



ADVANCE HEALTH AND COMMUNITY SERVICES

Orientation Handbook For Person Served Program Participants



ADVANCE HEALTH AND COMMUNITY SERVICES

Program Philosophy

It is the philosophy of Advance Health and Community Services (AHCS) Outpatient Program to assist persons with mental health disabilities with developing and maintaining coping skills that facilitate adjustment and integration within their living environments and community. Clients and family members/guardians when applicable are empowered to make decisions about their care with the expected outcome of an increased quality of life.

Program Description

Advance Health and Community Services Outpatient Program is founded on person centered modality which empowers, motivates, and ensures that the person served is an active participant the therapeutic process. We provide services in a professional office setting, in schools, and in the client's residence. Frequency of services are provided as determined by the client's needs and as authorized by a variety of funding sources that AHCS contracts with. In the event that a potential client does not have insurance, AHCS has a sliding fee scale based on the client's ability to pay. AHCS receives referrals from a variety of community agencies, schools, insurance companies and health care institutions. A wide range of services are organized within a comprehensive therapeutic environment that includes medication evaluation and management, screening and assessment, diagnostic determination, individual and family counseling, psycho social rehabilitation groups, crisis intervention by referral, group counseling, educational programming, client's advocacy, and referral to community resources. Clients who receiving psychotherapy services are assigned to master level clinicians that are supervised by a licensed practitioner(s) of the healing arts. Person Served receiving case management and/or psychosocial rehabilitation services are assigned to agency personnel, that at a minimum, hold a bachelor degree.

Hours of Operation

AHCS Offices are open Monday through Friday from 9:00 am to 5:00 pm. For after hour emergencies: please contact our office and leave a voice mail at (954) 367-2840 or our Human Resources Department at (954) 367 2840 ext:102.

Office Locations

Broward County Office
8910 Miramar Parkway Suite 207
Miramar, Florida 33025

Dade County Office
7225 NW 25 ST Suite 311
Miami, Florida 33122



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Code of Conduct/Ethics

Professional Conduct:

Staff shall respect the rights of our consumers by demonstrating full integration of the guidelines contained in the Rights and Responsibility Policy. This includes the right of the consumer to make autonomous decisions and fully participate in every aspect of the service delivery process. Advance Health and Community Services, employees shall provide services in a manner that fully respects the confidentiality of consumers, by demonstrating a functional knowledge of confidentiality policies and guidelines. Advance Health and Community Services, employees will be fair and honest in their work. They will not exploit or mislead and will be faithful to their contractual obligations and their word. To prevent and avoid unethical conduct, Advance Health and Community Services, employees will consult with, refer to, and cooperate with other professionals. Advance Health and Community Services, employees shall be clear in their professional roles and obligations and be accountable for upholding professional standards of practice.

Quality of Care:

Advance Health and Community Services, will provide quality behavioral health care in a manner that is appropriate, determined to be medically necessary, efficient, and effective. Health care professionals will follow current ethical standards regarding communication with consumers and their representatives regarding services provided. Advance Health and Community Services shall inform consumers about alternatives and risks associated with the care they are seeking and obtain informed consent prior to any clinical interventions. Advance Health and Community Services, recognize the right of consumers to make choices about their own care, including the right to do without recommended care or to refuse care.

Necessity of Care:

Advance Health and Community Services shall submit claims for payment to governmental, private, or individual payers for those services or items that are clinically necessary and appropriate. When providing services, Advance Health and Community Services, employees shall only provide those services that are consistent with generally accepted standards for treatment and are determined by the professional to be clinically necessary and appropriate.



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Florida law requires that the person served is made aware of their rights and responsibilities by their treatment provider while receiving treatment. The person served may request a copy of the full text of this law from AHCS. A summary of your rights and responsibilities follows:

Program Participants Rights and Responsibilities:

1. You have the right to be treated with courtesy and respect, with appreciation of your individual dignity, and with protection of your need for privacy.
2. You have the right to a prompt and reasonable response to questions and requests.
3. You have the right to know who is providing your treatment and who is responsible for your care.
4. You have the right to know what patient support services are available, including whether an interpreter is available if you do not speak English.
5. You have the right to know what rules and regulations apply to your conduct.
6. You have the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
7. You have the right to refuse any treatment, except as otherwise provided by law.
8. You have the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for your care.
9. If you are eligible for Medicaid/Medicare, you have the right to know, upon request and in advance of treatment, whether AHCS accepts the Medicaid/Medicare assignment rate.
10. You have the right to receive, upon request, prior to treatment, a reasonable estimate of charges for treatment.
11. You have the right to receive a copy of a reasonably clear and understandable, itemized bill and, upon request, to have the charges explained.
12. You have the right to impartial access to treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
13. You have the right to be referred for treatment at your own expense for any emergency medical condition that will deteriorate from failure to provide treatment.
14. You have the right to know if treatment is for purposes of experimental research and to give your consent or refusal to participate in such experimental research.
15. You have the right to express grievances regarding any violation of your rights, as stated in Florida law, through the grievance procedure of AHCS which served you and to the appropriate state licensing agency.



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16. You are responsible for providing to AHCS to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to your physical and mental health.
17. You are responsible for reporting unexpected changes in your condition to the health care provider.
18. You are responsible for reporting to the health care provider whether you comprehend a contemplated course of action and what is expected of you.
19. You are responsible for following the treatment plan recommended by the health care provider.
20. You are responsible for keeping appointments and, when you are unable to do so for any reason, for notifying the health care provider.
21. You are responsible for your actions if you refuse treatment or do not follow the health care provider's instructions.
22. You are responsible for assuring that the financial obligations of your health care are fulfilled as promptly as possible.
23. You are responsible for following the health care provider's rules and regulations affecting patient care and conduct.

The person served is responsible to report abuse or neglect of yourself or other persons served to the Florida Abuse Hotline Number at 1-800-96-ABUSE.

Every program participant at AHCS has the human, civil and personal right to be respected and treated with dignity and respect. Additionally, it is also the responsibility of all program participants to act in a manner that respects the rights of others. AHCS is committed to the protection of individual rights. Our goal is to provide services within an environment that is characterized by dignity and respect of all persons and that is responsive to the unique strengths, needs, abilities and preferences of each person served by the agency. This orientation handout will summarize the orientation procedure. You are entitled to a tour of the facility, to know the location of all fire and emergency exits, first aid kits, fire extinguishers, restrooms and to be introduced to the members of the AHCS staff.



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Grievance Procedures

As a participant in an AHCS program if you are unhappy with your services or treatment you have the right to file a grievance in the following way:

Step One: Complaint

If the person served or family member is unhappy with services being provided, they have a right to file a grievance. The person served, or family member should first personally discuss his/her grievance with the staff member directly in charge of her/her case. The person served must receive an answer within 3 working days.

If the complaint is about the staff member directly in charge of the case and they prefer not to speak to that counselor, the person served or family member should direct the complaint to the Executive Director of AHCS at (954) 367-2840 or by mail at 8910 Miramar Parkway, suite 207, Miramar, FL, 33025.

The person served or family member has a right to have their complaint resolved, if this is within the authority or scope of AHCS, and the written documentation of such shall be put in the person served record. A copy of the disposition/resolution of the complaint shall also be given to the child's family member or guardian.

Step Two: Appeal

If AHCS does not resolve the complaint to the person served or family member's satisfaction, the person served or family member has the right to notify DCF, District 10 office. The telephone number of the Field Office Manager, to whom the complaint should be made, is Lisette Rodriguez. You may contact her at 1(800)303-2422.

If the person served or family member's complaint is regarding possible billing irregularities or fraud, then the complaint must be directed to the local DCF office, which will route the complaint to the proper person. A complaint can also be made directly to the Medicaid Fraud Reporting number (800-447-8477)

Telephone Numbers for Reporting Complaints or Grievances:

Adult and Child Abuse Hotline 800-962-2873

Medicaid Fraud Reporting 800-447-8477

Input from Person Served

AHCS encourages persons served to give input as it has been shown that input from persons served not only supports wellness and resiliency but also enhances the likelihood of a more positive treatment experience. They way give input in the following ways, including but not limited to:

1. Verbal discussions with staff
2. Written communication (letters, emails)
3. Satisfaction Surveys
4. Grievance Procedure



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Confidentiality

AHCS staff members will ensure the confidentiality and privacy of all persons served at all times, without exception in accordance with the law. AHCS staff members are required to guard the confidentiality/privacy of all of the person served and families we serve. Staff will not discuss any information regarding any person served or family to anyone else who does not have the legal right to said information.

Steps to maintaining confidentiality include:

1. Clearly advising persons served at the outset of services, preferably in writing, of the nature of the confidential privilege, and of the relevant exclusions, such as reporting suspicion of neglect or abuse of children or reporting probably danger to self or others.
2. Clarifying how confidential information will be managed within a professional agency, or organization, within supervisory or consultative relationships, and with colleagues who may provide coverage in their absence.
3. Clarifying how information will be handled with legally dependent persons served when seeing legally dependent persons served (e.g., minors) or more than one persons served together (e.g., family or group services).
4. Securing authorized consent in writing, before sharing identifiable facts.

General Rules Limits of Confidentiality and Exceptions:

1. No disclosure permitted without the persons served/guardian consent. In most circumstances, the federal confidentiality regulations prohibit the disclosure of any information to anyone concerning or identifying a person served or former client unless the person served has consented in writing. Even the simple fact that a person served is being or has been treated may not be disclosed without proper consent. In addition, removal of the persons served files from the agency premises is absolutely forbidden without supervisory authorization.
2. Where the person served is a child or vulnerable adult due to age or disability and the information acquired indicates that the person served has been the victim or subject of a crime or abuse.
3. A requirement exists to testify fully in relation to the case upon any examinations, trial or other proceeding in which the commission of such crime is a subject of inquiry. A subpoena is not a court order. It is not sufficient to release any information. A signed release or court order must be evident. Also, if law enforcement appears at the agency with a search or arrest warrant, neither document is sufficient to release any information. All subpoenas and court order are immediately to be reported to the executive director.
4. Information reveals the contemplation of a crime or harmful act.



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Consent for Treatment

It is AHCS policy to have each person served complete a “consent for treatment” informed consent as part of the admission package. The assigned clinician/designee shall give each person served Consent for Treatment form. It is reviewed and explained to each person served and guardian (if applicable). In the event that the person served is in agreement with the terms of treatment and signs the consent for treatment, it must be witnessed by the staff member. The signed consent shall be filed in the administrative section the person served clinical file.

RULES:

1. Mental Health program clients who engage in abusive, violent or threatening behavior will be removed from the premises (by law enforcement if necessary). Prior to resuming treatment, the person served will be assessed by the clinical staff to determine if he or she is ready to resume services in a safe manner.
2. Mental Health program clients who miss more than 3 sessions without cause may be discharged from treatment with a written letter of discharge. Person served who have discharged due to missed appointments and who wish to resume treatment must call the Clinical Supervisor who will assess each case individually regarding resumption of treatment.
3. No guns, alcohol, or illicit drugs are allowed on premises.
4. The use of tobacco products is not allowed on the premises.

After Hours Clinical Emergencies

It is the policy of Advance Health and Community Services to ensure that the emergency case management and mental health needs of all persons served are addressed in a timely manner, seven days a week. In the event of a clinical emergency you are instructed to call 911. The agency will maintain an “after hours” system which will be activated during non-program hours when full-time day staff is not available at the facilities. All person served are instructed to leave a message in the after-hour phone service in addition, to calling their direct care provider. The office number will be provided to all person served through a variety of methods that will include: handbook, posted throughout the agency, and in agency brochures. All message left by a person served shall be returned within 24 hours (during working hours) depending on the severity of the issue.



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Emergency Evacuation

It is the policy of AHCS to protect persons served, staff members, visitors, and property in the event of a fire emergency or in the event that the physical plant in which services are being provided needs to be evacuated. Evacuations can occur for a variety of reasons, including fire emergencies, violence or aggressive behavior, a utility emergency, such as a natural gas leak, or a natural disaster, such as a hurricane, that may leave the structure unsafe to inhabit.

In the event of an emergency evacuation, all person served will be evacuated from the immediate unsafe area and assembled at a location that is pre-determined by management as the evacuation assembly area, which is the end of the rear parking lot of the building.

- a. Evacuation of the facility shall occur should any of the following events occur:
 - i. Fires: If it is immediately determined that the extent of the fire cannot be contained with quick and direct actions, the building will be evacuated.
 - ii. Violence and/or Aggression: If a crisis situation occurs that involves a direct threat to any persons in the building, the building will be evacuated
 - iii. Utility Disruption or Crisis: Situations that will necessitate evacuation in this area include electrical malfunctions determined to present a health risk.
 - iv. Noxious Odors or Fumes: If it is determined that there are odors or fumes that are a health risk due to eye, skin, or lung irritation, the building will be evacuated.
 - v. Bomb Threat: In the event of a bomb threat made toward the organization, the building and the campus will be evacuated.
 - vi. Natural disaster: see severe weather policy.
- b. In the event it is determined the building should be evacuated, the following procedures will be followed:
 - i. The Executive Director or designee will inform all staff of the evacuation order through activation of fire alarm or verbally. (Method dependent on the situation).
 - ii. All staff in direct contact with persons served will assist the person served(s) in exiting the building through the exits according to organization's emergency exit plan. Staff not in direct contact with persons served or person served areas will immediately exit the building according to the facility emergency exit plan. Staff in person served areas will check the rest rooms to ensure that all persons evacuate.
 - iii. All staff and persons served at the AHCS will proceed to the designated evacuation area as quickly as possible. The Executive Director, or designee, will determine if all staff and persons served



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are present and out of the building, through surveying staff to determine if all persons served being treated during the time of evacuation are accounted for and determining if all staff are also accounted for.

- iv. Should it be determined that someone in the building is not present outside the building, the Executive director or designee will determine if the nature of the emergency presents a threat to life and/or health to the degree that it would not be prudent to re-enter the building briefly to seek the location of the missing individual or individuals. If it is determined that the situation would allow a quick re-entry to locate the missing individual, the Executive director or designee will briefly re-enter and call out the name of the individual. If there is not a response, the Executive director or designee will exit the building and wait for emergency personnel to arrive and take control of the situation.
 - v. Should the building not be of the condition to be re-occupied to provide services, the following essential services will be provided until the current facility or another facility can be brought back into full service operation:
 - Case management staff will work from home if office facilities are affected using remote log in.
 - Files of persons served, if located in affected building will be removed and placed in locked cabinets in a locked room in an alternate area.
 - Phones will be forwarded to the executive director or designee cell phone.
 - vi. Once an emergency evacuation has occurred, the building cannot be re-occupied until the responding emergency authority grants permission that the health and safety of staff and persons served is no longer compromised. Should an immediate re-occupation not be allowed by the authorities, occupation will be determined through the authority of the entity that is charged to bring the building back into compliance with health and safety standards (Gas Company, fire department, building inspector, etc.)
- c. Once premises are safe and business can be resumed, the Executive Director shall schedule a debriefing of the incident within 24 hours.



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Purpose and Process of Assessment

Advance Health and Community Services is to ensure that essential information is obtained during the bio-psychosocial assessment for all persons served admitted to the clinical treatment program. It is the responsibility of the Clinical Director (or designee) to implement this policy and procedure. It is the responsibility of the Clinical Director (or designee) to disseminate this information to employees under his/her direction. It is the policy of AHCS that a comprehensive bio-psychosocial history assessment be completed for all person served by a qualified clinician. Upon admission, all person served are assigned to an assessor, who shall be responsible for completion of the assessment within 30 days of seeing the person served. Upon completion of the assessment, the document is placed in the person served clinical file. The information gathered in the assessment shall be used for diagnosing and treatment planning.

It is the policy Advance Health and Community Services, that the case managers are responsible for the overall completion of the assessment, by working with the person served and consulting with relevant professionals where specific expertise is needed. An assessment is a holistic review of a person served living situation which includes a determination of the person served strengths and needs, the person served' s needs and resources, and the strengths and weaknesses of the person served support system. An assessment shall consist of a single identifiable and dated document. All assessments shall be included in the person served record. The initial assessment shall be completed within 10 days of the referral of the person served for case management services. A home visit shall be made prior to the completion of the assessment unless the case manager's supervisor deems such a visit unsafe to the case manager or such a visit is denied by the person served. In such instances where a home visit does not occur:

- a. The reasons for the failure to make such a visit will be documented in the case record and signed by the case manager and the case manager supervisor.
- b. Subsequent visitations and the suitability of the housing shall be considerations addressed in the service plan.

Subsequent written assessments shall be completed, and an updated service plan shall be developed at a minimum of every 12 months, or when the person served changes residence, enters or is discharged from a state treatment facility or at other times when the person served situation changes significantly.



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Person Served Goal Development

The need for treatment plan development as a clinical element of the treatment process. Each person served is actively involved in the process of his/her treatment planning. The plan is done with a persons served-centered approach and contains goals and objectives that are measurable as it will define challenges and potential solutions. The treatment plan incorporates the persons served strengths, needs, abilities, and preferences. A Master Treatment Plan is a single, document defining the treatment needs of the persons served based on the information gathered from assessments.

Persons served involvement: The persons served, family and/or guardian and staff members jointly develop the plan within 45 calendar days. The plan shall be signed and dated by staff members, the persons served and the legal guardian/parent when applicable. All persons served are actively involved in and have a significant role in the persons served planning process. The persons served has a major role in determining the direction of his or her persons served plan based on their strengths, needs, abilities and preferences. Inclusion of the family, natural support system and local community is encouraged, when appropriate. The treatment team must ensure that the persons served is assuming responsibility for the implementation of the plan, encouraging his/her participation and facilitating access to community resources.

Additional Needs: Any identified need beyond the scope of the program must be identified during the treatment plan development and adequately addressed through referrals for additional services.

Components: A Master Treatment Plan must be a comprehensive document comprised of Persons served diagnosis based on the ICD-10 and/or the DSM V, identified in an assessment by a therapist of the Healing Arts. The following must be included:

- Goals that are expressed in the words of the persons served and are reflective of the informed choice of the persons served (parents or guardians) and appropriate to the persons served diagnosis, age, culture, strengths, needs, abilities and preferences expressed during the assessment process.
- Objectives for each goal are measurable, reflective of the expectations of the persons served and the treatment team and consists of the person's age, development, ethnic and cultural background, disabilities, disorder, or concerns. Objectives are the building step towards the goal and must be attainable to the person served and target dates are included.
- Services/Interventions are aimed to accomplish each objective/goal and are based on established best practices assuring the effectiveness of treatment. Amount, frequency and duration of each service during the



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treatment plan's course are included. Focuses on the integration and inclusion of the person served into the community, family, natural support system and other needed services.

- A discharge criterion including possible reasons for transition or discontinuation of services.

A copy of the Master Treatment Plan is provided when applicable.

Treatment Plan Reviews: A treatment plan review is a process conducted to ensure that the treatment plan goals, objectives, and services continue to be appropriate to the persons served needs. It is also instrumental in evaluating the persons served process. After the above steps of the treatment planning process occurs, the persons served, and staff member must determine if what was set out to be achieved was accomplished. If the original goals and objectives were achieved, then new ones can be established. If the original goals and objectives were not achieved, then a revision of these should be made to reflect this. The treatment plan review will be completed at a minimum of every 6 months or when the treating team has assessed that significant changes have occurred with the person served and/or when new problems and/or goals are identified. A licensed therapist must approve, countersign and date the plan immediately upon completion. The treatment plan review must identify any significant change or vital events impacting the life of the persons served during the period being reviewed.

Exceptions to the requirement of a signature by the parent, guardian or legal custodian include a minor with an emotional crisis seeking treatment but only for assessment and crisis intervention in two sessions and for a period of one week.

For persons served in the care and custody of the State, both the caseworker and the foster parent must participate in the treatment planning process and the signature of the caseworker is required. If the persons served age or clinical condition impedes obtaining his/her signature, a written explanation of the justification for this exception must be provided.

The AHCA Florida Medicaid Community Behavioral Health Services Coverage and Limitation Handbook established the need for service plan development as a case management element of the service process. Each person served is actively involved in the process of his/her service planning. The plan is done with a person-centered approach and contains goals and objectives that are measurable it will define challenges and potential solutions. The goals and objectives incorporate the persons served strengths, needs, abilities, and preferences. A Service Plan is a single, document defining the service need of the person served based on the information gathered from assessments.



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Person served involvement: The person served, family and or guardian and staff members jointly develop the plan within 30 days of initiation of services. The plan shall be signed and dated by staff members, the person served and the legal guardian/ parent when applicable. All persons served are actively involved in and have a significant role in the individual planning process. The person served has a major role in determining the direction of his or her individual plan based on their strengths, needs, abilities and preferences. Inclusion of the family, natural support system and local community is encouraged, when appropriate. The service team must ensure that the person served is assuming responsibility for the implementation of the plan, encouraging his/her participation and facilitating access to community resources.

Additional Needs: Any identified need beyond the scope of the program must be identified during the service plan development and adequately addressed through referrals for additional services.

Components: A Service plan must be a comprehensive document comprised of:

- Person served diagnosis based on the ICD-10-CM and/or the DSM IV, identified in an assessment by a Licensed Practitioner of the Healing Arts.
- Goals should include needs and words of the person served and are reflective of the informed choice of the person served (parents or guardians) and appropriate to the persons served diagnosis, age, culture, strengths, needs, abilities and preferences expressed during the assessment process. Goals should be Specific, Measurable, Attainable, Realistic, and Time limited.
- Objectives for each should be Specific, Measurable, Attainable, Realistic, and Time limited.
 - Reflective of the expectations of the person served and the service team and consists of the person's age, development, ethnic and cultural background, disabilities, disorder, or concerns. Objectives are the building step towards the goal and must be attainable to the persons served and target dates are included.
- Services/Interventions are aimed to accomplish each objective/goal and are based on established best practices assuring the effectiveness of treatment.

A copy of the Service Plan is provided when applicable.