

PREMIER HEALTHCARE SERVICES, INC.



CONSUMER HANDBOOK

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OUR MISSION

Mission Statement

Gracehouse Treatment Center's mission is to provide high-quality compassionate behavioral healthcare to individuals by utilizing evidenced-based practices, and rendering exclusive therapeutic residential treatment services in a safe, caring environment leading to independence, and opportunities to grow and develop personal connections in a natural setting.

Value Statement

Gracehouse Treatment Center believes individuals should have the opportunity to receive services and support in their communities, regardless of the complexity of their condition, the severity of their condition, the severity of their disabilities, or the challenges of their behaviors.

Our Values and Commitments

1. We are committed to our consumers, employees, Local Management Entity and community. Only by satisfying their needs and aspirations will we be known for making a difference.
2. We are committed to behavioral healthcare. To the strict adherence to "The Best Practice Standards" and offering a full array of training options for all staff.
3. We are committed to quality- in the clients we serve, in the services we offer, in all of our work. Our goal is to be not necessarily the biggest, but the best.
4. We are committed to innovation, not to be different but to add value. We believe that within the parameters of every thing we do, there is always a better way to do it.
5. We are committed to being human. To being open, honest, friendly, sincere and concerned. We believe our results are directly connected to our attitudes toward our consumers and their families, our community partners.
6. We are committed to our State agencies, as valued partners. To relationships that endure on the basis of mutual fairness and contribution.
7. We are committed to the long view. Sound financial policies without compromise and continuing reinvestment in the company. Policies that protect the future as well as our ability to grow and serve as many citizens of North Carolina as possible.
8. We are committed to make GTC an ever-better place to work. Our objectives are respect for cultural diversity the individual, equal opportunity for personal growth and above-average rewards based on merit.
9. We are committed to the concept of corporate social responsibility, which begins with good citizenship in the communities where we work.
10. We are committed to the pursuit of these standards and goals because we believe they are intrinsically right. They also happen to be the basis for good quality behavioral healthcare.

INTRODUCTION

Welcome to Gracehouse Treatment Center. The service we provide is Psychiatric Residential Treatment. We provide this service using the following qualified staff: a Licensed Psychiatrist, a Qualified Mental Health Professional, and Residential Mentors. All qualifications are verified by our Human Resources Department prior to being hired.

This Handbook is designed to provide our clients and their families with information related to services, rights, responsibilities, and the grievance or complaint process. This Handbook lists and defines your rights so that you will know and understand them as services are provided. If you have any questions about the contents of this Handbook, please let any staff member know and they will assist you in answering your questions.

Gracehouse Treatment Center is dedicated to ensuring that all clients are provided a safe, secure and confidential environment while receiving services. Furthermore, all staff of Gracehouse Treatment Center adheres to our Code of Ethical Conduct with respect to all areas of business and treatment.

A staff member of Gracehouse Treatment Center will sit down with you and your family, will listen to what you and your family want, will seek to understand what you and your family feel is important, and with your help, will design a plan to meet those needs. It will be your plan and you will have the responsibility of making sure your plan is followed. At any time in the course of receiving services, you have the right to voice your concerns if your plan is not being followed. We ask you first to voice concerns with your qualified professional, but if you feel uncomfortable doing so; you may use the grievance process as described in this handbook.

PAYMENT FOR SERVICES

As a client of Gracehouse Treatment Center, you have the right to know the cost of services. Psychiatric Residential Treatment services are \$420.00 per day. Room and Board charges are 40.00 per day. Medicaid does not cover these charges because they do not meet Medicaid's medically necessary guidelines. Fees for any service will be discussed with you at your first visit. You will be asked a series of questions regarding insurance, payments, income, etc. These questions will help you determine the best way to pay for your services. Please always make sure we are aware of any changes to your family or insurance status. If you are unable to make the required payment, please talk to our staff about this. For certain clients, state or local funding may be available. Clients receiving Social Security or Supplemental Security Income will have Gracehouse Treatment Center listed as payee. This is to cover the cost of Room and Board. Medicaid covers only the medically necessary treatment portion of the charges. Gracehouse Treatment Center will always strive to ensure that financial burdens are not a barrier for you to obtain services.

YOUR RIGHTS

Both federal and state laws protect your rights when receiving mental health, developmental disability, or substance abuse services. You must be informed of your rights by Gracehouse Treatment Center.

Every person receiving services shall be treated with respect and receive care that upholds the basic Client rights of dignity, privacy and humane care. You shall, at all times, retain the right to:

- Live as normally as possible while receiving treatment.
- Make wishes about future treatment known.
- The right to confidentiality as described in this handbook and in policy.
- Be informed of the qualifications of the professionals rendering the services.
- Exercise all civil rights, unless a court decision has been made to revoke these rights;
- Your treatment plan will be based on your needs, your personal situation; anticipated goals and services provided in order to achieve these goals and will be discussed and developed with you, your family, and other appropriate individuals. You will be involved in any decision regarding your course of treatment. A copy of the plan will be provided to you upon your request.
- Be free from physical punishment and unnecessary or excessive medication. Medications shall be administered in accordance with accepted medical standards and only upon order of a physician as documented in the record.
- Refuse medications.
- The right to access client records for the purpose of review or amendment.
- Be informed of experimental or nonstandard forms of service.
- Expect reasonable continuity of care.
- Be considered legally competent unless otherwise determined by a court of law. You have the right to make all decisions about your care and agree or refuse any treatment or service offered.
- Be free from influences in my decision of services and providers.
- Be informed of the cost of service. The cost of your service should be discussed at your first visit. Insurance coverage will be discussed with you and assistance provided should you have insurance questions;
- Refuse service or institute due process to terminate relations with Gracehouse Treatment Center.
- Be free from restrictive interventions employed as punishment.
- Be free from exploitation, retaliation, and humiliation.
- Be free from searches or personal belongings except under critical circumstances.
- Be free from the threat of suspension or expulsion except as stated below.
- Expect special instructions and other requests to be honored when possible.
- Contact the Governor's Advocacy Council for Persons with Disabilities (GACPD) at 1-800-821-6922. This is the agency designated under federal and state law to protect and advocate the rights of persons with disabilities.

Restriction of Rights

Some rights may be restricted ONLY IF certain procedures are followed. Certain rights can be limited or restricted by the qualified professional responsible for the formulation of the treatment plan. If a right is to be restricted, a written statement will be placed in the client's record indicating detailed reason for the restriction. This restriction is effective for no more than 30 days. An evaluation of each restriction will be documented in the record. Restrictions on rights will be renewed only by a written statement by the qualified professional at least every seven days, at

which time the restriction may be removed. The parent/legal guardian will be notified of each instance of an initial restriction or renewal of a restriction of rights and the reason. This notification will be documented in the record.

Suspension and Expulsion

Each client served by Gracehouse Treatment Center shall be free from unwarranted threat or fear of suspension or expulsion.

Clients will only be expelled from services when the facility can no longer meet the client's needs or guarantee their safety. The following will be documented following any suspension/expulsion:

1. The specific time and conditions for resuming services following a suspension;
2. Efforts by staff to identify an alternative service to meet the consumer's needs and designation of such service; and
3. A discharge plan, if any.

Smoking, Illicit Drugs, Licit Drugs, and Weapons

Smoking is not allowed anywhere on the premises. Any illicit drugs brought into the facility will be turned over to local authorities. Any licit drugs brought into the facility must be accompanied by a prescription from the client's physician or psychiatrist. Any licit drugs without a prescription will be returned to the client's legal guardian. Any weapons brought into the facility will be confiscated and either turned over to local authorities or to the client's legal guardian.

Search and Seizure

Each client will be free from unwarranted invasion of privacy. If staff of Gracehouse Treatment Center has reason to believe that a client has in his or her possession a weapon or illegal item, they will first ask the client to voluntarily relinquish the item(s). If the client refuses, the Executive Director or a qualified professional may authorize a search. In the case of a minor, the legal guardian will be contacted. If the legal guardian cannot be reached, the qualified professional may authorize the search. The legal guardian must be notified as soon as possible. Illegal items will be turned over to the proper law enforcement agency and weapons will be given to the legal guardian. Every search and seizure will be documented. The use of the search procedure shall be subject to internal and external clients rights review. If you need further information, please check with your qualified professional.

Restrictive Interventions

Treatment provided to you should be consistent with basic client rights of dignity, privacy, and humane care. Situations may arise during the course of treatment in which emergency restrictive interventions (i.e., physical restraint) are necessary to ensure the safety of clients, employees and others. Emergency restrictive interventions will ONLY be utilized when a client presents an imminent danger to him/herself or others or when substantial property damage is occurring. In EVERY instance where it is possible, less restrictive interventions will be used prior to the use of restrictive interventions. These interventions will only be used as a last resort and never as a means

of punishment, coercion, or retaliation or staff convenience. Restrictive interventions will not be used in a manner that causes harm or abuse. Restrictive interventions will only be utilized by staff that have been trained and certified in these interventions. Every time a restrictive intervention is utilized, documentation is completed and reviewed by the Executive Director.

YOUR RESPONSIBILITIES

While receiving services from Gracehouse Treatment Center, we ask you to:

- Let your needs be known.
- Ask questions about the benefits and potential risks of services you receive, and about the different kinds of services available.
- Be involved in developing and reviewing your service plan.
- Work with your treatment team to meet the goals you have established.
- Respect the rights and property of others.
- Respect the confidentiality of any persons you may see while receiving services.
- Follow the rules established by Gracehouse Treatment Center. You will be informed of these rules and be given a specific copy.
- Not engage in any illegal activities.
- Follow the grievance procedure when you are dissatisfied with services.

INFORMED CONSENT

Before services are provided, you must agree to those services. You must be provided all the information you need, in a language that you understand, so you can make an “informed choice” about the service being offered to you. If you agree, then you will be asked to sign Consent for Services form.

CONFIDENTIALITY

Medical records, treatment plans and any other information about you (including what you say or share) must be kept private and cannot be shared without your permission except as allowed by state and federal law (examples are listed below). However, it is very important for your treatment to be coordinated with other professionals who might be working with you, such as your primary care physician, or school professionals. Should it be necessary to release information about you, the reasons will be fully explained and you will be asked to sign an authorization so this information can be released.

By law, there are some situations when information about you may be shared without your permission. These include:

- If a responsible professional determines you are in imminent danger of hurting yourself or others or if there is the likelihood that you may commit or have threatened to commit crime;
- If the court orders that we disclose information in a legal action brought against you;
- If you bring legal action that in some way relates to your treatment;
- If you have been assigned a legal guardian or someone has been appointed to have power of attorney over your affairs, that person may authorize release of information on your behalf;

- If your medical records must be reviewed or audited to abide by government or area authority regulations, including but not limited to clinical supervision;
- To report suspected abuse, neglect, or exploitation of a child or disabled or elderly adult;
- To coordinate your care with other area or state facilities when it has been determined that disclosure of information is needed to ensure appropriate and effective care;
- If you are an inmate with the Department of Corrections and it has been determined that you are in need of treatment;
- If a physician or other health care provider who is providing emergency medical services to you determines that you are in need of treatment;
- Information may be shared to ensure payment for services. This information will be limited to the minimum necessary.
- Information about you may be shared among employees of Gracehouse Treatment Center who have a need to know for reason of shared treatment, supervision, quality assurance or billing.
- To report **any communicable disease**.

Notice of Privacy Practices
This Notice is effective as of April 14, 2003

THIS NOTICE DESCRIBES HOW HEALTH CARE INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WE ARE REQUIRED BY LAW TO PROTECT HEALTH CARE INFORMATION ABOUT YOU

We are required by law to protect the privacy of health care information about you and information that identifies you. This may be information about health care services that we provide to you or payment for health care provided to you. It may also be information about your past, present, or future health care condition.

Information regarding your health care at Gracehouse Treatment Center is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 USC §1320 et seq., 45 CFR Part 160 & 164 and, when applicable, Federal Drug and Alcohol Confidentiality, 42 USC § 290dd-2, 42 CFR Part 2; NCGS 122C-52 through 122C-56). Under these laws, Gracehouse Treatment Center may not say to a person outside Gracehouse Treatment Center that you attend the program, nor disclose any information identifying you as an alcohol or drug abuser, or disclose any other protected health information except as permitted by the state federal laws listed above or with your written authorization.

We are also required by law to provide you with this Notice of Privacy Practices explaining our legal duties and privacy practices with the respect to health care information. We are legally bound to follow the terms of this Notice. In other words, we are only allowed to use and disclose health care information in the manner that we have described in this Notice.

- Post the new Notice in our waiting area
- Have copies of the new Notice available upon request

The rest of this Notice will:

- Discuss how we may use and disclose health information about you.
- Explain your rights with respect to health care information about you.

- Describe how and where you may file a privacy-related complaint.

If at any time you have questions about information in this Notice or about our privacy policies, procedures or practices you may contact the Residential Manager.

Understanding what information is contained in your medical record and how it is used helps you to:

- Ensure the accuracy and completeness of the information.
- Understand who, what, where, why and how others may have access to your health information.
- Make informed decisions about authorizing (or giving permission) disclosure of your information to others; and
- Better understand your health information rights that are detailed later in this Notice.

We May Use and Disclose Health Care Information About You in Several Circumstances.

We use and disclose health care information about you for treatment, payment, and healthcare operations. For example:

1. **Treatment:** We may use and disclose health care information about you to provide health care treatment to you in order to provide, coordinate or manage your health care and related services. This may include communicating with other health care providers within the community and with provider that we are contracted with to provide services to you regarding your treatment and coordinating and managing your health care.

We may use and disclose health care information about you in order to inform you of or recommend new treatment or different methods for treating a health care condition that you have or to inform you of other health-related benefits and services that may be of interest to you.

EXAMPLE: The receptionist may use health care information about you when setting up an appointment. The staff may use your health information when reviewing your health condition. The staff may share finding results with your physician or mental health specialist to assist in providing appropriate care to you.

2. **Payment:** We may use and disclose health care information about you with your written consent to obtain payment for health care services that you received. This means that, within the mental health center or contracted agency, we may use health care information about you to arrange for payment (such as preparing billing for services you have received and managing accounts). We also may disclose health care information about you to others (such as insurers, collection agencies, and or consumer reporting agencies) except as mandated by state and federal regulations. In some instances, we may disclose health care information about you to an insurance plan before you receive certain health care services because, for example, we may want to know whether the insurance plan will pay for a particular service.

EXAMPLE: The mental health center billing clerk will use health care information about you to prepare a bill for the services provided to send to your health insurance company. The billing clerk may contact your health insurance company before providing services to determine whether the plan would pay for the services and/or the number of sessions allowed by the insurance company.

3. Health Care Operations: We may use and disclose health care information about you in performing a variety of business activities or “health care operations.” These health care operations activities allow us to improve the quality of care we provided and reduce health care costs. For example, we may use or disclose health care information about you in performing the following activities:
- Reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you.
 - Providing training programs for students, trainees, health care providers or non-health care professionals to help them practice or improve their skills.
 - Cooperating with outside organizations that accredit, evaluate, certify, or license health care providers, staff, services, or facilities in a particular field or specialty.
 - Reviewing and improving the quality, efficiency and cost of care that we provide to you and our other clients.
 - Improving health care and lowering costs for groups of people who have similar health problems and helping manage and coordinate the care for these groups of people.
 - Cooperating with outside organizations that assess the quality of the care others and we provide, including government agencies and private organizations.
 - Planning for our organization’s future services.
 - Resolving complaints, grievances, and appeals within our organization and/or business associates (contract providers).
 - Reviewing our activities and using or disclosing health care information in the event that control of our organization significantly changes.
 - Working with others (such as lawyers, accountants, or other providers) who assist us to comply with this Notice and other applicable laws.
 - Persons Involved in Your Care: We may disclose information about you to a relative, close personal friend or any other person you identify and consent to in writing if that person is involved in your care and the information is relevant to your care. For example, your spouse or legally appointed guardian may regularly come with you to your appointments at Gracehouse Treatment Center. If the client is a minor, we may or may not disclose health information about the minor to a parent, guardian or other person responsible for the minor except in limited circumstances. For more information on the privacy of minors’ information, contact the Executive Director.
 - You may ask us at any time not to disclose health care information about you to persons involved in your care. We will agree to your request and not disclose the information except in certain limited circumstances (such as emergencies) or if the consumer is a minor. If the consumer is a minor, we may or may not be able to agree with your request.
 - Required by Law: We will use and disclose health care information about you whenever we are required by law to do so. There are many state and federal laws that require us to use and disclose health care information. For example, state law requires us to report gunshot wounds and other injuries to the police and to report known or suspected child abuse or neglect to the Department of Social Services. We will comply with those state laws and with other applicable laws.
 - National Priority Uses and Disclosures: When permitted by law, we may use or disclose health information about you without your permission for various activities that are recognized as “national priorities”. In other words, the government has determined that under certain circumstances (described below), it is so important to disclose health care information that it is acceptable to disclose health care information about you in the following circumstances when we are permitted to do so by law. For more information on these types of disclosures, contact the Executive Director.

- Threat to health or safety: We may use or disclose health care information about you if we believe it is necessary to prevent or lessen a serious threat to your health and safety or the health and safety of someone else; to report a crime committed on Gracehouse Treatment Center premises or against Gracehouse Treatment Center personnel; or to medical personnel in a medical emergency.
- Public health activities: We may use or disclose health care information about you when required by law for public health activities. Public health activities require the use of health care information for various activities, including, but not limited to, activities related to investigating diseases, reporting child abuse and neglect, monitoring drugs or devices regulated by the Food and Drug Administration, and monitoring work-related illnesses or injuries. For example, if you have been exposed to a communicable disease (such as a sexually transmitted disease), we may report it to the State and take other actions to prevent the spread of the disease).
- Abuse, neglect or domestic violence: We may disclose information about you when required by law to a governmental authority (such as Department of Social Services) if we reasonably believe that you are the perpetrator of child abuse, elder abuse, neglect or exploitation. We may disclose health care information about you to a governmental authority (such as DSS) if you are an adult and we reasonably believe that you may be a victim of abuse, neglect or domestic violence.
- Health oversight activities: We may disclose health care information about you to a health oversight agency (basically an agency responsible for overseeing the health care system or certain governmental programs). For example, a government agency may request information from us while they are investigating possible insurance fraud.
- Court proceedings: We may disclose health care information about you to a court or an officer of the court (such as an attorney) with a valid court order from a judge. For example, we could disclose health care information about you to a court if a judge orders us to do so.
- Law Enforcement: If a law enforcement officer has a court order to take you into custody for the purpose of transporting you to a physician or psychologist for an examination under the involuntary commitment law, we are permitted to disclose to the law enforcement officer information about your mental state when necessary to assure your health and safety and the health and safety of the officer transporting you.
- Worker's compensation: We may disclose health care information about you in order to comply with workers' compensation law.
- Research organizations: Research Review Board may determine that information may be released for research studies if stringent conditions about protecting the privacy of the information are satisfied.
- Authorization: Other than the uses and disclosures described above, we will not use or disclose health care information about you without the "authorization" (or signed permission on an authorization for release of information) of you or your legally responsible person/personal representative. In contact you to ask you to sign an authorization form (also called release of information). You may contact us to ask us to disclose health care information and we ask you to sign an authorization.

If you sign a written authorization (release of information) allowing us to disclose health care information about you, you may later revoke (or cancel) your authorization in writing at any time except to the extent that action has been taken in reliance on it (or unless authorization is given as a condition of obtaining insurance coverage and the insurer has certain legal rights to contest the policy or a claim under the policy).

If you would like to revoke your authorizations, you may write us a letter revoking your authorization or fill out an Authorization Revocation Form. Authorization Revocation Forms are available from Gracehouse Treatment Center. If you revoke your authorizations, we will follow

your instructions except to the extent that we have already relied upon your authorization.

You Have Rights with Respect to Health Care Information About You

This section of the Notice will briefly mention each of these rights. If you would like more about your rights, please contact the Executive Director.

Right to a copy of this Notice: You have a right to have a paper copy of our Notice of Privacy Practices at any time. In addition, a copy of this Notice will be posted in clear and prominent locations. Copies are available upon request.

Right of Access to inspect and copy: You have the right to review and to receive a copy of health information about you that we maintain in certain groups of records. If you would like to inspect or receive a copy of health care information about you, you must provide us with a request in writing. You may write us a letter requesting access or fill out the Request To Access Protected Health Information form, a copy of which is available from our office or from a Gracehouse Treatment Center employee. Our office must act on this request no later than 30 days after receipt of the request.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. We will also inform you in writing if you have the right to have our decision reviewed by another person.

If you would like a copy of the information, we may charge you a fee to cover the costs of the copy. Our current fees are a minimum fee of up to five dollars for up to three pages and fifteen cents (\$.15) for each additional page, postage and handling shall also be charged. The fee is collectible at the time the information is provided to you.

Right to have health care information amended: You have the right to questions the accuracy and completeness of health care information about you that we maintain in certain groups pf records and have the right to have us amend (correct or add to) the health care information. If you believe we have information that is either inaccurate or incomplete, we may amend the information to indicate the problem and notify others who have copies of the inaccurate or incomplete information. If you would like us to amend information, you must provide us with a request in writing. You may write us a letter requesting an amendment or fill out a Request for Amendment form, a copy of which is available from Gracehouse Treatment Center Our office must act on this request no later than 60 days after receipt of the request.

We may deny your request in certain circumstances. If we deny your request, we will explain our reason for doing so in writing. You will have the opportunity to send us a statement explaining why you disagree with our decision to deny your amendment request and we will share your statement whenever we disclose the information in the future.

Right to an Accounting of Disclosures we have made: You have the right to receive an accounting (a detailed listing) of disclosures we have made for the previous six (6) years beginning April 14, 2003. If you would like to receive an accounting of disclosures, you may send us a letter requesting an accounting or fill out a Request for Accounting of Disclosures form, a copy which is available from our office. Our office must act on this request no later than 60 days after receipt of the request.

The accounting will not include disclosures made prior to April 14, 2003. If you request an accounting more than once every twelve (12) months, we may charge you a fee to cover the costs of preparing the accounting. The fee is collectable at the time the information is provided to you.

Right to request restrictions on uses and disclosures: You have the right to request that we limit the use and disclosures of health care information about you for treatment, payment, and health operations.

We are NOT required to agree to your request. If we do agree to your request, we must follow your restrictions (except if the information is necessary for emergency treatment). You may cancel the restrictions at anytime. In addition, we may cancel a restriction at anytime as long as we notify you of the cancellation and continue to apply the restriction to information collected before the cancellation.

Right to request an alternative method of contact: You have the right to be contacted at a different location or by a different method. For example, you may prefer to have all written information mailed to your work address rather than your home address.

We will agree to any reasonable request for alternative method of contact. If you would like to request an alternative method of contact, you must provide us with a request in writing. You may write us a letter or fill out an Alternative Contact Request form, a copy of which is available from our office.

You May File a Complaint About Our Privacy Practices

If you believe that your privacy rights have been violated or if you are dissatisfied with our privacy policies or procedures, you may file a complaint either with us or with the federal government. We will not take any action against you or change our treatment of you in any way if you file a complaint. To file a written complaint, you may bring your complaint to Gracehouse Treatment Center his/her supervisor, the Residential Manager or you may mail it to the following:

Gracehouse Treatment Center
1958 Turnpike Rd.
Raeford, NC 28376
(910) 904-7180

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services for suspected violations of the Health Insurance Portability and Accountability Act (HIPAA):

Office for Civil Rights
US Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1(866) 627-7748 or 1(866) 788-4989(tdd)

REPORTING OF FINANCIAL ABUSE AND FRAUD

Gracehouse Treatment Center is committed to honest and responsible conduct among all its employees. Gracehouse Treatment Center goal is to prevent, detect, respond to, and resolve violations of legal and ethical behavior. We have established a Corporate Compliance Program that allows clients and family members to raise concerns regarding legal and ethical behavior without fear of retribution. Gracehouse Treatment Center is able to assure that quality, cost-effective services are provided to you. If you suspect or question practices that might be illegal in billing for service, conflicts of interest, Medicaid/Medicare rules, or conduct violations, you are encouraged to call Gracehouse Treatment Center at (910) 904-7180 or ask a staff member for help in completing a grievance form. **At no time are you required to give your name unless you choose to ask for follow up information.**

SERVICE AUTHORIZATION APPEAL PROCESS

We want clients to receive the services needed to meet their treatment goals. When a decision has been made to deny, reduce, suspend or terminate a service, you have the right to have your concerns addressed through an impartial and timely local informal appeal process. There will be no retaliation against you if you decide to appeal. There are specific actions you must take, so it is important that you ask questions if you do not understand. If you are a Medicaid recipient, your rights to appeal are guaranteed under federal and state law and you have the right to participate in the local informal appeal process and appeal to the State.

In all cases where services are denied, reduced, suspended or terminated, you will receive notification by letter. This letter will explain the reason(s) for the service denial, reduction, suspension, or termination; what services you are qualified to receive; and information on how to file an appeal of the decision. This letter will be sent to you 10 working days prior to any reduction, suspension, or termination of service(s). You have 11 working days from the date on the notice letter to file your appeal. Should you feel that your condition requires fast action, talk to your Qualified Professional and/or Residential Manager for any concerns.

COMPLAINTS & GRIEVANCE PROCESS

If at any time you have a grievance or complaints about the services you are receiving, you have the right to have your grievances heard. Gracehouse Treatment Center has established procedures in which your grievances can be responded to in a timely manner. The desired outcome of this process is improving your satisfaction with the services you are receiving. We welcome your concerns and under no circumstances will you be retaliated against for presenting your grievances. Since you are receiving services from Gracehouse Treatment Center, we ask you first to address your grievance with any staff to allow us an opportunity to resolve the issues. The staff of Gracehouse Treatment Center will at all times respect the rights of clients as individuals. If at any time a client wishes to express dissatisfaction with services or feels that their rights or the rights of another have been violated, he/she shall have access to a process through which the grievance will

be fairly considered, investigated and appropriately acted upon. Gracehouse Treatment Center shall give high priority to being responsive to appropriate requests for help.

PROCEDURE:

- A. Clients have the right to make a grievance about any aspect of Gracehouse Treatment Center
- B. Clients will be informed of the grievance procedure at first face to face contact and anytime upon client's request. Where a client may be incapable of making or pursuing a grievance because of mental disability or as an effect of treatment, staff shall act on the client's behalf in accordance with this policy. At the time a complaint is initiated, the client will receive a new copy of the detailed grievance procedure.
- C. The manner of dealing with the grievance serves as a vital source of information for assessing and improving the quality of service therefore, Premier Healthcare Service, Inc has established a mandatory reporting requirement. Any employee or other staff, who is the recipient of, is witness to, or who otherwise becomes aware of a complaint is required to facilitate the reporting of it in writing according to procedures defined under this policy. Where clients or others may have difficulty registering a complaint, employees of Gracehouse Treatment Center are required to help them.
- D. There shall be no penalty, direct or indirect, for any action reasonably taken by any employee or other staff acting in compliance with this policy.
- E. Review and response to client grievances shall be investigated through established administrative channels as follows:
 - a. Client shall present complaint to any staff member providing care, and/or to the Residential Manager. The person receiving the complaint must respond to the complaint and to the consumer within five (5) working days, or sooner if clinically indicated. Response may include one or all of the following: letter, meeting, or specific action as documented on the client complaint form.
- F. Upon its completion, the Grievance and Complaint Report must be received by the Chief Operating Officer(COO) who shall take one of the following actions within 5 days of receiving the complaint:
 - 1. Determine that there is no reasonable cause for complaint. If the COO determines the complaint was unfounded and documents this in writing, by checking the appropriate line on the bottom of the complaint form. The complainant must sign the complaint form again indicating that they have been informed of this determination.
 - 2. If the COO is able to offer a resolution that is acceptable to the complainant, this resolution will be documented on the complaint form. The complainant must check the appropriate line on the complaint form and sign the bottom of the complaint form indicating that they agree that the proposed resolution is acceptable.
 - 3. Attempt to resolve the complaint, but finds that his/her proposed resolution is not satisfactory to the complainant. If the COO is unable to resolve the complaint, this will be indicated on the complaint form and it will be forwarded to the Board, who will attempt to resolve it.
 - 4. Determine that an investigation is required or that the matter cannot be resolved no later than five (5) days. If a lengthy investigation is anticipated, the COO should document on the complaint form the expected length and scope of the investigation.

- G. A summary of all complaint reports and their resolutions shall be submitted to the Quality Improvement Committee at the first meeting of this body after report is received by the COO.
- H. Right of Appeal: The complainant or other party involved in the complaint may appeal the decision which will be processed through the COO and Quality Improvement Committee. All parties will receive notification of results of appeals.
- I. This procedure does not preclude or prohibit the client from contacting advocates who are outside of the facility. At any point during the client's care, he will be afforded the opportunity to contact officials from the Department of Social Services, the Governor's Advocacy Council for Persons with Disabilities Council, an attorney and/or Guardian Ad Litem.

A file of complaints shall be maintained by Gracehouse and shall remain on file until the end of the second calendar year after the one in which complaint was filed.

Gracehouse Treatment Center Behavior Management Plan

Gracehouse Treatment Center is a male psychiatric residential treatment facility which provides mental health services to 12 young men afflicted by behavioral or emotional concerns. Gracehouse Treatment Center provides treatment by utilizing modifications of the therapeutic approach, Dialectic Behavior Theory (DBT), which is an evidenced based theory used primarily for individuals who are at risk for difficulty with coping with emotional stimuli, self-injurious behaviors, and life-threatening behaviors. Studies have shown this therapeutic approach to be very efficient when working with individual within a psychiatric in-patient treatment facility (Linehan, M.M., 1993a). As we have adopted a modified approach of DBT for the consumers we serve, our goal for each consumer is to decrease the following: interpersonal chaos, unsteady emotions, moods, impulsivity, confusion about self, and relationship difficulties by increasing interpersonal effectiveness, emotional regulation, distress tolerance, and mindfulness skills. We hope to assist our consumers in achieving these components by implementing four levels in which each consumer will be evaluated by the Clinical Director and Facility Director to ensure mastery of each level.

Orientation:

Upon admission to treatment each consumer is required to complete orientation level. During orientation the consumer will be allowed to receive phone calls and have visitation on a limited basis. The consumer is permitted to write letters to individuals with the approval of the legal guardian. The consumer will receive basic privileges during the orientation phase. To assist the consumer with adjusting to our program, an introduction as to what to expect, rewards for positive behaviors, and consequences for negative behaviors will be explained during this period.

Each consumer's progress will be assessed according to their compliance with established treatment goals. Each consumer will have individualized treatment plans, which Residential Mentors will cite the amount of prompts given to the consumer before compliance as well as describe behaviors that were displayed. If the consumer is compliant towards treatment goals, then the consumer will receive an appropriate reward, which is determined by Facility Director, Chief Operating Officer, and Clinical Director. However if the consumer exhibits serious inappropriate or unsafe behavior (e.g. physical aggression, running away, major property damage) then the consumer will receive NGP (Non-Group Participation). See Restriction Penalty.

If the consumer is successful in displaying appropriate behaviors with minimal incidents the first 30 days, then the consumer will begin complying with expectations of Level I. Consumers must continue with complying with established rules and displaying appropriate behaviors.

Earning Butterfly Wings

Overview

This level system has two parts: 1) daily point achievement based solely on choices and direct actions of clients 2) on-going levels that clients advance through based on long term behavioral performance. This point and level system will be used: (a) as the basic structure for daily behavioral management; (b) as a communication system with clients regarding behavioral performance; and (c) as a data collection system to make decisions regarding intervention effectiveness utilized in the Person-Centered Planning Process. The levels are as follows:

EGG Level (Level 1)- A New Beginning

Caterpillar Level (Level 2)- I Must Crawl To Get My Wings

PUPA Level (Level 3)- Positive Unique Personal Attribute Level

IMAGO (Butterfly) (level 4) Level- Individual Metamorphosis Achievement Goal Oasis

This program will not only set and enforce acceptable limits of behavior, but will have gifted staff, trained and able to initiate, build, and maintain relationships with the clients receiving care. These same individuals will understand proper discipline and therefore be training the young men in the area of obedience to authority. The way the program is carried out is very important, since strong, authority centered programs carry with them many negative images. The staff of Cornerstone Treatment Center will strive to operate with **Professionalism, Consistency, Routine** and wise instruction at appropriate times with communication that is always free from anger and bitterness.

The point system will be used to help track client's behavior. Consequences or Non Group Participation (NGP) will be given to clients that exhibit unsafe behavior (see restriction penalty) Clients will have their point cards discussed with them in order to know how they are doing behavior wise.

For a client to graduate from the program they must have successfully completed the following four levels

LEVEL 1: EGG (A New Beginning): 0-650 points

TIME: 30 DAY MINIMUM

GOALS: Each client will be responsible for accomplishing the following goals:

1. Gain an understanding of the Golden rules
2. Learn their daily routine
3. Gain knowledge of PCP goals and strategies
4. Clients must develop long-term goals and strategies for reaching goals
5. Clients will begin making efforts to accomplish assignments and counseling goals set forth by their Clinical Director, Facility Director, Team Leaders, and Residential Mentors
6. Resident must stay on task during educational and in group related activities.
7. Client must be staying on track with the goals set forth by their PCP
8. Must complete EGG project
9. Must memorize the following Five Levels of proper responses to conflict with other clients:

- **Friendly Non-Verbal:** When a client observes another young man violating an expectation he will give this client a friendly non-verbal gesture, typically with his eyes, hands, or head. These gestures are intended to change the behavior of this youth at the immediate time of the problem.
- **The Helpful Verbal:** The intervening client verbally communicates in a friendly manner his concern with the behavior of the client involved in the incident.
- **Concerned Verbal:** The concerned verbal feedback informs the other client that his actions are fast becoming inappropriate. The client intervening accomplishes this using different facial expressions, or other gestures not involving physical contact with the client.
- **Request for Staff Support:** Verbal support is requested of staff members when the concerned verbal is ignored by the acting- client. This is used to alert the client that his actions have reached a high level of concern.
- **Request for Peer Mediation:** Disputes between clients can be resolved through Peer Mediation if both parties agree to this process. Peer Mediation is available at least 2 times a day with the goal of mediating a conflict as soon as possible following a request.

PRIVILEGES:

- May watch television/movies during scheduled times
- May utilize PS-2 for 30 minutes 3 times per week
- May utilize Internet for 20 minutes 3 times per week
- May have basic phone and visitation privileges

LEVEL II: Caterpillar Level- I Must Crawl To Get My Wings: 650-1400 points

TIME: 30 DAY MINIMUM

GOALS: Each youth will be responsible for accomplishing the following goals:

1. Continue gaining an understanding of the program rules
2. Continue to learn their daily routine
3. Continue gaining knowledge of the school/vocational system
4. Client will accomplish assignments and counseling goals set forth by Clinical Director, Facility Director, Team Leaders and Residential Mentors
5. Staying on task in school and vocation.
6. Youth must be staying on track with the goals set forth by their PCP
7. Must complete Caterpillar level project

PRIVILEGES:

- All privileges of previous level
- May have 30 minutes of extra television on weekends
- Will be allowed an additional 30 minutes per week to use PS-2
- Able to participate in structured recreational activities (basketball, golf techniques, volleyball, horseshoes, etc.)
- Will be allowed an additional 20 minutes per week of supervised internet usage

- Will be able allowed to download 3 approved songs to disc from internet
- Eligible to receive community outings with staff (as determined by Chief Operating Officer, Clinical Director and Facility Director)

LEVEL III: PUPA Level: 1400-3699 points

TIME: 30 DAY MINIMUM

GOALS: Each client will be responsible for accomplishing the following goals:

1. Clients will accomplish assignments and counseling goals set forth by their Clinical Director, Facility Director, Team Leader, Residential Mentor
2. Resident must stay on task in school and vocation.
3. Client must be staying on track with the goals set forth by their PCP
4. Must complete PUPA level project

PRIVILEGES:

- All privileges of previous levels
- May wear appropriate Cornerstone approved personal clothing two days per week
- Client will receive one special treat per week
- Client will be allowed an additional 30 minutes of recreation time on Friday and Saturday
- One supervised off-campus visit per month
- Will be allowed to use handheld video game (PSP or Nintendo DS) in room 2 hours per week
- Will be allowed an additional 30 minutes per week to use PS-2
- Will be allowed an additional 20 minutes per week of supervised internet usage

LEVEL IV: IMAGO (Butterfly) Level: more than 3,700 points

TIME: 30 DAY MINIMUM

GOALS: Each client will be responsible for accomplishing the following goals:

1. Clients will accomplish assignments and counseling goals set forth by the Clinical Director, Facility Director, Team Leader and Residential Mentors
2. Resident must be staying on task in school and vocation activity
3. Client must be staying on track with the goals set forth by their PCP
4. Must complete PUPA medical records

LIFE SKILLS:

- Money management
- Planning meals, and assisting with cooking and purchasing
- Time management

PRIVILEGES:

- Eligible for therapeutic leave based on client's PCP and approval of treatment team
- All privileges of previous level
- 2 Supervised off-campus activities permitted
- Will receive special butterfly gift and certificate

Daily Pointcard

Each client has a daily pointcard with 10 target skills. Eight of the skills are general Cornerstone Treatment Center rules and are the same for everyone receiving care (i.e. follow directions, stay on task, and be respectful, wearing uniform properly). One of the skills are individual target skills taken from clients Person Centered Plan (e.g. alternatives to physical aggression). Finally, two of the skills are based on client specific education goals and overall participation in group related activities. During client orientation the reasons these behavioral skills are important for success in treatment are thoroughly discussed. Life consequences that may result from exhibiting or failing to exhibit these appropriate behaviors are addressed. Each skill is directly taught and examples and non-examples are practiced before the pointcard is used and reviewed regularly as needed. At the end of each day the client either earns or does not earn the points for that particular skill based on their behavioral performance.

Turn Around Points

Turn around points are received for "turning behavior around" after making an inappropriate choice. "Turn Around Points" can be earned by clients accepting consequences without negative attitude, expressing remorse for inappropriate behavior, going the extra mile toward being respectful to other clients and staff. They serve as an incentive for the clients to get back on a positive track and not let one mistake cause them to spiral downhill with the attitude "I've blown it, so I might as well keep going!" One turn around point cancels out one not earned point when determining the level of reward time.

Restriction Penalty

Clients that exhibit serious inappropriate or unsafe behavior (e.g. physical aggression, extreme verbal aggression, running away, property damage) are placed on Non Group Participation (NGP). No points toward the level system can be earned while the restriction penalty is in effect. This is based on the concept that trust has been lost which is discussed in advance and reviewed often and therefore staff must make all the choices for everyone's safety. All extra privileges are temporarily lost. This might include not allowing the client to participate in group related recreational activities and limitation of phone call privileges as determined by our clinical team. While on NGP, each client will be assigned specific short term goals to achieve based on the behaviors displayed. NGP status will be evaluated daily to determine the continued need and effectiveness of NGP.

PREMIER HEALTHCARE SERVICES, INC.
Gracehouse Treatment Center

POLICY NAME: Non-Group Participation Status (NGP)	EFFECTIVE DATE: 12/17/2010
ANNUAL REVIEWS: ____/____/____ UPDATES/REVISIONS ____/____/____	APPROVED BY: Fred Surgeon, CEO

Gracehouse Treatment Center, Inc. therapeutically employs Non-Group Participation Status (NGP) for clients that have exhibited unsafe behaviors including but not limited to fighting, major property destruction, elopement attempts, etc. All elements of NGP have been approved by the Clients Rights committee. Non-Group Participation status is a component of the Butterfly Behavior Management Plan. This plan fully explains NGP and a copy is provided to the client and their guardian upon admission to the facility. An acknowledgment of receipt is maintained in the client’s record.

NGP rules are as follows:

- NGP status is recommended by the Facility Director and approved by one of the following: Medical Director, Therapist or COO.
- NGP authorization approval forms are signed by the Therapist, Facility Director, Medical Director and a QA/QI member. The NGP authorization form has a daily entry by the Facility Director or designee as to the continued need for NGP status or reason for removing client from NGP.
- The Facility Director shall inform the client’s guardian within 24 hours of client being placed on NGP.
- The NGP Authorization form indicates client’s ability to participate in the following: group education, phone call status, visitation status, etc.
- NGP will be assigned for a 24 hour time period and reevaluated on a daily basis using the NGP authorization form.
- Clients will be allowed one hour of recreation time per day. Recreation time is permitted with no more than two other clients. Recreation time may only be permitted with staff as determined by client’s behavior and Facility’s Clinical Team.
- Phone call and visitation privileges may be suspended as determined by Facility’s Clinical Team (Therapist, Director, Medical Director, and COO). Any suspension or reduction of these privileges will be indicated on the NGP Authorization form.
- NGP status will be reviewed on a daily basis by Facility Director.
- NGP status can be revoked based on recommendation by Facility Director and approval by one of the following: Medical Director, Therapist or COO.
- Clients on NGP status are allowed to eat in the community room in a separate area under close staff supervision. Clients that exhibit inappropriate behavior during mealtime will be allowed to eat in their room or the conference room (if available) under close staff supervision.

- Clients on NGP will conduct most activities in their room, conference room, community room (must be monitored by staff using a 1 staff to no more than 2 client ratio)
- Clients on NGP are permitted to leave their room, conference room or assigned area provided no inappropriate behaviors are exhibited.
- Clients assigned to NGP status will have specific goals indicated on the NGP Authorization Form. These goals will be directly related to the behaviors displayed that resulted in NGP. Staff will work one on one with the client in order to achieve these goals.
- Clients on NGP are required to attend a 1 hour group session per day (Monday thru Friday) to discuss appropriate behaviors expected by the Facility.
- Clients on NGP status for more than 5 days will receive an additional individual therapy session per week.

Gracehouse Treatment Center
1892 Turnpike Rd.
Raeford, NC 28376
(910) 878-0121

Fred Surgeon, Chief Executive Officer

Grievance Line
(877) 472-2302
Option 2

Thank you for choosing Gracehouse Treatment Center to be your service provider. We are dedicated to providing the best services possible. If you have any suggestions, comments or questions, please do not hesitate to contact us.