

# ***FCC BEHAVIORAL HEALTH PERMANENT SUPPORTIVE HOUSING PROGRAM***

Agency Website – [www.fccinc.org](http://www.fccinc.org)

State Website – [www.dmh.mo.gov](http://www.dmh.mo.gov)

1-800-356-5395 – STATEWIDE CRISIS LINE



**Your Contact Person will be:** \_\_\_\_\_

## **PROGRAM HANDBOOK**

Revised: November 14, 2016  
Previous Revision: 7/24/2016

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## ***Welcome to the FCC Behavioral Health's Permanent Supportive Housing (PSH) Program!***

We are pleased that you have chosen to participate in the PSH Program and are providing this Handbook to give you information that can help you be successful. The following pages contain information on the PSH Program specifically as well as more general information about being a tenant, maintaining a housing unit and working with a landlord. We hope that you will take the time to read the Handbook and will ask questions if there is information that you do not understand.

## **WHO DO I CONTACT ABOUT THE PSH SUBSIDY PROGRAM?**

Every participant in the PSH Program has a contact person at FCC Behavioral Health. In this handbook, we refer to this contact person by the general term of “Housing case manager.” Your case manager is the main person you receive supportive housing services from. He or she is the first person you should contact with any questions or concerns that you have about the PSH Program.

## **WHAT IS THE HUD PSH SUBSIDY PROGRAM?**

The PSH Program is designed to provide eligible DMH/FCC consumers (that’s you!) with help paying the rent on an apartment in the community. As part of the program you will also have access to a wide variety of supportive services that could include things like mental health or substance abuse services, help arranging medical appointments or reminders to pay the rent. You are required to participate and engage in services in order to be part of the PSH Program. These services will help you successfully maintain your apartment and/or achieve other goals that you have.

## **I RECEIVED MY HUD PSH SUBSIDY APPROVAL LETTER, BUT WHAT HAPPENS NEXT?**

If you’re reading this handbook, you’ve already completed the referral and application process for the PSH Program. You’ll begin by working with our organization, which is filling the role of Subsidy Administrator for the PSH

Program in the area where you live. The Subsidy Administrator will work with you and your case manager to:

- Verify your monthly income
- Determine what size housing unit you’ll need
- Inform you of the maximum rent for a unit of that size in your community.
- Estimate how much rent you will be responsible for paying every month. This will be approximately 30% of your monthly income.

## **HOW DO I FIND A HOUSING UNIT?**

Once you’ve worked with your case manager to determine what size housing unit you need and the maximum rent for a unit of that size in your community under the PSH Program, you’re ready to begin your housing search!

The Housing Voucher will be useful to you and your potential landlord as you think about important features of a housing unit.

Once you have an idea of the size, location, and features you would like in your housing unit, you’re ready to begin your search! Your case manager will help you identify some potential

apartments. Depending on your preferences, you may call landlords and visit apartments on your own or do these activities in partnership with your case manager.

For additional resources on the housing search process including a guide for making phone calls to potential landlords, visit HUD's Homelessness Resource Exchange website at <http://www.hudhre.info/housingsearch/>

## **WHAT IF I CAN'T GET APPROVED FOR THE HOUSING UNIT THAT I WANT?**

It is a good idea to visit multiple units during your housing search so that you can ensure the housing is a good fit for you and meet the landlord. It is also possible that you will not be approved for every apartment you apply for. This is a normal part of the application process. Sometimes your credit, housing, or criminal history may make the housing search process particularly challenging. Your case manager will work with you to discuss ways to make landlords feel comfortable with these issues.

## **ONCE I AM APPROVED FOR THE UNIT, WHAT HAPPENS NEXT?**

After you have located and been approved for a housing unit, your case manager will contact the landlord to request that the unit be inspected. This inspection is done in order to make sure that the unit is safe and secure. If the unit fails the inspection, the landlord will have the opportunity to fix any failing items within a certain period of time. You cannot move in or pay any money toward an apartment until it has passed inspection!

When you have been approved for an apartment and the apartment has passed inspection, you will be asked to sign a lease between the landlord, FCC, and you as the tenant. A lease is a legal document and it is important to review it carefully and ask any questions you may have before signing. A lease will typically state:

- The amount of the rent.
- How long the lease will last?
- How the lease should end?
- How to renew the lease?
- How much will be charged if rent is paid late.
- Who is responsible for repairs and how to get repairs made.
- When the landlord can enter the apartment and what type of permission, or notice to you is needed.
- Any other promises made by the landlord.

## **WILL I HAVE TO PAY MONEY TO MOVE INTO MY HOUSING UNIT?**

As part of the move-in process, a landlord may require you to pay a security deposit. Although there is not a minimum or maximum amount for the security deposit, it will typically be equal to one to two times the monthly rent. This deposit is normally paid HUD, with the exclusion of a

pet deposit. When you move out of your apartment, your pet security deposit will be returned unless you have caused damage to the unit that is not due to normal use.

## **DO I HAVE ACCESS TO SUPPORT SERVICES AS PART OF THE PROGRAM?**

You may find that utilizing services can be helpful to you in achieving goals and maintaining your housing. FCC can provide or link you to these services which include the following:

- Mental health counseling or treatment
- Substance abuse counseling or support groups
- Financial management (budgeting, paying bills, etc.)
- Medical services
- Vocational training or assistance obtaining employment
- Independent living skills (could include help with managing your household, shopping, cooking, etc.)
- Other services as needed.

Your case manager at FCC Behavioral Health will help you in coordinating any of the above services or any additional services you may need.

## **WHAT ARE MY RIGHTS AND RESPONSIBILITIES AS A TENANT?**

You have the right to expect the landlord to:

- Keep the home up to local building code
- Keep the home so that you can safely live in it
- Give you written notice before ending the lease
- Not enter the home without telling you in advance, unless it is an emergency.

In return as a tenant you agree to:

- Keep the home clean
- Not change the home unless the landlord says it is okay
- Pay rent when due
- Give the landlord notice before moving out
- Obey the lease
- Tell the landlord about any problems with the home.

If you have questions about your housing unit or are not sure if you should get in touch with your landlord, you should contact your case manager. Your case manager will be able to assist you in correcting any problems with your unit and dealing with your landlord.

## **WHERE ARE SERVICES LOCATED IN MY COMMUNITY?**

As you move into your new housing unit it may be helpful to you to take the time to learn about your neighborhood. Your case manager can work with you to fill out the blanks in this section:

My nearest grocery store is located: \_\_\_\_\_

My nearest bank is located: \_\_\_\_\_

My nearest pharmacy is located: \_\_\_\_\_

My nearest public library is located: \_\_\_\_\_

I can access public transportation (if available): \_\_\_\_\_

## **HOW LONG CAN I STAY ON THE PSH SUBSIDY?**

The PSH Subsidy is a permanent housing program for homeless and disabled individuals and families. There are income limits to the program and you must fall within the 50% AMI (annual median income) threshold. If your income eventually exceeds the threshold you can be transitioned to an affordable housing solution within your community, or you can pay for your own housing independent of support. If you have applied for public housing or Section 8, the HUD PHP Subsidy Program has been deliberately designed as a Housing Choice Voucher “look-a-like” program to help ensure that the transition from the PHP Subsidy to a permanent voucher is as close to seamless as possible. Your case manager will work with you throughout this process to make sure that you can continue to reside in your housing unit if you choose to do so.

## **HOW TO GIVE FEEDBACK ABOUT YOUR SERVICES**

Whether new to FCC Behavioral Health or returning for services, we want to hear your ideas and concerns about how we provide services. Knowing if something is not working, getting ideas for further improvement of services or getting recognized for a job well done is important to us as an agency and for individual staff members. Your feedback is important. It helps us make sure we provide the best care we can.

You can give feedback on our services at these times:

- When you first reach out to the program
- At any time by using the suggestion box in the lobby
- At scheduled staffing with the treatment team (if applicable)
- After your treatment at has ended

We encourage you to provide regular feedback to your counselor to make sure you are working together toward your treatment goals. We will use your feedback to improve our services.

## **WHAT DOES MY LEASE SAY?**

**Directions:** If your landlord provides you with a separate lease, bring a copy of your lease to your case manager so that you can review it together. Keep a copy of your lease, and your case manager will keep it in your files so you can review it if you need to. It is important that you understand your lease, because if you break any of the rules, you could be charged extra fees or even evicted.

### **Paying for my Apartment**

- How much rent do I pay each month?
- When is my rent due each month?
- Where do I send my rent payment?
- How much is the damage/security deposit?
- If the rent is late, is there a late fee? How much is the late fee?
- When does the landlord start charging a late fee?
- If my check bounces, does that mean it's a late payment?
- When does the landlord start eviction if the rent is not paid?
- What utilities do I have to pay?
- What else do I have to pay? (For example, extra charge for pets, garage, laundry, key deposit, service fee if my check bounces?)

### **Rules for my Apartment**

- What are the rules about noise?
- What pets are allowed? (kind of pet, number of pets, size of pets)
- Are there rules about how I have to do my housecleaning? Do I have to do any yard work?
- What happens if something breaks or someone damages my apartment? What should I do?
- Can the landlord come into my apartment anytime he wants to?
- What are the rules about someone living with me? How long can someone visit me (if they aren't living with me)?
- What happens if there is a police call to my apartment or someone in my family is arrested?
- What happens if someone in my apartment uses illegal drugs?
- How long is my lease? What happens if I want to move before my lease is up?
- What happens when my lease expires?
- If I want to move out, how soon do I have to tell my landlord?

## **CRISIS SITUATIONS**

Some emergency situations arise when a person is threatening to hurt themselves or someone else. Our staff will assess what needs to be done to keep everyone safe. We will use medical information from your record. When you begin treatment, please give us the following information:

- The name and phone number of someone we can call in case of an emergency
- Describe their relationship to you. For example, mother, husband, or child.
- The names of any medicines you are taking
- Any diseases or sicknesses you have
- Any allergies you have, and what your reactions are

**CRISIS LINE NUMBER  
1-800-356-5395**

## **WHO SHOULD I CALL IN CASE OF A MEDICAL EMERGENCY**

If you have a medical emergency while on premises or during treatment, if you can, tell a staff member. This staff member will:

- Use CPR or other first aid measures, if trained
- If needed, call “911”
- Alert other staff, including the nurse on site if there is one
- Call other local law enforcement

We will use medical information from your record. When you begin treatment, please give us the following information:

- The name and phone number of someone we can call in case of an emergency
- Describe their relationship to you. For example, mother, husband, or child.
- The names of any medicines you are taking
- Any diseases or sicknesses you have
- Any allergies you have, and what your reactions are

Staff has basic first aid kits accessible at agency sites, in all agency-owned vehicles and in case manager vehicles.



## **WHO HAS ACCESS TO YOUR PERSONAL INFORMATION?**

**With your permission, medical/health information about you can be used to:**

- Plan your treatment and services:
  - This includes releasing information to qualified professionals who work at our facility and are involved in your care and treatment. It may also include the Missouri Department of Mental Health. We will only release as little as possible for them to do their jobs.
- Submit bills to your insurance, Medicaid, Medicare or third party payers.
- Obtain approval in advance from your insurance company.
- Exchange information from Social Security, Employment Security or Social Services.
- Measure our quality of services.
- Decide if we should offer more or fewer services to consumers.
- To coordinate Healthcare Home Services with your primary care physician and other providers **IF** you elect to enroll as a healthcare home member.

## **SUPPORTIVE SERVICES**

### **Priorities**

Finding appropriate housing is the priority for FCC Case Managers. Follow-up care, including linkages to community-based supportive services, to help person(s)-served maintain housing is the primary focus after housing is obtained. The FCC Case Manager's goal is to monitor progress and to link person(s)-served to primary support systems and services, not to act as a primary support system.

### **Service Levels and Coordination**

#### **Pre-placement Services:**

FCC Case Managers are the primary Case Manager and an advocate for all issues pertaining to permanent housing. Employment searches for person(s)-served will occur under the direction of the FCC Vocational Specialist. While at FCC, person(s)-served are entitled to the same rights and privileges as any other FCC resident, including use of equipment such as fax or telephone, counseling services, transportation child care, case management, etc.

Goal setting/plans will be determined jointly by the FCC Case Manager and FCC Clinical team in partnership with the person-served. Person(s)-served will keep the FCC Case Manager informed at all times of any in-house logistics or difficulties or the emergence of new issues of which the FCC Case Manager would otherwise be unaware, especially those that may impact housing efforts. The FCC Case Manager will communicate frequently with FCC

representatives, informing of goal progress or difficulties that arise. This will be done at the weekly Clinical staff meeting or sooner if situations warrant.

Person(s)-served will be assisted to determine proper housing needs and provided with lists of appropriate housing options, with the FCC Case Manager acting as advocate when needed. Assistance to obtain needed documentation, appointments with other community agencies, and financial assistance will be provided. Person(s)-served must keep the FCC Case Manager informed of their goal progress and, if leaving the shelter, provide contact information.

#### Post-Placement Services:

FCC Case Managers will provide intensive services to person(s)-served participating in services from the time the person-served is enrolled in FCC, until they can successfully maintain housing. For the short-term program, this will be on average 30-60 days after intake into the program. For the long-term program, this will normally occur for the duration of their tenancy after placement in housing.

“Intensive services” indicate the person-served and FCC Case Manager will be in contact at least monthly or more often typically through a home-based visit by the FCC Case Manager. At a minimum, FCC Case Managers will monitor rent and utility payments including contact with the person(s)-served landlord, lease compliance, employment search or attendance, school enrollment for children, attendance at scheduled appointments with other community agencies, and offer advocacy and assistance as needed.

### **Service Activities**

FCC Case Managers should ensure that the following activities occur:

#### Appropriate Housing

Housing should be mutually agreed upon by both the FCC Case Manager and the person(s)-served Head of Household. At a minimum, housing should be clean, decent, well-maintained, affordable, and in a neighborhood that meets the needs of the person-served. Upon examination of the housing, the Head of Household must complete and sign the leasing agreement. Completed lease agreement should be maintained in the FCC record files.

Locating adequate housing is a mutual responsibility of the person(s)-served and the FCC Case Manager. The FCC Case Manager should use all resources possible to find housing, and may contact landlords directly if advocacy is needed. If needed, transportation should be provided to help person(s)-served visit the units, complete the Housing Checklist, and make application for housing. Financial assistance with application fees is available. Housing should be safe, decent and affordable, as well as located in neighborhoods that meet the needs of person(s)-served. The FCC Case Manager should keep abreast of current rental markets, landlords to avoid, and appropriately refer person-served to partnering landlords. Referrals will not be made to landlords that have repeatedly proven uncooperative with FCC

or person(s)-served of FCC, such as, having refused to reimburse due funds, do not adequately maintain properties, or have otherwise abused tenants' rights.

Person(s)-served should examine housing and ensure for themselves that it is in good repair, that all facilities are in good working order, and that it is located in suitable neighborhoods. To ensure a minimum inspection has been done and person-served is willing to accept housing, a Habitability Standard Worksheet should be completed for each unit accepted. Case Managers should caution participants not to accept housing that does not meet minimum standards even if the landlord verbally promises to fix these problems.

FCC Case Managers must leverage other resources on behalf of homeless person(s)-served whenever possible and reasonable. Sources shall include, but are not limited to: FEMA, TANF, other public subsidies, food pantry, material assistance and other donated goods or services. FCC resources may be used in lieu of leveraged resources for housing expenses (rent, deposit, utilities) when leveraged resources are not available or will significantly delay housing placement.

#### Access to Public Education

The FCC Case Manager shall ensure that the children and youth served by the program have access to public education, and their rights are protected in accordance with Federal and State requirements. Additional coordination with the FCC Child Advocate and/or local schools district staff can be made available.

#### Employment Linkages

The FCC Vocational Specialist shall establish referral relationships with employers and employment programs for each person-served who is seeking employment and work in conjunction with the FCC Case Manager. Further, in instances where additional job skills are obviously necessary to elevate the person(s)-served income to a viable level, the Case Manager shall link person(s)-served to local job training programs such as The Salvation Army's Career Enhancement Center, Goodwill, Workforce Development, etc., making efforts to ensure person(s)-served are motivated and engaged.

#### Mental Health/Substance Use Counseling

The FCC Case Manager shall refer any person(s)-served that has a diagnosis of, or expresses interest in or concern about, mental health or addiction to FCC Behavioral Health or a reputable community mental health or substance use disorder agency for evaluation and/or further treatment. FCC Case Manager shall also refer any person(s)-served that exhibits obvious mental health or substance abuse symptoms that are hindering the client from successfully maintaining a home.

#### Credit Counseling/Financial Planning

The FCC Case Manager shall assess a person(s)-served needs at initial intake and ongoing, and if assistance is needed beyond the budget counseling performed by the FCC Case

Manager, establish referral relationships with financial planning organizations. Initial assessment is required to determine financial support needed from FCC and is required as part of the HUD request and documentation process.

#### Legal Assistance and Linkages

The FCC Case Manager shall also assess person(s)-served legal needs, advocate for resolutions of legal problems and make appropriate referrals to Southern Missouri Legal Aid, Missouri Bar Association, Lawyers for Justice, the Public Defender etc. Person(s)-served owed back child support shall be linked to child support collection assistance.

#### Enrollment in Community Benefits

The FCC Case Manager, in partnership with the FCC Vocational Specialist, shall assist person(s)-served in applying for all community benefits including but not limited to: TANF, WIC, food stamps, public child care subsidy, Medicaid, Social Security benefits, etc. If not already in process, and if person(s)-served are or become eligible, the FCC Case Manager shall refer the head of household for assistance in applying for public assisted housing and/or Section 8 housing vouchers if applications are being accepted.

# **GRIEVANCE, APPEALS AND TERMINATION**

## **Grievance Process**

FCC Behavioral Health is the sponsor/contractor agency of the Permanent Supportive Housing Rental Assistance Program. Dissatisfaction with services provided by program staff may be submitted in writing to the Program Director who will consider the complaint and respond in writing as soon as possible. If you are not satisfied with this response, or if your complaint is with the Program Director, you may appeal to the Executive Director (Shawn Sando) of FCC Behavioral Health. If you are not satisfied with the appeal decision, you may submit your complaint in writing to the President of the Board of Directors. The Board of Directors will review the complaint and will notify you in writing as to its conclusions and how the complaint will be resolved. The Board will not give consideration to complaints that have not been previously submitted through the chain of command as indicated above.

## **Termination from the Program**

Participants in FCC Supportive Housing Program can be terminated from the program. Before a recommendation of termination is approved, we must first do all that we are capable of doing to resolve all situations.

## **Termination**

Program participants may be terminated from the program if:

- Household members have threatened property or staff.
- Person(s)-served have stated in writing they no longer want to be in PSH Leasing Assistance Program.
- Person(s)-served is incarcerated for more than 30-days.
- Person(s)-served is hospitalized for either medical or psychiatric reasons for more than 90 days.
- Person(s)-served is evicted from the apartment due to a violation of the tenant-landlord lease.
- Person(s)-served provides incorrect information or neglects to provide required information.
- Person(s)-served subleases the unit to other persons.
- Person(s)-served is involved in illegal activity in the unit – that causes disturbance to neighbors and eviction from unit.
- Person(s)-served moves to another HUD funded project or moves out of the unit without notice.
- Person(s)-served does not comply with the financial portion of the rental assistance.
- Person(s)-served violates the Program Agreement if different from the lease.

## **Termination Requirements**

If termination is necessary, principles of due process must be followed. At a minimum, this process must include:

1. Written notice to the participant containing a clear statement of the reason for the termination, and at least 30-days' notice and a date to when they can appeal the decision.
2. A review of the decision, during which the participant has the opportunity to present written or verbal objections before someone other than the person (or subordinate of the person) who made or approved the termination decision; and
3. Prompt written notice of the final decision to the participant.

The Permanent Supportive Housing Leasing Assistance Program permits grantees to resume assistance to a program participant whose assistance was previously terminated. If this occurs, there is no need to document disability again. Homeless documentation will be required to be attained again.

## Appeals Process

Participants may appeal decisions about their eligibility, or the termination or closing of their participation in the Permanent Supportive Housing programs being managed by FCC Behavioral Health. The participant should put in writing the appeal and provide them with a time period (15-days) in which the appeal should arrive.

Appeals to eligibility or termination decisions may be made in writing to:

**(Anthony Smith, Housing Program Director, FCC 1201 Ely, Kennett MO.  
63857 anthonys@fccinc.org)**

The Executive Director will investigate and render a decision in a timely manner. In the event that further review is requested, three members of the (Housing Committee) will review the complaint and decision. Prompt notification of the final decision will be mailed to the program participant.

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TENANT/PARTICIPANT SIGNATURE

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DATE

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SPONSOR/CASE MANAGER SIGNATURE

---

DATE

# **FCC BEHAVIORAL HEALTH**

## **NOTICE OF ETHICAL PRACTICES**



FCC Behavioral Health is committed to providing you with the best available care in a caring, respectful and ethical manner. FCC Behavioral Health has corporate compliance policies in place to assure that billing procedures adhere to legal and ethical rules and standards according to the Missouri Department of Behavioral Health (DBH), Missouri Department of Social Services, and other state and/or federal agencies that fund health care services to community mental health centers.

We want to assure that all person(s)-served have the ability to report any suspicious activity concerning any insurance, Medicaid, Medicare or other claims filed by our organization in our service to you. Reporting can be done in-person, over the phone, by mail, or via email. You have the right to remain anonymous; however, it may prove difficult to investigate anonymous reports.

Should you need to file a complaint or concern about services billed, please use any one of the following methods:

1. Report the incident, **in-person**, to the Facility Director. You may ask the front desk who the Director is and request to see them.
2. Report the incident, **over the phone**, to the Chief Compliance Officer. Please call the toll free number (800) 455-2723 to report a concern over a private line (anonymous) or through the agency phone at (573) 888-6545. You may leave your name and number or, if you choose, you may remain anonymous. Anonymous reports are difficult to investigate, but we will do all that we can to investigate anonymous reports.
3. Report the incident, **by mail**, to the Chief Compliance Officer. Please send your report to:  
FCC Behavioral Health, Inc. ATTN: Chief Compliance Officer, 925 Highway V V, PO Box 71, Kennett, MO 63857.  
Anonymous reports are difficult to investigate, but we will do all that we can to investigate anonymous reports.
4. Report the incident, **by email**, to the Chief Compliance Officer at [compliance@fccinc.org](mailto:compliance@fccinc.org). Anonymous reports are difficult to investigate, but we will do all that we can to investigate anonymous reports.

We appreciate your confidence in FCC Behavioral Health's reputation as a quality provider of behavioral health services to Southern Missouri since 1976. If there is anything that we can do to enhance the services our agency is providing to you, please do not hesitate to let one of our staff members know.

# FCC BEHAVIORAL HEALTH

## NOTICE OF PRIVACY PRACTICES



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

FCC Behavioral Health is committed to providing quality healthcare services to you. An important part of that is protecting your medical information according to applicable law. This notice ("Notice") describes your rights and our duties under Federal Law, as well as other pertinent information. We are happy to answer any questions you may have regarding this Notice. Our staff will briefly review the key points contained herein once you have had an opportunity to read and sign. PHI includes any information that relates to (1) your past, present, or future physical or mental health or condition; (2) providing health care to you; and (d) the past, present, or future payment of your health care. FCC Behavioral Health participates in a clinically integrated health care setting which is considered an organized health care provider. Each entity within the agency's arrangements will be able to access and use your PHI to carry out treatment, payment, or health care operations. The terms of this notice shall apply to FCC Behavioral Health privacy practices until it is changed by FCC Behavioral Health.

### DEFINITIONS

- 1. Healthcare Operations.** "Healthcare Operations" means business activities that we engage in so as to provide healthcare services to you, including but not limited to, quality assessment and improvement activities, personnel training and evaluation, business planning and development, and other administrative and managerial functions.
- 2. Payment.** "Payment" means activities that we undertake as a healthcare provider to obtain reimbursement for the provision of healthcare to you which include, but are not limited to: determinations of eligibility or coverage (including coordination of benefits or the determination of cost sharing amounts), and processing health benefit claims.
- 3. Protected Health Information.** "Protected Health Information" or "PHI" means information which identifies you (e.g. name, address, social security number, etc.) and relates to your past, present, or future physical or mental health or condition; the provision of healthcare to you; or the past, present, or future payment for the provision of healthcare to you.
- 4. Treatment.** "Treatment" means the provision, coordination, or management of healthcare and related services on your behalf, including the coordination or management of healthcare with a third party; consultation between FCC Behavioral Health and other healthcare providers relating to your care; or the referral by FCC Behavioral Health of your care to another healthcare provider.
- 5. Appointment Reminders.** FCC Behavioral Health may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.

### YOUR PRIVACY RIGHTS

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

- **Get an electronic or paper copy of your medical record.** You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, within 30 days of your request. We may charge a reasonable, cost-based fee.
- **Ask us to correct your medical record.** You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this. We may say "no" to your request, but we'll tell you why in writing within 60 days.
- **Request confidential communication.** You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address. We will say "yes" to all reasonable requests.
- **Ask us to limit what we use and share.** You can ask us NOT to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and may say "no" if it would affect your care. If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment, or our operations with your health insurer. We will say "yes" unless a law requires us to share that information.
- **Get a list of those with whom we've shared information.** You can ask for a list (accounting of disclosure) of the times we've shared your health information for six years prior to the date you ask, who we shared it with,

and why. We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide accounting once a year for free, but will charge a reasonable, cost-based fee if you ask for another one within 12-months.

- **Get a copy of this privacy notice.** You can ask for a paper copy of this notice at any time, even if you have agreed to receive this notice electronically. We will provide you with a paper copy promptly.
- **Choose someone to act for you.** If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action.
- **File a written complaint if you feel your rights are violated.** You may file a written complaint in one (1) of the following ways;

**CONTACT FCC BEHAVIORAL HEALTH PRIVACY OFFICER AT:**

HIPAA Privacy and Security Officer  
925 Highway V V, Kennett, MO 63857  
Email: shirleens@fccinc.org  
Phone: (573) 888-5925; Ext: 1027

**CONTACT THE OFFICER OF CIVIL RIGHTS AT:**

United States Dept. of Health and Human Services  
[www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/)  
Phone: (816) 436-7279

We will **NOT** retaliate or take action against you for filing a complaint.

## **YOUR CHOICES**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

### **I. In these cases, you have both the right and choice to tell us to:**

- Share information with your family, close friends, or others involved in your care;
- Share information in a disaster relief situation;
- If you are not able to tell us your preference, for example, if you are unconscious, we may share your information if we believe it is in your best interest.
- We may also share your information when needed to lessen a serious and imminent threat to health or safety.

### **II. In these cases, we will never share your information unless you give us written permission:**

- Marketing purposes;
- Sale of your information;
- Sharing of psychotherapy notes

## **FCC BEHAVIORAL HEALTH USES AND DISCLOSURES:**

How do we typically use or share your health information? We typically use or share your health information in the following ways.

The following uses do **NOT** require your authorization, except where required by Missouri law.

- **Treat you.** We can use your health information and share it with other professionals who are treating you. For example: a doctor treating you for an injury asks another doctor about your overall health condition.
- **Run our organization.** We can use and share your health information to run our practice, improve your care, and contact you when necessary. For example, we use health information about you to manage your treatment and services.
- **Bill for your services.** We can use and share your health information to bill and get payment from health plans or other entities. For example, we give information about you to your health insurance plan so it will pay for your services.
- **In the case of fundraising.** We may use your PHI to contact you for fundraising efforts. We must include in any fundraising material you receive a description of how you may opt out of receiving future fundraising communications.
- How else can we use or share your health information? We are allowed or required to share your information in other ways-usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information, see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html)

**Help with public health and safety issues.** We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**Conducting Research.** We can use or share your information for health research.

**Comply with the law.** We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests.** We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director.** We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government request.**

**We can use or share health information about you:**

- For workers' compensation claims;
- For law enforcement purposes or with a law enforcement official;
- With health oversight agencies for activities authorized by law;
- For special government functions such as military, national security, and presidential protective services;
- Respond to lawsuits and legal actions.

## **FCC BEHAVIORAL HEALTH RESPONSIBILITIES**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

## **CHANGE IN NOTICE OF PRIVACY PRACTICES**

FCC Behavioral Health reserves the right to change the terms of this notice, and the changes will apply to all information we have about you. The notice will be available upon request, in our office, and on our website.

## **QUESTIONS**

If you have any questions about this notice or would like additional information, please contact the privacy official at the address and telephone number listed below or you may visit our web site at [www.fccinc.org](http://www.fccinc.org).

## **CONTACT INFORMATION**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your

### **CHIEF COMPLIANCE OFFICER**

Tracy Ellis  
925 Hwy V. V.; Kennett, MO 63857  
Email: [tracye@fccinc.org](mailto:tracye@fccinc.org)  
Phone: (573) 888-5925

### **PRIVACY AND SECURITY OFFICER**

Shirleen Sando  
925 Hwy V. V.; Kennett, MO 63857  
Email: [shirleens@fccinc.org](mailto:shirleens@fccinc.org)  
Phone: (573) 888-5925 Ext. 1027

# **FCC BEHAVIORAL HEALTH**

## **FINANCIAL POLICY**



Thank you for choosing our Agency as your health care provider. We are committed to your treatment being successful. Please understand that payment of your bill is considered a part of your treatment. The following is a statement of our Financial Policy, which we require you to read prior to any treatment. All person(s)-served must complete our Admission and Insurance Form before seeing a doctor/counselor.

**PAYMENT IS DUE AT THE TIME OF SERVICE.  
WE ACCEPT CASH, MONEY ORDERS, CASHIER CHECKS, CHECKS,  
etc. SORRY NO CREDIT CARDS.**

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### **DBH PERSON(S)-SERVED:**

#### **Regarding Department of Mental Health Standard Means Form (Partial Fee):**

FCC Behavioral Health abides by the policy set forth by the State of Missouri. The policy states that the Standard Means must be done on all Missouri residents in our catchment area to determine if they have the ability to partially pay for treatment (the first days of treatment each month, then the State will pay the rest). If an ability to pay is found, the Partial Fee is due upon admission of the person(s)-served and on every month thereafter.

**EX: person(s)-served admission 2-28-04, fee \$300.00, person(s)-served discharge 3-1-04, fee \$300.00, Balance Due \$600.00.**

The policy also states that the PARTIAL FEE NOT EXCEED CHARGES for any one (1) month.

**EX: If person(s)-served has a Partial Fee of \$300.00 per month, but has only accumulated \$100.00 worth of services, then your Partial Fee would be \$100.00 instead of \$300.00 for that month. Only one (1) Partial Fee can be charged per family, please notify us if any other family members are being treated at any DBH facility in Missouri.**

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### **NON-DBH PERSON(S)-SERVED:**

#### **Regarding Insurance:**

All co-pays and deductibles are due at the time of treatment. The balance of charges due is your responsibility, whether your insurance company pays or not.

#### **Usual and Customary Rates:**

FCC Behavioral Health is committed to providing the best treatment for our person(s)-served and we charge what is usual and customary for our area. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates.

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#### **Regarding Insurance Information:**

FCC Behavioral Health will accept assignment of insurance benefits. However, we cannot bill your insurance company unless you provide us with your insurance information.

**Regarding Failure to Pay:** FCC Behavioral Health may take action to collect any unpaid amounts.

**Minors:** The Parent/Guardian accompanying a minor is responsible for payment.

Thank you for understanding our Financial Policy. Please let us know if you have any questions or concerns.

FCC Behavioral Health's billing department can be reached at (573) 888-9525

# **FCC BEHAVIORAL HEALTH** **GRIEVANCE POLICY AND PROCEDURE**



As a person(s)-served of FCC Behavioral Health, you have the right to be given basic information regarding how complaints and grievances are addressed.

1. FCC Behavioral Health provides you with a means of expressing and resolving complaints or appeals.
2. If you, or your family, have a grievance, you should inform the staff, or the site's Clinical Manager. You may discuss your concerns with the Clinical Manager at your convenience. If the grievance cannot be resolved with the staff, you may request a meeting with the site's Program Director. This will be scheduled at an agreed upon time by both parties.
3. If the grievance cannot be resolved with the staff, you, or your family member, you can complete the agency Complaint/Grievance Form and submit to the

FCC Behavioral Health  
Chief Compliance Officer  
PO Box 71, Kennett, MO 63857  
OR Email complaint to [compliance@fccinc.org](mailto:compliance@fccinc.org)  
OR call toll free number (800) 455-2723

This form can be obtained from program staff upon request.

4. The written grievance will be handled in the following manner:
  - The department program director will be informed of the grievance.
  - You, or your family, will receive a response concerning the grievance from the Chief Compliance Officer within five (5) working days.
  - If you or your family is dissatisfied with the response, a meeting can be arranged within three (3) working days with the Chief Executive Officer and the appropriate staff.
  - The final disposition for grievances rests with the Chief Executive Officer.
  - If you are still dissatisfied with the response obtained in the above stated manner, the Chief Executive Officer will assist you with contacting the Consumer's Rights Monitor at the Department of Behavioral Health (DBH).

## **Consumer Rights Monitor**

*Department of Behavioral Health*  
*P.O. Box 687*  
*Jefferson City, Mo 65102*  
*1-800-364-9687*







