. The list of disclosures will not include any certain other disclosures, such as those made to law enforcement officials or correctional facilities, for nation security purposes, or disclosures made before January 1, 2007. There will be no charge for the first accounting you request within a 12 month period. For additional lists within the same period, we will advise you in advance of any fees we may impose.

To request an amendment – If you believe that your protected health information is incorrect or incomplete, you have the right to request in writing that we amend the information. Your request must include the reason you are seeking a change. We may deny your request if (1) we did not create the information or the information is not apart of our records; (2) the information is not permitted to be disclosed; (3) the information is correct and complete. Any denial must be in writing and must state the reasons for the denial and explain your right to submit a statement of disagreement and to have your statement (and any rebuttal), along with your request and the denial, appended to your record.