



SC Department of Mental Health

DMH



CATAWBA COMMUNITY MENTAL HEALTH

PATIENT HANDBOOK

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South Carolina
Department of Mental Health

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Catawba Community Mental Health Center

Introduction

Welcome to Catawba Community Mental Health Center (CCMHC). It is our mission to support the recovery of people with mental illness. We are pleased you have selected us as your provider of choice. CCMHC is a healthcare organization committed to providing quality mental health services to the residents of Chester, Lancaster, and York counties. We have a talented team of psychiatrists, mental health professionals, medical staff, and support staff who are passionate about our mission. If mental illness is negatively impacting your life, we are here to help.



"Supporting the recovery of people with mental illness"

Our Core Values

We commit ourselves to services that:

- honor the rights, wishes, and needs of each individual
- focus on each individual's strengths in the context of his or her own culture
- demonstrate the value of family inclusion and the benefits of strong family support

Support for Local Care- We believe that people are best served in or near their homes or the community of their choice. We believe in services that build upon critical local supports: family, friends, faith communities, healthcare providers, and other community services that offer employment, learning, leisure pursuits, and other human or clinical supports.

Commitment to Quality- We are an agency worthy of the highest level of public trust. We provide treatment environments that are safe and therapeutic, and work environments that inspire and promote innovation and creativity. We hire, train, support and retain staff who are culturally and linguistically competent, who are committed to our recovery philosophy, and who value continuous learning and research. We provide services efficiently and effectively, and will always strive to provide interventions that are scientifically proven to support recovery.

Dedication to improved public awareness and knowledge- We believe that people who have mental illnesses, trauma survivors, and others who experience severe emotional distress, are often misunderstood or viewed with stigmatizing attitudes. We work with employers, sister agencies, and public media to combat prejudice born of ignorance about mental illnesses. In addition, we expect our staff to be leaders in the anti-stigma campaign.



Our Services



We offer a variety of treatment services to children, adolescents, adults and their families. Services include assessments, individualized therapy, group therapy, family therapy, infant & early childhood mental health consultation, dual diagnosis treatment, medication management, and supporting rehabilitation services.

Our therapists and medical staff work in partnership with you to develop an individualized plan of care based on your strengths, needs, abilities, and preferences. A specific evidence based modality may be utilized to best meet your needs.

REGISTRATION & INTAKE PROCESS - An initial visit to CCMHC typically involves meeting with administrative and clinical staff. Our administrative staff collect required personal data, obtain necessary consents, and collect insurance/financial coverage and financial information. One of our master's level therapists will meet with you to learn the reason for your visit, gather information on what is happening that led you to seek treatment, and help you decide if our services match your needs. In some circumstances, it may be determined that you would be best served by another agency or co-served with another agency. Under these circumstances you will be provided with referral information and linked with that agency as appropriate.

CONSENT TO EXAMINATION AND TREATMENT - At intake, we will obtain your written consent and your authority for this mental health facility and its professional staff to perform psychiatric assessments, psychotherapy, related mental health treatments and/or administer medications when deemed necessary in consultation with you.

A copy of the SCDMH Notice of Privacy Practices is provided at intake. The original is located in your medical record. You are invited and welcome to review it and ask questions.

ORIENTATION TO THE CENTER - Orientation is provided during your initial meetings with our staff. We do this to help you make the best choices about your treatment. Staff will provide you with information about your rights, responsibilities with treatment and post discharge follow-up.

COMPREHENSIVE ASSESSMENT - The comprehensive assessment serves as the basis for your care and treatment. It helps us understand your strengths, preferences, needs and abilities. The assessment typically takes 1-2 hours, depending on the extent and nature of your concerns and needs. Sometimes, the assessment takes up to three separate appointments to complete.

During the assessment, the therapist will talk with you about your current condition and concerns and will ask you about aspects of your personal history that are important to help us understand the impact those concerns are having on you and your loved ones. The information gathered will help the therapist determine what is needed regarding the type and intensity of services needed to reach your goals. During the assessment, the therapist may ask you for permission to communicate with other people you have identified who could provide information relevant to your care.

PLAN OF CARE (POC) - Once the assessment is completed, the master's level therapist will meet with you to develop your plan of care based on your expectations, goals, and objectives. The plan of care will make use of your strengths and abilities that have been helpful to you in the past to resolve problems or maintain stability.

An important part of the plan of care is to identify what needs to be accomplished for you to be ready to end counseling. The goal of this POC is to prepare you for a successful discharge from our program. The POC should include other support systems that may help you maintain stability and recovery after treatment. The plan of care may be modified by you and your therapist at any time throughout the course of your care. Every patient is offered a copy of their plan.

EVALUATION OF TREATMENT - An important aspect of treatment is to review how effective it is in helping you address your concerns. At the beginning of treatment, measures will be taken to determine the severity of your diagnosis and how it affects other areas of your life. Assessment tools will be provided throughout the duration of your treatment to evaluate and monitor your progress.

DISCHARGE/ TRANSITION PLANNING - Planning for discharge starts at the onset of treatment. The goal is to transition your treatment to your community physician/psychiatrist. Discharge occurs when:

- You have achieved the agreed upon treatment goals and identified a relapse prevention plan that is necessary for successful discharge from treatment;
- Your symptoms and level of functioning in the home, community and work have improved to the point that you don't require appointments as frequently to maintain your improved functioning;
- Your clinical condition has worsened such that you require a higher level or more intense level of care; and
- You demonstrate lack of motivation to participate in the agreed upon plan of treatment as shown by poor attendance at scheduled appointments, poor record of completion of therapy assignments, not following-through with referrals to community based support groups, or not taking medications as agreed upon and prescribed.

Transition planning will occur if you need to be transferred to another program or staff member during or after completion of your mental health treatment.



Significant Other Participation Involved in the Identified Patient Services

You have the opportunity and are encouraged to include significant others in your treatment. When doing so, your written consent will be obtained. In these situations, the significant other:

- Agrees to participate in therapy focused on the Patient;
- Understands that any information that is provided may be included in your medical record and, when necessary, disclosed as allowed by law; and
- Understands that if they want treatment for themselves then a separate consent to examine and treat is required.

Additional Support Services:

CCMHC offers several additional support services:

- **Entitlement Specialist** - CCMHC employs a full-time Entitlement Specialist to assist you with applying for benefits for which you may be eligible. They can assist you with completing applications, collecting documentation, and with following up on claims when needed. Every effort is made to ensure all patients obtain benefits for which they are entitled.
- **Care Coordination** - Care Coordination assists you in connecting with other service providers such as medical, dental, food, clothing and education to make sure your needs are being met
- **Individual Placement & Support (IPS)** - IPS collaborates with Vocational Rehabilitation to assist in the process of obtaining and sustaining employment.
- **Mobile Crisis Response** - **833-364-2274** provides 24/7/365 community based crisis response. This program strives to divert individuals from unnecessary hospitalizations and incarcerations and develop safety plans
- **Peer Support** - CCMHC employs peer support specialists to assist individuals age 15 and over in understanding how to manage their illness in their daily lives to promote ongoing recovery. Service focuses on personal safety, self-worth, choice, confidence, growth, education, meaningful activities, and effective communication.

Patient Rights

It is our policy that a person receiving services:

- has the right to be protected from abuse, financial and other exploitation, retaliation, humiliation and neglect.
- has the right to considerate and respectful care and consideration of their psycho-social, spiritual and cultural values.
- has the right to privacy and to have information regarding their treatment remain confidential.
- has the right to receive information related to their treatment needs in a way that is understandable to them and given in sufficient time in order to allow them to make informed choices and decisions.
- has the right to access information in their medical record and to request copies.
- has the right to impartial access to treatment regardless of race, religion, sex, ethnicity, age, handicap, sexual orientation, degree of disability or sources of financial support.
- has the right to information regarding the cost of services and to request a fee reduction based on their income.
- has the right to consent to outpatient services, medications and treatment, unless ordered by a court.
- has the right to consent to use of audiovisual equipment, participation in research projects and Neuroleptic medications.
- has the right to be informed regarding what kind of information can be legally released without their authorization.
- has the right to receive services and treatment in a safe and humane environment.
- has the right to participate in the planning of services and the development of their individual plan of care.
- has the right to choose which providers and where they want to receive services.
- has the right to express their preference in the make-up of their treatment team.
- has the right to receive crisis services in a manner that protects their dignity and physical well-being, utilizing only SCDMH approved procedures.

- has the right to exercise their individual and civil rights as they choose and has the right to access and receive a referral to legal services for appropriate representation.
- has the right to receive information about and to access self-help and advocacy support services.
- has the right to information on how to contact the CCMHC Patient Advocate in order to report any violation of their rights or other complaints and to do so free of retaliation, or humiliation.

Patient Responsibilities



It is our policy that a person receiving services has the responsibility to:

- ask questions when they do not understand what is being offered or what is being asked of them
- take part in planning for and participating in their treatment in order to reach their recovery goals
- keep their scheduled appointments and to call CCMHC when they have to cancel their appointment
- report any conditions or situations that may affect their safety or the safety of others
- respect the privacy and rights of other patients
- be respectful of individual differences and the spiritual and cultural values of others
- learn the warning signs of their illness and to let CCMHC staff know when they are not doing well
- tell their therapist, nurse, and/or doctor if they have any medical or health problems and to report any side effects they think may be caused by their medication
- inform CCMHC staff of any changes to their insurance, Medicaid, Medicare, or their financial situation

Financial Responsibility & How We Bill For Services

1. No one will be refused services regardless of payer source.
2. Fees are the same for all patients receiving the same service. Fees are set by the Department of Mental Health.
3. If you have health insurance coverage, you are required to sign a consent to bill for the services being provided.
 - a. If the Department of Mental Health is not in your health insurer's provider network, you will be responsible for payment when services are rendered.
 - b. Your insurance company may require that mental health services be preauthorized by them as a condition of payment.
 - c. Most health insurance plans do not cover mental health services provided by therapists at this mental health center who are not individually licensed, and many plans do not cover all of the available services offered by this mental health center.
 - d. Patients are responsible for the full payment of mental health services received if your insurance plan does not cover them.
 - e. If you have questions about whether a service is covered by your insurance, or not, please contact the business office of this mental health center.
4. If you have Medicare, you are required to sign a consent to bill and complete an Advanced Beneficiary Notice (ABN) form for services being provided. Services that are not covered under Medicare you would be responsible.
5. If you have Medicaid or any form of Medicaid such as Medicaid as part of a Managed Care Organization (MCO), you are required to sign a consent to bill for services rendered. Services covered under Medicaid are considered paid in full.
6. Should you have multiple payor sources, generally we bill in the order:
 - a. Private insurance
 - b. Medicare
 - c. Medicaid
7. You are responsible for all payments on any balances owed for services performed. This may include copays, deductible, co-insurance, or services not covered by a third party. If you do not have Medicaid, Medicare, or other insurance coverage, you will be billed directly for services you receive.
8. Payment is expected when services are received. If you have any questions about your bill or making a payment, or if your ability to pay your bill changes please ask to speak to someone about payment arrangements.
9. The following services may be provided for you even if you are not seen face to face by a Mental Health Staff and there will be a charge if we provide these services for you: Crisis Intervention Service, Family Therapy without the patient, Mental Health Plan Development by Non-Physician and Nursing Services.



FINANCIAL ASSISTANCE- Patients may qualify for a fee reduction based on insurance coverage, household size, and household income. Patients with a health insurance policy or any form of benefits (Medicare, Medicaid, Tricare, or private carrier) which provide for mental health services do not qualify for a fee reduction. We must have proof of income to determine eligibility for fee reduction. Full fees will be assigned until proof of income is provided and fee reduction is determined. We can accept the following as proof of income:

- Pay Stubs
- Employee W-2 forms
- Wage Tax Receipts
- Federal Income Tax Return
- Self-Employment Bookkeeping Records
- Employer's Wage Record
- Statements from Employers
- Alimony or Child Support Documentation
- Documentation of Retirement Income, Social Security, Unemployment Compensation, Insurance Annuity, Etc.
- Signed statement that the patient is the beneficiary of a trust or other source of readily available income or payment for health care expenses
- Employment Security Office Documentation

Disclosure of your financial status is not a requirement to receive services from CCMHC. It is only a requirement if you wish to be considered for a fee reduction based on your ability to pay.

Missed Appointments/ Cancellation Policy

All appointments will be confirmed at least 72 hours in advance. No shows are missed opportunities for our patients in need as cancelled appointments are filled with other patients needing to be seen. If you are unable to keep your scheduled appointment please notify us 24 hours in advance. An appointment is considered missed if you don't arrive within 15 minutes following the scheduled start time of the appointment. If you arrive later than 15 minutes after your scheduled appointment, you may be asked to reschedule your appointment in order to accommodate others in need.

If you miss an appointment, we will make two attempts to contact you at the telephone number provided to our agency. If we are unable to reschedule your appointment after our second attempt to contact via phone, we will send you a letter letting you know that we have attempted to contact you but were unable to reach. The letter further states to contact CCMHC within 7 business days to reschedule the appointment. If you fail to contact our office within the 7 business days, we will formally end your treatment with CCMHC. If you miss three appointments within a 90-day review period, we will end your treatment at CCMHC. The count of three services is done without consideration of which type of service was missed or with which provider.

Please contact us at any time to discuss any barriers to treatment and any concerns that you may have that may be impacting your treatment at CCMHC. CCMHC will also take into consideration any special circumstances you are experiencing that may be impacting your ability to keep scheduled appointments. It is your responsibility to discuss this with your therapist.

Please note that if you end your treatment at our agency, you will not be able to attend medical appointments, obtain medication through our agency, or receive prescription assistance medications through our agency. Once your case is closed, if your symptoms re-appear or you need our services in the future you are welcome to return at any time for assistance.

Notices:

- You must be a resident of South Carolina to receive services from Catawba
- To promote the health and wellbeing of our community, all CCMHC locations are tobacco-free. Thank you for your compliance and support.
- No guns, knives, or weapons are allowed on premises.
- Please bring your insurance card with you to all appointments.
- All medication refills must be requested at least two weeks prior to final dose. We require that you bring your medication bottles with you to all medication monitoring and doctor's appointments.

Voter Registration

If you are currently not registered to vote, or if you have a family member who would like to register to vote, we can provide you with the necessary forms to achieve this privilege. Your therapist can assist you in completing the form if you need assistance.

Check out our website for many community resources.

www.catawbamentalhealth.org/resources





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MOBILE CRISIS
#833-364-2274



Contact Information



Catawba CMHC Administration Office

448 Lakeshore Pkwy, Suite 205
Rock Hill, SC 29730
803-328-9600
800-475-1978 - Toll Free



Chester County Clinic

524 Doctors Court
Chester, SC 29706
803-581-8311
800-475-1984 - Toll Free



Lancaster County Clinic

1906 Hwy 521 Bypass South
Lancaster, SC 29720
803-285-7456
800-475-1979 - Toll Free



York County Adult Services Clinic

205 Piedmont Blvd, Suite 100
Rock Hill, SC 29732
803-327-2012
800-252-2168 - Toll Free



York County Child, Adolescent, & Family Center

448 Lakeshore Pkwy, Suite 110
Rock Hill, SC 29730
803-329-3177
866-452-5152 - Toll Free

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