

RESOLUTION

All grievances must be resolved, and a written notice of resolution sent within 90 calendar days of the date the Grievance was filed. The resolution notice will include a brief summary of the complaint, the steps taken on behalf of the person served, and the resolution. The resolution notice will include information on how to request a Grievance Review.

All appeals will be internally reviewed by a staff person who was not involved in the original action and who will determine whether to let the decision stand or change it within 30 days of receipt of the appeal. You will be notified of the decision immediately. If the original decision is upheld, you will be given information on how to request a Fair Hearing with the Human Service Board.

You may request an Expedited Appeal in emergent situations from the agency. If the expedited appeal meets the criteria, a decision needs to be made within 72 hours. If the appeal does not meet expedited appeal criteria, the appeal will be processed as a standard appeal.

You will be advised of your right to representation or the assistance of an advocate at any stage of the grievance and appeals procedure. You will also be assured of the confidentiality of the proceedings and that no retribution of any kind will result from filing a grievance or appeal.

QUALITY IMPROVEMENT

We are dedicated to improving the quality of our services. We value your input regarding the quality of care, the results of our services, and your satisfaction with any aspect of our organization. We will be asking for your input through surveys and we encourage you to provide us with your feedback. We also solicit feedback from families, other providers and agencies, and others in the community. If, at any time, you have any suggestions on how we can better serve you, please feel free to share them with us.



EQUAL OPPORTUNITY

It is the policy of RMHS to provide equal opportunity and employment to all staff, applicants, and recipients of our services.

ACCESS TO SERVICES

If you are interested in our behavioral health services, please call us at (802) 747-3588; TTY /TTD (800) 253- 0191. Intake workers provide information, referral, financial counseling, scheduling, and information on the admissions process. For access to Developmental Services, call (802) 775-0828.

IN AN EMERGENCY

Emergency services are available 24 hours a day. Business hours are 8:30AM to 4:30PM, Monday through Friday. During normal business hours, please contact your primary therapist/case manager. After hours, weekends, and holidays, call 775-1000 for assistance.



rmhscn.org

Mailing address:
P.O. Box 222
Rutland, VT 05702

This handbook has been designed to help you understand your rights. If you need more information or have further questions, please speak with your primary therapist or case manager.



Community
Care Network

Rutland Mental Health Services | Rutland Community Programs

Handbook for Clients of Behavioral Health Services



Rights
Responsibilities
Grievance Procedure
Resolution
Quality Improvement

YOUR RIGHTS

Rutland Mental Health Services (RMHS) is committed to maintaining the dignity and worth of all individuals seeking services. We do not discriminate based on race, creed, sex, sexual orientation, or disability. As a person receiving services, you have the following rights:

- To receive treatment that is considerate of your age, gender, culture, sexual orientation, spiritual beliefs, socioeconomic status, and language.
- To receive treatment that is free of physical or psychological abuse, retaliation, humiliation, neglect or exploitation for financial gain.
- To ethical treatment, as determined in the RMHS Code of Conduct. A copy of the Code of Conduct can be obtained from your primary therapist, case manager or other RMHS staff. In addition, if you receive services from a person licensed or certified by the State of Vermont, you will be given a copy of the Code of Ethics governing your clinician's profession.
- To receive treatment, rehabilitation, and/or educational services appropriate for your condition according to commonly accepted professional standards.
- To participate in the development of your plan of care. With your consent, family members will also have the opportunity to participate in developing and reviewing your plan of care.
- To be assigned a primary case manager or therapist who will assist you in the development review and revision of your plan of care and in coordinating your care. You will be asked to identify your goals and desired outcomes in seeking services.
- To the information that will assist you in making decisions about your treatment. You will be informed about your condition and progress. A copy of your treatment plan will be provided to you if you request it. You are encouraged to meet with members of your treatment team to participate in treatment decisions.
- To informed consent or refusal or expression of choice regarding service delivery, the release of information, concurrent services, the composition of the service delivery team, and involvement in research projects, if applicable
- To the least restrictive conditions necessary to achieve the goals of your treatment plan. The treatment team will periodically review any restrictions placed on you. You may file a grievance, or appeal any decision which results in a restriction of your rights.

- To have a comprehensive service plan that incorporates other relevant service agencies/systems, if desired.
- To all legal protection and due process for status as an outpatient and inpatient, both voluntary and involuntary, as defined under Vermont law.
- To be free of unnecessary or excessive medication.
- To be free from the use of seclusion; and from restraint, the exception of the use of emergency holds where there is a threat of imminent harm to yourself or others.
- To refuse treatment with the following exceptions; Except after a court hearing and final commitment order, or Except if your behavior is such that it is necessary to use treatment to prevent physical or emotional harm to you or other persons.
- To petition the court for review of any civil commitment order in accordance with the provisions of the law.
- To privileged (confidential) communications with those who examine or treat you. Information provided during evaluation or treatment may not be disclosed without your consent or appropriate court order except in cases where a significant danger exists to yourself, others, or property. In addition, we are required by law to report any suspected abuse or neglect of a child and abuse, neglect or exploitation of an elderly or mentally disabled adult. Additional information on your privacy rights, including your right to access your record, is available in the RMHS NOTICE OF PRIVACY PRACTICES.
- The right to assistance with access and referral to guardianship services, self-help groups, advocacy services, or legal services.
- The right to assistance in understanding your bill.
- To be informed of these rights in a manner consistent with your level of understanding. You (or guardian, if applicable) will acknowledge, in writing, your receipt of information regarding the rights of persons receiving services.



YOUR RESPONSIBILITIES

As a person being served by Rutland Mental Health Services, you have both rights and responsibilities. You have a right to considerate, respectful treatment, and you have the responsibility to be considerate and respectful of the rights and privacy of others.

Smoking is prohibited in all agency buildings and in vehicles operated by agency staff while being used to transport persons served.

You are prohibited from bringing illicit drugs or prescription medications that are not in their original, marked containers into RMHS facilities. You are prohibited from bringing weapons into any RMHS facility and from possessing any weapon while being provided with transportation by RMHS staff.

Your children should be supervised at all times. As part of registering with our treatment system, you will be asked to sign a fee agreement that outlines your responsibilities for payment. Payment for services is due when services are received unless other arrangements are made.

GRIEVANCE PROCEDURE

It is the policy of RMHS that any internal appeal, grievance, complaint regarding services and support raised by a client, family member, guardian, or a person acting on behalf of the client, who does so with his/her express permission will be given due consideration.

DEFINITIONS

An internal appeal is a request for the review of an adverse benefit determination. A grievance is a dissatisfaction with staff, programs, policies, quality, timeliness and accessibility of services or services not available.

You or your designee may complete a Grievance & Appeal Form and/or explain the grievance or appeal to your primary RMHS therapist or case manager who will either assist you with completion of the Grievance & Appeal Form or connect you with the Grievance and Appeals Coordinator. RMHS staff shall arrange for reasonable accommodations for language or other needs you may have in order for you to understand and participate in the process. The Office of the Health Care Advocates may also be able to help you. They can be reached at 1-800-917- 7787.

You or a designated representative may file a grievance at any time. Appeals must be filed within 60 days of the mailing date of the notice of service denial or reduction.