



# **Consumer Handbook**

**A Consumer Guide to  
Understanding the Services  
and Programs of LSS**

# Life Solutions South, LLC Consumer Handbook

## Table of Contents

<b>Introduction</b> .....	3
<b>Background</b> .....	3
<b>Mission Statement</b> .....	3
<b>Visions Statement</b> .....	3
<b>Access to Services, Emergencies, and Crisis</b> .....	4
<b>Client Choice and Informed Decision Making</b> .....	4
<b>Primary Care Coordination</b> .....	4
<b>Client’s Rights Statement</b> .....	4
<b>Alternatives to Client Restraint/Seclusion</b> .....	7
<b>Client Access to Records</b> .....	7
<b>Release of Information</b> .....	7
<b>Accessibility/Accommodations/Removal of Barriers</b> .....	8
<b>Complaint and Appeal Procedures</b> .....	9
<b>Notice of Privacy Practices</b> .....	9
<b>Consent and Acknowledgment of Receipt of Privacy Notice Form Instructions</b> .....	11
<b>Payment and Fee for Services</b> .....	12
<b>Transportation</b> .....	12
<b>Important Numbers</b> .....	12

# Life Solutions South, LLC

## Consumer Handbook

### Introduction

Life Solutions South is firmly committed to providing each Client with services that meet their needs and services that demonstrate quality and performance. A primary purpose of this handbook is to guarantee that clear communication is provided to assure that each individual understands LSS services, programs, and their rights. Every effort will be made to address your needs. If your needs are not met, please contact us and share your concerns. Should you have any questions regarding the content of this handbook or questions regarding your services please contact our Customer Service Line: 216-600-5194.

### Background

In 2015, Life Solutions South (LSS) began serving Clients in Cleveland Metropolitan area. From our foundation, LSS characterizes itself by proudly providing the highest quality services to those most in need.

### Mission Statement

Our mission is to create a world-class organization that sets the standard of excellence in the treatment of specialty behavioral health and addiction disorders.

To our clients, we are committed to the creation of behavioral health centers where people receive individualized and quality care that enables them to regain hope in a supportive, caring environment.

To our employees, we are committed to offering an enviable internal culture and environment that encourages and supports both professional and personal growth that you are proud of.

To our customers, we are committed to developing partnerships with physicians, professionals, and payers within the communities we serve through the delivery of high quality specialty behavioral health services at affordable costs while always putting the patient first.

We will strive in all that we do to make Life Solutions South synonymous with excellent care, phenomenal customer service and an unparalleled commitment to our patients, staff, physicians, and community.

### Vision Statement

To be recognized as the behavioral health leader – characterized by our common:

- Understanding of and sensitivity to our patients and their families;
- Appreciation and practical integrated application of the most current practices of psychotherapy, psycho-dynamic clinical care, and psycho-education;
- Engagement and cooperation with the persons and organizations working together for the benefit of our patients;
- Commitment to promote and improve the mental well-being of our community.

# Life Solutions South, LLC

## Consumer Handbook

### Access to Services, Emergencies, and Crisis

LSS normal hours of operation are from 9:00 am to 5:00 pm Monday – Friday, and closed Saturday and Sunday. LSS has two (3) locations:

1. 2728 Euclid Avenue, Suite 400, Cleveland, OH 44115
2. 333 South Main Street, Suite 105, Akron, OH 44308
3. 4342 Harrison Avenue, Suite 1, Cincinnati, OH 45211

LSS maintains a 24-hour number that you may call if you are experiencing an emergency or crisis: **216-972-1926**. LSS maintains on-call employees that will respond to your needs during a crisis or emergency. The on-call worker will respond and assess your need for services. This may include: contacting your assigned worker, addressing your need directly, and/or assessing need for a more restrictive level of care. You will be provided with additional after-hour contact numbers depending on the services you receive. If you have any questions regarding crisis/emergency services please ask your assigned worker and/or case manager.

### Client Choice and Informed Decision Making

As a Client you retain the right of choosing your service provider, being provided sufficient information to make decisions, and the right of providing written informed consent regarding all services provided to you. LSS is required to inform you of your right of choice and provide the names of providers that can address your service needs. After receiving this information, you may select from the provider options.

As a Client and/or parent/legal guardian, we are required to inform, discuss with you, and involve you in the decision making process. We will provide you with sufficient information to understand the services and programs of LSS. Generally, we will not provide services until you have signed and dated a consent form to receive these services. At any time you may ask questions and expect information to address your questions.

### Primary Care Coordination

Life Solutions South goal is to ensure that each Client's behavioral health needs are met as well as any medical needs. Life Solutions South believes that both medical and behavioral care is needed for the success of treatment. Life Solutions South will ask you to sign a release form that will allow LSS to communicate any important medical information to your primary care physician in order to facilitate treatment. If you do not have a primary care physician, please make your case manager aware so that we may assist in linking you with this crucial service.

### Client's Rights Statement

The Client's rights and responsibilities will be explained and distributed to the client prior to the initiation of agency services and annually. Each Client of Life Solutions South, LLC shall be treated with respect to the basic human rights of dignity, privacy, and humane care.

An individual shall at all times retain the right to:

# Life Solutions South, LLC

## Consumer Handbook

- Make wishes about future treatment known.
- Confidentiality (as spelled out in Policy, a copy of which is available upon request).
- Be informed of the qualifications of the professional rendering services.
- Exercise all civil rights.
- An individualized, written program/service plan which includes the anticipated goals, and services to be provided in order to achieve these goals.
- Be free from unnecessary or excessive medications. Medications shall be administered in accordance with accepted medical standards and only upon order of a physician as documented in the record. Day care licensing requirements regarding over-the-counter medications will apply as appropriate.
- Be informed of experimental or nonstandard forms of service.
- Expect reasonable continuity of care, i.e. to know in advance what appointment times and clinicians are available and where.
- Be informed of the cost of service.
- Be informed of estimated length of service.
- Be considered legally competent unless there has been a court decision of incompetence.
- Refuse service or exercise the choice to terminate relationships with the Program.
- Expect special instructions and other requests to be honored when possible.
- The right to privacy, security, and respect of property.
- The right for protection from abuse, neglect, retaliation, humiliation and exploitation.
- The right to have access, review, and obtain copies of pertinent information needed to make decision regarding treatment in a timely manner.
- The right to informed consent, refusal or expression of choice regarding participation in all aspects of care/services and planning of care/services to the extent permitted by law including:
  - Service delivery,
  - Release of information
  - Concurrent services,
  - Composition of the service team.
- The right to access self-help and advocacy support services.
- The right to investigation and resolution of alleged infringements of rights.
- The right to provision of care in the least restrictive environment.
- The right to adequate and humane care.
- The right to evidenced-based information about alternative treatments, medications and modalities.
- The value or purpose of any technical procedure that will be performed including the benefits, risks, and who will perform the task/procedure.
- The right to protection from the behavioral disruption of other persons served.
- The right to 24-hour crisis intervention.
- The right to equal access to treatment for all persons in need regardless of race, ethnicity, gender, sexual orientation, or sources of payment.

# Life Solutions South, LLC

## Consumer Handbook

If you have a concern about your rights, you may call Disability Rights Buckeye at this number: 1-877-235-4210.

### The Customer Service & Community Rights Team

located in the central office in Columbus. We work closely with the MCO's to address complaints, concerns and appeals. We are committed to addressing the needs of MH/DD/SA Clients and family members through timely and customer service.

**For concerns or information and referral, please call:**

**30 East Broad Street, 36th Floor**

**Columbus, Ohio 43215-3430**

**614-466-2596**

**Ohio Department of Mental Health**

### Client agrees to meet the following guidelines for successful completion of treatment:

- After intake, all Clients will attend all sessions with their assigned staff member who will then set up the treatment schedule.
- It is required that you arrive on time for all group and individual sessions.
- Failure to meet scheduled appointments will be defined as non-compliance.
- Participation in any illegal or suspicious activity or acting out, or defacing Life Solutions South property, will not be tolerated. Any threat or act of violence directed toward staff, other clients, or visitors to the clinic is grounds for immediate dismissal from the program. Any individual dismissed under these circumstances will be barred from reentry for one (1) year and must have approval from the staff and Clinical Director.
- Selling, giving away or using drugs on Life Solutions South premises will be defined as non-compliance and will result in an immediate discharge.
- Stealing from Life Solutions South, its staff or other clients will result in an immediate discharge.
- Known or suspected abuse or neglect will be reported immediately.
- Spouses, family members or significant others will be permitted to participate in your treatment with your expressed permission and consent.
- You are encouraged to discuss with your assigned counselor sexual and/or physical abuse, with expectation of a referral to the most appropriate service provider for assistance.
- You will be expected to dress appropriately whenever entering Life Solutions South.
- Life Solutions South is not responsible for loss or theft of any personal property.
- You will be expected to honor the Federal Confidentiality Law.

For further clarification of rights, the client is encouraged to ask his/her clinician.

As a client, I am aware that I have the right to request a different therapist at any time. I need to discuss this with my clinician or the Clinical Director. For questions about availability of another provider in the network, call Ohio Department of Mental Health, Triage and Referral at 614-466-2596.

# Life Solutions South, LLC

## Consumer Handbook

Any person who believes that his rights may have been violated can file a grievance and appeal, if not satisfied with the resolution. Any Program employee will assist the client in doing this.

### Alternatives to Client Restraint/Seclusion

Life Solutions South promotes a restraint-free environment and uses techniques such as mediation and conflict resolution as preventive measures. Local law enforcement will be contacted if a child, adolescent or adult client becomes aggressive or violent. Standing orders are not issued to authorize the use of restraint. Staff is to examine contributing environmental factors that may promote maladaptive behaviors and take actions to minimize these factors.

### Client Access to Records

Clients will be provided the right to inspect and obtain a paper copy of their protected health information that is contained within the designated record set. Exceptions include clinical notes; information compiled for use in civil, criminal, or administrative actions. The agency may deny a request under certain circumstances. The Client should contact his/her Case Manager for more information.

### Release of Information

1. Life Solutions South will release the records of information regarding a client upon proper request and signed authorization in accordance with applicable legal, accrediting, regulatory agency requirements, and in accordance with written policy.
2. Information that contains no personal identifying data can be released without a signed authorization by the client.
3. All requests for client records releases must be referred to the Clinical Supervisor to coordinate.
4. No medical information is to be released after business hours, except to a physician, or other medical facility treating the client.
5. Written authorization of the client or legal representative is required for other releases as detailed below in the section "Written Authorization", with exceptions outlined in the special considerations under the Federal Law of clients previously admitted, treated, or referred for treatment.

### Written Authorizations

1. Information considered to be confidential should be disclosed only upon written authorization by client or his or her legal representative or where federal or state law, subpoena authorizes such disclosure, or court order.
2. Copies of records require a written authorization signed by the client or legal representative.
3. The authorization should include:
  - a. Full name of client
  - b. Name of the program or person permitted to make the disclosure

# Life Solutions South, LLC

## Consumer Handbook

- c. Name of the individual or organization to which the disclosure is to be made
  - d. The purpose of the disclosure
4. How much and what kind of information is to be disclosed
  5. The signature of the client or legal representative
  6. The date on which the consent was signed
  7. A statement that the consent is subject to revocation at any time, except to the extent that the program or person, which is to make the disclosure, has already acted in reliance on it
  8. The date, event, or condition upon which the consent will expire, if not revoked before. A signed client authorization remains valid for one year from the date of signature, or upon completion, or the release, whichever comes first.

### Accessibility/Accommodations/Removal of Barriers

Life Solutions South provides reasonable access to all facilities and services for its clients, personnel, and other stakeholders. Life Solutions South ensures that all barriers to service or provision of service have been eliminated. Life Solutions South further ensures that if a barrier, such as architecture, environment, attitude, financial, employment, communication, or transportation is presented, a process for rectification will be instituted. In addition, Life Solutions South maintains a proactive Accommodation Plan.

1. If any Client, personnel or other stakeholder identifies any barriers or needs for accommodations, the individual requests and completes the "Request for Accommodation/Removal of Barriers". Clients and employees can also report barriers through surveys and suggestion boxes.
2. The request is forwarded to Clinical Supervisor who will report the request to the administration of Life Solutions South within (5) working days.
3. The administration, including the Clinical Supervisor meet to establish a corrective action if deemed appropriate and will implement the corrective action within (30) working days, if feasible. If necessary, alternative services will be offered until actual barrier remove occurs and/or accommodations are provided.
4. All identified barriers will be documented in the quality assurance quarterly summary reports and will be noted in the quality assurance procedures. These reports will include: description of the problem, proposed solution, person responsible, date, actual date of completion, and any remarks. A Quality Assurance Annual Report will be written summarizing the removal of barriers, progress made in the removal of barriers, and identification of areas in need of improvement, if applicable.

# Life Solutions South, LLC

## Consumer Handbook

### Complaint and Appeal Procedures

LSS strives to continually improve the quality of our services. As a valued Client, parent/guardian, or customer, it is our request that when your needs are not being addressed and/or you see an area for improvement that you submit a complaint to our Customer Service Representative. The procedures below outline several options for submitting complaints and/or appeals.

1. Options for complaint submission:
  - a. Contact LSS Customer Service Representative (Shawn Wallace) by phone at TBA and request to speak with the Customer Service Representative, or any director. Submit your complaint by e-mail to [ghopkins@lifesolutionsouth.com](mailto:ghopkins@lifesolutionsouth.com), or a formal complaint form and envelope from any employee. After completion of form, put in provided envelope, address to Customer Service Representative, and give to any LSS employee or mail to the Corporate Office, 2728 Euclid Ave. Suite 400, Cleveland, OH 44115.
2. Provide honest and accurate information regarding the specific nature of your complaint and your proposed solution/resolution.
3. Name and contact information are needed if feedback is desired. Upon submission of your complaint, you will receive an initial response from LSS Customer Service Representative within five (5) working days.
  - a. The Customer Service Representative will explain the status of your complaint, and maintain contact with you during the mediation and resolution process.
4. As a Client or parent/guardian, at any time during the complaint process, if your needs are not being addressed you have the following choices/options:
  - a. Contact the Ohio Department of Mental Health at 614-466-2596;
5. There shall be no consequence or retaliation when a Client, parent/ guardian, or customer submits a complaint.
6. The complaint process will be utilized to continuously improve the quality of LSS services and programs.

### Notice of Privacy Practices

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

#### ***Protecting Your Privacy***

Protecting your privacy and your medical and health information is at the core of our business. We recognize our obligation to keep your information secure and confidential whether on paper or the Internet. At Life Solutions South, LLC, privacy is one of our highest priorities.

# Life Solutions South, LLC

## Consumer Handbook

### ***Keeping Your Information***

Keeping the medical and health information we have about you secure is one of our most important responsibilities. We value your trust and will handle your information with care. Our employees access information about you only when necessary to provide treatment, verify eligibility, obtain authorization, process claims and otherwise meet your needs. We may also access information about you when considering a request from you or when exercising our rights under the law or any agreement with you. We safeguard information during all business practices according to established security standards and procedures, and we continually assess new technology for protecting information. Our employees are trained to understand and comply with these information principles.

### ***Working to Meet Your Needs Through Information***

In the course of doing business, we collect and use various types of information, like name and address and claims information. We use this information to provide service to you, to process your claims, and to bring you health information that might be of interest to you.

### ***Keeping Information Accurate***

Keeping your health information accurate and up-to-date is very important. If you believe the health information we have about you is incomplete, inaccurate or not current, please call or write us at the telephone number or address listed below. We take appropriate action to correct any erroneous information as quickly as possible through a standard set of practices and procedures.

### ***How and Why Information is Shared***

We limit who receives information and what type of information is shared.

- Sharing information within Life Solutions South, LLC We share information within our company to deliver you the health care services and the related information and education programs specified in your plan.
- Sharing information with companies that work for us. To help us offer you our services, we may share information with companies that work for us, such as claim processing and mailing companies and companies that deliver health education and information directly to you. These companies act on our behalf and are obligated contractually to keep the information that we provide them confidential.
- Other. Client-specific personally identifiable data is released only when required to provide a service for you and only to those with a need to know, or with your consent. Data is released with the condition that the person receiving the data will not release it further, unless you give permission.
- If we receive a subpoena or similar legal process demanding release of any information about you, we will attempt to notify you (unless we are prohibited from doing so).
- Life Solutions South, LLC may disclose the fact of your admission or discharge to your next of kin whenever it is determined that the disclosure is in your best interest.

## Life Solutions South, LLC Consumer Handbook

- In addition, you may have access to confidential information in your client record, except information that would be injurious to your physical or mental well-being, as determined by the attending physician, or if there is none, the Clinical Director.
- We also may disclose information to certain client advocates, attorneys, and in certain court proceedings in accordance with applicable state statutes.
- We are also required to share information when requested by the Department of Correction if you are an inmate or former inmate.
- We may also disclose confidential information when, in our opinion, there is imminent danger to your health or safety of another individual or there is a likelihood of the commission of a felony or violent misdemeanor.
- We may exchange confidential information with a physician or other health care provider who is providing emergency medical services to you to the extent necessary to meet the emergency need.
- We may share information for certain statistical reporting and research such as non-identifying, aggregate information.
- Will now be the chief method for collecting the information necessary for accountability, quality improvement, and local outcomes management for the State's substance abuse and mental health Clients.

Except as required by law or as described above, we do not share information with other parties, including government agencies. Life Solutions South, LLC does not share any customer information with third-party marketers who offer their products and services to our clients.

As information is shared or disclosed, we will attempt to explain the disclosure to you as permitted by law as soon as possible.

Life Solutions South, LLC

1. 2728 Euclid Avenue, Suite 400, Cleveland, OH 44115
2. 333 South Main Street, Suite 105, Akron, OH 44308
3. 4342 Harrison Avenue, Suite 1, Cincinnati, OH 45211

## Consent and Acknowledgment of Receipt of Privacy Notice Form Instructions

Life Solutions South, LLC, in a direct service relationship with an individual, is not required to obtain the consent of the client prior to using protected health information (or disclosing it to third parties) for purposes of carrying out treatment, payment, or health care operations. While the modifications to the final Privacy Rule reduced the necessity for a mandatory consent form, it provided for an acknowledgment of receipt of a Notice of Privacy

# Life Solutions South, LLC

## Consumer Handbook

Practices. This consent form accomplishes that purpose. A consent form should be signed prior to or during initial paperwork for each new client and as soon as possible for existing clients. We recommend that the form be witnessed whenever possible as it may help prevent misunderstandings at a future date and renamed plan with updated objectives will be forwarded to the Board for approval.

### Payment and Fee for Services

You have the right to know the cost for services and billing practices. At time of admission, or as you request, LSS will discuss the fee for services and information related to the use of your insurance, Medicaid, State and other funding benefits. We will ask for information related to your insurance and benefits, and will have you sign releases to contact and bill your insurance and/or benefits. LSS does provide a sliding fee scale and may waive fees/charges based on the needs of the Client. At any time you may request information related to your account.

### Transportation

Every effort is made to arrange safe transportation services. Your assigned clinician will attempt to assist you and arrange your transportation needs.

### Important Numbers

You may utilize the following numbers for assistance:

LSS Customer Service Line (Complaints, Appeals, Questions)	216-600-5194
LSS Referrals/Admissions	216-600-5194
LSS after Hour Crisis/Emergency	216-600-5194

Clients are invited to visit our website for additional information and resources at [www.lifesolutionsouth.com](http://www.lifesolutionsouth.com)