

Welcome!



ORIENTATION GUIDE

www.ahcsb.org
Administration
205 Hawthorne St.
Covington, VA 24426
540-965-2135

Table of Contents

Our History	3
Our Mission, vision, core value and motto	4
About our Services	5
Medicaid Recipient Right to Appeal Notification	9
Anti-discrimination Statement	10
Voter Registration	10
Know Your Rights	10
Notice of Privacy Practices	11
Services Agreement	15
Complaint Process	17
Fire Evacuation and Emergency Procedures	18
Record Retention and Destruction	18
Reasonable Fees	18
Contacts	22

Welcome!

to our Services

Our History...

Alleghany Highlands Community Services (AHCS) was established in 1983 and is one of forty Community Services Boards established under the Code of Virginia to provide comprehensive services to individuals who have mental health disorders, developmental disabilities, or substance use disorders. The focus of AHCS is to prevent and treat the occurrence of mental illness, developmental disabilities, substance use and co-occurring disorders and to enhance the functioning of individuals and families who experience these conditions. AHCS operates multiple service sites throughout the Alleghany Highlands, with over 150 employees working to support our services. We are proud to have served the community for over 30 years. AHCS is governed by an all-volunteer board appointed with members from each jurisdiction—Clifton Forge, Alleghany County and the City of Covington.

Our Mission...

Is committed to provide recovery-oriented, person centered, community-based prevention, treatment, and inclusion services to enhance the quality of life for individuals of the Alleghany Highlands while working in collaboration with local stakeholders.

Our Vision...

Is for a system of care that will....

- *treat those receiving services as empowered individuals by promoting dignity, choice, hope, and recovery;*
- *work cooperatively with our governing bodies, community organizations, local businesses, individuals and their families, to coordinate needs within our available resources;*
- *seek new sources of support and revenues to maintain and improve our services using evidence-based practices;*
- *maintain a professional, well-trained and culturally diverse staff to provide seamless and integrated services*

Our Core Values are...

- Integrity
- Respect
- Professionalism
- Accountability
- Compassion
- Innovation
- Teamwork

Our Motto is. . .

Enhancing the quality of life, one individual at a time.

Our Services...

Mental Health Services include confidential assessments, outpatient therapy, psychiatric evaluation, medication management (**to qualified individuals**), case management, psychosocial rehabilitation, support services, crisis intervention, crisis stabilization, and residential services.

- 1) **Assessments:** Assessments are conducted for individuals requesting services to determine the appropriate level of service. Based on the assessment, individuals are referred to a service that is the most beneficial:
- 2) **Therapy:** Individual therapy sessions work on problems or life situations to assist the individuals to improve quality of life. Group and family counseling is also available.
- 3) **Psychiatric Evaluation:** Individual session with a board certified psychiatrist who is educated and skilled in the diagnosis and treatment of mental illness.
- 4) **Medication Management:** Medication Management is a service offered to individuals on an outpatient basis that includes the monitoring and prescribing of medication to treat various mental health conditions. This service is available for individuals who meet criteria. Medication Management is a team approach that involves a Psychiatrist, a Nurse, and the patient.
- 5) **Medication Assisted Treatment (MAT):** MAT is a service offered to individuals with an addiction to opiates. This is an onsite/outpatient program allowing individuals to stay in the community with their support system. It includes medications, education and therapies that are focused on recovery.
- 6) **Case Management:** This service is provided to link qualified individuals with community resources as needed and monitor their plan of care. This service is available for adults (ages 18 and up) and to children/adolescents (ages 6-18).
- 7) **Psychosocial Rehabilitation:** This service, known as the “Clubhouse Program”, is community based and has a long-standing mission of advancing current and new services to assist in community readjustment of individuals with psychiatric disabilities in recovery. The Clubhouse Program offers self-care skills, structured socialization skills, re-vocational skills, education/wellness groups, and peer-to-peer support systems. The Clubhouse Program is designed to assist and support individuals as they readjust to day-to-day choices and challenges in their progression towards self-determination, empowerment, and recovery.
- 8) **Skill Building:** Mental Health Support Services is a training service for individuals with significant mental illness. The service is designed to train individuals in functional skills and appropriate behavior related to the individual’s health and

safety, activities of daily living, and use of community resources; assistance with medication management; and monitoring health, nutrition and physical condition.

- 9) **Same Day Access:** In an effort to improve access and the quality of care of Mental Health Services, AHCS implemented Same-Day Access. This service allows for individuals to walk into the clinic and be seen on a first come first served basis without the requirement of having an appointment. Same-Day Access hours are 12:30 p.m. - 3:30 p.m. daily.
- 10) **Crisis Intervention:** This service is also known as Emergency Services and is available 24 hours a day, 7 days a week to assist citizens of Allegheny County and the City of Covington in crisis situations. Face-to-face, and telephone consultations with a certified pre-screener are available. This service is available during business hours by calling the Mental Health Office. After 5:00 p.m., weekends and holidays hours by calling 1-800-466-0128.
- 11) **Crisis Stabilization:** This service is available to avert hospitalization or rehospitalization, to provide normative environments with a high assurance of safety and security; to stabilize individuals in psychiatric crisis and mobilize the resources of the community for on-going rehabilitation and recovery.
- 12) **Supervised Residential:** This recovery-based program operates out of a residence owned by the agency. Individuals are referred to this program from the State hospital system for 48 hour passes and can transition into longer term residents upon discharge from the hospital. The goal of this program is to transition these individuals to an independent living situation in the community.
- 13) **Therapeutic Day Treatment (TDT):** provides intensive mental health services to students in a School setting. Students in the program have social, emotional, or behavioral problems that interfere with their ability to function at school, home, and in the community. The goal of the program is to help students learn to express emotions, manage behaviors, and get along with others so they can remain in their school and community. This is done through therapeutic activities designed to build on the students' strengths which enhancing self-esteem and acquiring new coping skills.

Substance Use Services

Substance Abuse Services include confidential assessments, individual counseling, education, intensive outpatient, transition groups, adolescent services, prevention services, and referral services provided to both adolescents and adults.

- 1) **Assessments:** Assessments are conducted for individuals requesting services to determine the appropriate level of service. Based on the

assessment, individuals are assigned to a program that is the most beneficial.

- 2) **Individual Counseling:** This service is provided for individuals who do not require a structured group setting, detoxification and/or medical treatment.
- 3) **Education Group:** This service is provided for individuals who have experienced an isolated adverse consequence from their use of alcohol or other drugs and do not have a dependency diagnosis.
- 4) **Intensive Outpatient Groups:** This service is provided for individuals who have a diagnosis of substance dependence and do not require detoxification and /or treatment for medical complications.
- 5) **Case Management:** This service is offered to individuals with a co-occurring disorder, i.e. a substance abuse diagnosis as well as a diagnosis of serious mental illness. This service assists adults with accessing needed medical psychiatric, social, education, vocational, and other supports essential to meeting their basic needs. This service empowers individuals to live in their communities, in the least restrictive environment with the appropriate level of support.
- 6) **Referral Sources:** This service is provided to individuals in the chronic states of dependence that require detoxification and/or medical treatment in an acute setting and for other needed services not provided by the employees of Substance Abuse Services.

Developmental Services

Intellectual Disability Services are available to individuals with intellectual disabilities, developmental delays, and developmental disabilities. Services are individualized and person-centered. Intellectual disability services assist children and adults with becoming active and contributing members of their community. Emphasis is on teaching self-determination and providing opportunities for building natural supports and experiencing community inclusion.

- 1) **Support Coordination:** This is a critical service that helps individuals and families' access needed services. In order to accomplish this, support coordination must first know the person, his/her likes and dislikes, and desires in life. A comprehensive assessment is conducted in order to match the person to appropriate supports and then monitor, link and coordinate services. Referrals are made internally or externally depending on the identified need. Monitoring of service delivery and individual satisfaction is an essential component.
- 2) **Day Support:** Intellectual Disabilities Services operates two distinct day support programs.
 - a) The Life Skills Center is a center-based day support program that provides adults with intellectual and developmental disabilities

skill building opportunities for improvement of self-help skills, positive socialization, community integration, career planning and daily living skills. The program operates 7 hours per day, Monday-Friday and is structured to provide a supervised and stimulating environment for participants.

- b) Community Engagement is a non-center based program that provides adults with intellectual and developmental disabilities the opportunity to build relationships and natural supports within the community. Individuals develop self, social and environmental awareness skills, engage in career planning, volunteer and make meaningful connections with others in the community. The program operates from Sunday to Saturday with varying hours depending on when events are occurring or services are requested.
- 3) **Respite:** Intellectual Disabilities Services provides short-term care for an individual for the purpose of providing relief to the individual's family, guardian, or regular care-giver. A backup person must be identified by the family. Respite is provided in a variety of settings including residential, day support, and in-home.
- 4) **Residential Group Home:** Friendship Residence provides 24 hours supervision and support. Individuals receive training and skill building in the following areas: basic living functions such as meal preparation, personal hygiene, laundry and budgeting. Training in functional skills related to the use of community resources such as transportation, shopping, social and recreational activities. Services also include monitoring of individual's health and physical needs and providing support and assistance as needed.
- 5) **Infant & Toddler Connection Early Intervention Program::** The Hazel E. Lawler Children's Center (HELCC) provides Part C comprehensive services to infants, toddlers, and their families. Children (birth –age 3) served by the program are developmentally delayed or have a specified diagnosed condition. By providing comprehensive early intervention services, some children are able to "catch up" with their age group and will not need future services. Children with more intense needs may require service coordination and assistance with transitioning to needed services in the community.
- 6) **Supportive Residential:** Consist of supports provided in an individual's home, community or in a licensed approved residence. These supports should enable the individual to improve or maintain his or her health/ medical status, live at home, integrate into the community, improve abilities, acquire new daily living skills and demonstrate safe and appropriate behavior.

- 7) **ICF-IID**, Intermediate Care Facility for Individuals with Intellectual Disabilities: Merryfield Residence is a nine-bed intermediate care facility designed to provide adults with intellectual, developmental and physical disabilities with a safe, pleasant home environment in which they can live satisfying and productive lives and where they can learn the skills necessary to be as independent as possible. Merryfield Residence provides active treatment through implementation of specialized training, treatment, health care and related services and maintains contracts with consultants comprising the interdisciplinary team, which includes a Medical Director, Pharmacist, Registered Nurse, Registered Dietician, Educational Specialist/Activities Specialist, Psychologist and Occupational, Physical and Speech Therapists. A Qualified Intellectual Disability Professional/Social Services Specialist is on site to oversee all aspects of service delivery and assures the provision of appropriate active treatment at all times.

Other

- 1) **Prevention Services:** This service is to promote drug, alcohol, tobacco, violence, and bullying prevention while also providing collaboration with agencies and schools to promote community awareness.
- 2) **Public Guardianship:** The Public Guardian Partnership Inc. is a partnership between Allegheny Highlands Community Services and Rockbridge Area Community Services. The public guardian exercises extreme care and diligence when making decisions on behalf of incapacitated individuals. All decisions are made in a manner which protects the civil rights and liberties of the individual and maximizes independence and self-reliance.

Medicaid Recipient's Right To Appeal –

This notification must be provided to recipients of MEDICAID REIMBURSABLE SERVICES upon application for services and at any time an action or decision by AHCS results in a change or reduction of MEDICAID REIMBURSABLE SERVICES. In addition to this notification, You will be informed AT LEAST TEN (10) DAYS IN ADVANCE if the MEDICAID REIMBURSABLE SERVICES that you receive are planned to be terminated, suspended, reduced, denied or otherwise changed. You will also receive an expanded form of this notification which includes *specific information* about the change in services and your rights to appeal the change in services. Any decision made by the staff of AHCS that affects your receipt of Medicaid-covered services may be appealed to Department of Medical Assistance Services (DMAS).

HOW TO APPEAL: You may appeal a decision to change Medicaid reimbursable services by notifying, in writing to:

**Appeals Division, Department of Medical Assistance Services
600 East Broad Street, Suite 1300 - Richmond, Virginia 23219**

A written request for an appeal must be filed within thirty (30) days of a notification of change in services. If you file an appeal before the effective date of this action, (date of service change), services may continue during the appeal process. However, if the decision (to change services) is upheld by the Appeals Division, you will be required to reimburse the Medical Assistance Program for services provided after the date of service change. If you disagree with any future change in Medicaid covered services that result from a decision made by AHCS, you may appeal that decision and the change in services through a written statement. If needed, your assigned Case Manager will assist you in making a written request and assist you in acting on your right to appeal and fair hearing.

Anti-Discrimination Statement...

It is the policy of Alleghany Highlands Community Services to serve all individuals who are eligible for its programs without regard to any non-merit factor. Accordingly, AHCS does not tolerate discrimination by its employees when they are serving individuals who are eligible for its programs based on any non-merit factor, including race, national origin, color, religion, sex, sexual orientation, gender identity, disability (physical or mental), age, status as a parent, or genetic information.

Voter Registration...

Under the National Voter Registration Act of 1993 (NVRA), 'Designated State Agencies' are required to offer their clients the opportunity to register to vote and/or modify their voter registration information. As a 'designated state agency' Alleghany Highlands Community Services', administrative support staff and case managers provide AHCS clients assistance with voter registration and modification to voter registration information as well as assistance with voter rights restoration applications.

Know Your Rights...

Alleghany Highlands Community Services strives to provide consumers with the best possible services. As a consumer of AHCS, you have rights that are protected and authorized by the Code of Virginia 37.2-400.

You Have the Right To:

- Retain all your legal rights
- Receive prompt evaluation and treatment/services about which you are informed and in a manner that you can understand
- Be treated with dignity and respect
- Be protected from harm including abuse and neglect
- Not be the subject of experimental or investigational research without your prior written and informed consent or that of your authorized representative.
- Be treated in the least restrictive setting and not be subject to restraint, seclusion or time out.
- Be allowed to send and receive sealed letter mail
- Have access to and request corrections to your medical record.
- An impartial review of suspected violation of these rights
- Participation in the development and completion of your treatment or service plan.
- Give or not give consent before any information that AHCS maintains or knows about you is share, unless another law or regulation requires or allows
- Compensation for any work performed in accordance with Fair Labor Standards Act.
- Receive services based on sound therapeutic practice

Exercising Your Rights:

- If you need assistance in understanding any of these Rights, you are encouraged to seek help from any staff member.
- If you think that any of these Rights are being violated, you are encouraged to bring your concern to:
 - Any AHCS staff or the Director
 - AHCS Human Rights Advocate:
Quality Improvement Manager
Phone: 540-965-2135 ext. 109
 - Regional Human Rights Advocate:
Phone: 877-600-7437
- No individual will experience retribution or barriers to service for filing a complaint.

Notice of Privacy Practices . . .

Your Privacy is Important

Alleghany Highlands Community Services understands your privacy is important. We are required by law to maintain the privacy of protected health

information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this notice. We will handle this information only as allowed by federal/state law and agency policy, adhering to the most stringent law that protects your health information.

If at any time you believe your privacy rights have been violated, you may verbally or in writing contact:

- Agency Security/Compliance officer & Local Human Rights Advocate:
Quality Improvement Manager
205 E Hawthorne St., Covington, VA 24426
Phone: 540-965-2135 ext. 109
- Regional Advocate:
Phone: 877-600-7437
- Secretary of Health and Human Services, Immediate Office of the Secretary:
Hubert Humphrey Bldg., 2000 Independence Ave. SW, Washington, DC, 20201
Phone: 202-690-7000

You will not suffer change in services or retaliation for filing a complaint.

Each time you receive services from us, the provider makes a record of the visit. Typically, this record contains your assessment, service plan, progress notes, diagnoses, treatment, and plan for future care or treatment.

Your federally defined rights under 45 CFR Parts 160 and 164, (HIPAA Privacy Standards) and under The Commonwealth of Virginia's Administrative Code, title 12, sections 35-115-80 and 35-115-90 (Human Rights).

There are several rights concerning your protected health information that we want you to be aware of:

- You have the right to inspect or to request copies of your medical record. This process will be kept confidential. This right is not absolute. In certain situations, such as if access would cause harm, we can deny access. You may make this request to *the person you work closest within the agency or their supervisor*. If denied access, you will receive a timely, written notice of the decision and reason, and a copy of this notice becomes part of your record.
- You have the right to request an amendment of your medical records if you believe information in the records is inaccurate or incomplete. You must make this request in writing request to *the person you work closest within the agency or their supervisor*. We may deny the request for proper reasons but you will be provided with a written explanation of the denial.

- You have the right to receive an accounting of the agency’s disclosures of your protected health information that were not for the purpose of treatment, payment or health care operations, or that were not otherwise authorized by you. You also have the right to be given the names of anyone, other than employees of the agency, who received information about you from the agency.
- You have the right to request from your *Primary Care Provider* a restriction with regards to the use of discloser of your protected health information. This request will be given serious consideration by the Privacy Officer and you will be informed promptly whether we will be able to use the restriction and still offer effective services, receive payment and maintain health care operations. Legally we are not required to agree to any restrictions you request, but if we do agree, we are bound by that agreement except under certain emergency circumstances.
- You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Such requests must be made in writing to your Primary Care Provider. We will agree to all reasonable requests.
- You have the right to obtain a paper copy of this Privacy Notice upon request.

Use and Discloser of Your Information

Upon signing the agency’s Consent to Treatment/Service form, you are allowing us to use and disclose necessary information about you within the agency and with the business associates in order to provide treatment/service, receive payment of provided treatment/service, and conduct our day to day health care operations.

EXAMPLES:

In order to effectively provide treatment/service, your Primary Care Provider may consult with various service providers within the agency. During those consultations health information about you may be shared.

In order to receive payment of services provided, your health information may be sent to those companies or groups responsible for payment coverage, and a monthly bill is sent to the Responsible Party identified by you and noted on the financial form.

In day-to-day health care operations, trained staff may handle your physical medical record in order to have the record assembled, available for review by the Primary Care Provider, or for filing of documentation. Certain data elements are entered into our computer system that processes most billing, and for state statistical reporting to The Department of Mental Health, Developmental disabilities and Substance Abuse Services (The Department).

As part of our continuous quality improvement efforts to provide the most effective services, your record may be reviewed by professional staff to assure accuracy, completeness and organization. Records may also be reviewed during surveys by licensures, DMAS, or other area of the Department

Enhancing Your Healthcare

Some agency programs provide the following support to enhance your overall health care and may contact you to provide:

- Appointment reminders by call or letter
- Information about treatment alternatives
- Information about health-related benefits and services that may be of interest to you.

The USDA requires logs of those participating in any food program they sponsor.

Individuals Involved in Your Care or Payment for That Care

Unless you object, we may release medical information about you to a friend or family member who is involved in your medical care. We may also give information to someone who helps pay for your care.

Specific Circumstance for Disclosure

This agency is allowed by federal and state law in certain circumstances to disclose specific health information about you.

These specific circumstances are:

- As required by law (ex: reports required for public health purposes, such as reporting certain contagious diseases)
- Judicial and Administrative proceedings (ex: order from a court or administrative tribunal, or legal counsel to the agency, or Inspector General)
- Law Enforcement purposes (ex: reporting of gunshot wounds; limited information requested about suspects, fugitives, material witnesses, missing persons; witnesses criminal conduct on premises).
- To avert a serious threat to Health and Safety of another person (ex: in response to a specific threat made by person served to harm another).
- Children or incapacitated adults who are victims of abuse, neglect or exploitation.
- Specialized Government functions.
- Military Services (ex: in response to appropriate military command to assure the proper execution of the military mission).

- National Security and Intelligence activities (ex: in relation to the protective services to the President of the United States).
- State Department (ex: medical suitability for the purpose of security clearance).
- Correctional Facilities (ex: to correctional facility about an inmate).
- Workers Compensation to facilitate processing and payment.
- Coroners and Medical Examiners for identification of a deceased person or to determine cause of death.
- To the Department of Health and Human Services in connection with an investigation of us for compliance with federal regulations.

Other Uses and Disclosures of Your Information by Authorization Only

We are required to get your authorization to use or disclose your protected health information for any reason other than for treatment/services, payment, or health care operations, and those specific circumstances outline previously. We use an *Authorization to Use/Disclose* form that specifically states what information will be given to whom, for what purpose, and is signed by you or your legal representative. You have the ability to revoke the signed authorization at any time by a written statement except to the extent that we have acted on the authorization.

Changes to Privacy Practices

Alleghany Highlands Community Services reserves the right to change any of its privacy policies and related practices at any time, as allowed by federal and state law and to make the change effective for all protected health information that we maintain.

Revised Privacy Notices will be posted at all service sites, and available upon request by mailing or discussion with an agency representative or electronically or a combination of the three.

Service Agreement. . .

Service Agreement: I understand and agree to the following:

General Information:

- I have requested services from AHCS treatment team to work on my identified problems and understand that AHCS is a recovery based program.
- I understand my treatment at AHCS will be terminated if I do not begin receiving services within **30 days** of my initial assessment.
- As part of my treatment, I agree to attend all scheduled meetings or I will cancel the appointment by giving **24 hours** advance notice and make a new appointment.

- I understand that **two** consecutive no shows or late cancellations (less than 24 hours' notice) of any service may result in termination of services.
- I understand that not receiving services for a period of **90 days** will result in termination of AHCS services.
- With my Clinician, I will develop a written plan of treatment and I agree to follow the treatment plan recommendations.
- Children under the age of **14** will be accompanied by a responsible adult who will remain on site while the child is in session.
- If I fail to pay my assessed fees/copayments, my services may be terminated, with the exception of Emergency Services. **Payments for services are required prior to each visit.** If I am unable to pay I understand that my appointment will be rescheduled.
- Clients will be financially responsible for random urine drug screening at \$5 per panel up to 5 panels or \$25. I understand that random drug tests will be conducted prior to prescription of a controlled substance. Random pill counts will also be conducted.
- If services are terminated, I realize that I will not have access to my clinician or psychiatrist but I can contact AHCS to re-establish services. I understand that I can still contact Emergency Services as needed/appropriate.
- Any request for disability documentation may take **fifteen (15) days** and have an associated fee.

Medical/Psychiatric Care:

- If I see a psychiatrist, I realize the psychiatrist and the clinician work together as part of a Treatment Team and will communicate about my participation with and progress in my Treatment Plan.
- I understand that AHCS participates in the **Prescription Monitoring Program** for controlled substances. This reports to the doctor any controlled substances that have been prescribed and filled prior to each appointment dating back 1-2 years.
- Medical Services with the psychiatrist are dependent on the following the treatment plan, which includes active participation in all recommended treatment. This includes compliance with recommended medical care, lab work and may include urine and drug screens. Failure to do so may result in suspension or termination of services after a review with the treatment team.
- Coordination of care is a necessity when controlled substances are prescribed by any person. **If I am prescribed controlled substances from different providers, I understand that psychiatric services may be terminated.**
- If I do not keep my scheduled appointments, I understand that my doctor may refuse to order refills for my prescriptions.

Benzodiazepines and any other controlled medications **may not** be reordered until seen by the doctor.

Complaint Resolution Process. . .

Complaints are defined as any expression of dissatisfaction, grievance or concern made to staff by an individual we serve or member of the public in relation to our agency. OR An allegation of a violation of the State human rights regulations or the provider's policies and procedures related to the State regulations. This includes all complaints that are brought to the attention of the provider, an employee of the provider, the State Human Rights Advocate, or the State protection and advocacy agency.

Each individual receiving services at AHCS, or their representative, has the right to express a concern or complaint at any time. It is AHCS' policy to attempt to resolve the complaint to the individual's satisfaction as quickly as possible.

Complaints can be made using this process:

- Start by talking with the staff providing services to voice complaint and to try and resolve complaint.
- If you are not comfortable dealing with program staff, or your attempt doesn't work, you may ask to speak with the Program Supervisor and/or director.
- If the service provider or supervisor/director are not acceptable or do not provide a satisfactory resolution, the complainant should address their concern to QI Manager, at 540-965-2135 ext. 109.
- In addition, each person has the right to file a complaint with the Virginia Human Rights Advocate 1- 877-600-7437.

If this process is not successful in resolving the complaint within five (5) working days, or the individual chooses to file a human rights complaint, AHCS will follow the complaint resolutions process as outlined in Regulations: Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers, Licensed, Funded or Operated by the Department of Behavioral Health and Developmental Services.

Every effort will be made to resolve every complaint in an expeditious and respectful manner. Under no circumstances will a complaint result in any form of retaliation.

Fire Evacuation and Emergency Procedures. . .

Each AHCS facility will have evacuation routes posted throughout the building. Each facility will conduct periodic evacuation drills. In case of fire or emergency please follow staff directions.

Record Retention and Destruction. . .

According to Code of Virginia, Section 42.1-79, the Library of Virginia determines the retention and disposition of Medical Records is as follows:

- ADULTS - Retain 6 years after last treatment/contact, then destroy by incineration or shredding.
- Minors - Retain until minor reaches the age of 18 or becomes emancipated, with a minimum retention of 6 years from the last patient encounter, regardless of age of minor, then destroy by incineration or shredding.

Reasonable Fees...

Alleghany Highlands Community Services is a not-for-profit agency providing the quality services to area residents at a reasonable cost. A standard professional fee is charged for all services provided. Medicare, Medicaid and most health insurance plans generally cover services.

If you have insurance coverage, please bring a copy of your insurance card to your first visit. A copy of the insurance card is required. Co-pays are expected at the time of visit.

If you do not have insurance coverage a reduced fee may be arranged according to individual circumstances. A financial intake will be completed to determine if fees may be reduced. To qualify, you must provide the agency with verification of all income i.e. (check stubs, proof of Social Security and/or Disability benefits, child support and alimony). Once a fee has been established, payment for services are expected at the time of service.

More information regarding costs may be obtained by calling the Reimbursement Office at 540-965-2100.

2017 AHCS Fee Schedule

MENTAL HEALTH CLINIC SERVICES

Service Specific Program Intake	\$140.00
Psych Evaluation	\$150.00
Individual Therapy .5 hr	\$65.00

Individual Therapy .75 hr	\$90.00
Individual Therapy 1 hr	\$130.00
Group Therapy 1 hr	\$50.00
Family Therapy 1 hr	\$100.00

MED. MANAGEMENT VISITS

New Client

Level 2 : Under 21 years old	\$60.00
Level 2 : 21 years and older	\$55.00
Level 3 : Under 21 years old	\$85.00
Level 3 : 21 years and older	\$80.00
Level 4 : Under 21 years old	\$130.00
Level 4 : 21 years and older	\$120.00
Level 5 : Under 21 years old	\$165.00
Level 5 : 21 years and older	\$150.00

Established Client

Level 2 : Under 21 years old	\$35.00
Level 2 : 21 years and older	\$35.00
Level 3 : Under 21 years old	\$60.00
Level 3 : 21 years and older	\$55.00
Level 4 : Under 21 years old	\$85.00
Level 4 : 21 years and older	\$80.00
Level 5 : Under 21 years old	\$115.00
Level 5 : 21 years and older	\$105.00
Injection	\$25.00

MENTAL HEALTH SERVICES

Crisis Intervention, 15 min	\$18.61
Crisis Stabilization, 1 hr	\$81.00
Pre-Screening (ECO)	\$18.61
Pre-Screening (non ECO)	\$18.61
Case Mgmt, MH, Monthly	\$326.50
MH Supports, 1-2.99 hrs	\$83.00
MH Supports, 3-4.99 hrs	\$166.00
MH Supports 5-6.99 hrs	\$249.00
MH Supports 7 or more hrs	\$332.00

MHSS Assessment,Event	\$83.00
PS Day Support Assmt Event	\$24.23
PS Day Support, 2 - 3.9 hrs	\$24.23
PS Day Support, 4-6.99 hrs	\$48.46
PS Day Support, 7 or more hrs	\$72.69
UAI - Short Form	\$25.00
UAI - Long Form	\$75.00

WAIVER SERVICES

Case mgmt,ID,30-DAY TCM	\$326.50
Center Based Day Support Tier 1	\$8.60
Center Based Day Support Tier 2	\$11.25
Center Based Day Support Tier 3	\$13.31
Center Based Day Support Tier 4	\$17.34
Community Engagement Tier 1	\$14.29
Community Engagement Tier 2	\$16.01
Community Engagement Tier 3	\$18.38
Community Engagement Tier 4	\$22.61
Community Coaching	\$29.24
In-Home Support Services	\$25.61
Group Home Residential Tier 1	\$170.97
Group Home Residential Tier 2	\$185.24
Group Home Residential Tier 3	\$208.07
Group Home Residential Tier 4	\$253.45
Environmental Modification	cost
Assisted Technology	cost
Merryfield ICF,daily	\$574.17
Skilled Nursing,RN,per 15 min	\$9.29
Respite Care	\$13.43
Personal Assistance	\$13.43
Day Support High	\$38.02
Day Support Low	\$26.71
DD Case Management	\$242.73
LPN Skilled Nursing	\$8.05

CHILDREN'S SERVICES

TDT Assessment, Event	\$36.53
TDT, Unit, 2 - 2.99 hr	\$36.53
TDT, 2 Units, 3-4.99 hr	\$73.06
TDT, 3 Units, 5 or more hr	\$109.59
Individual Therapy .5 hr	\$65.00
Individual Therapy .75 hr	\$90.00
Individual Therapy 1 hr	\$130.00

GAP SERVICES

GAP Assessment	
Limited	\$37.00
Full	\$75.00
GAP Case Management:	
Regular	\$195.90
High	\$220.80

SUBSTANCE USE SERVICES

SUD Induction	\$140.00
Opioid Counseling Group per 15 min	\$7.25
Opioid Treatment Individual per 15 m	\$24.00
SUD Intensive OP Group 1 day	\$250.00
SUD Case Management	\$243.00
MAT Psych Eval	\$124.92
Alco-Sensor Testing	\$5.52
Drug Testing, 1 Panel	\$5.00
Drug Testing, 5 Panel	\$25.00
Lab Confirmed Test	\$40.00
UA Drug Screen	\$79.81
MAT UA Pregnancy test	\$7.30
TB Skin	\$6.72
Telehealth Facility Fee	\$20.00

INFANT/TODDLER SERVICES

Team Trtmt Assess 1, 1 hr	\$37.50
Team Trtmt Assess 2, 1 hr	\$27.50
IFSP-1 1 hour	\$37.50
IFSP-2 1 hour	\$27.50
EI Develop. Svcs,-2	\$27.50

El Develop. Svcs,-1	\$37.50
Case Mgmt, El,Svc Coord	\$132.00

MISCELLANEOUS

Transport. Private Round Trip	\$3.00
Medical Form Completion	\$10.00
Medical Record Request	
Search and Handling Fee	\$10.00
-\$0.50 per page up to 50 pages	
-\$0.25 per page after 50 pages	
-\$10.00 search & handling fee	
Return Check Fee	\$35.00
Consultation for Court Appearance	\$60.00
Disability Evaluation Questionnaire	\$30.00
Copies of Disability Questionnaire	\$15.00
Defendant Restoration Svs, 50 min	\$50.00

Contacts . . .

For emergency services: To contact an emergency services worker

- Monday – Friday 8:30a.m. – 5 p.m. call **540-965-6537**
- After hours and on holidays call **1-800-446-0128**.

Appointments:

- Individuals can walk into the clinic and be seen in a timely manner without the requirement of having an appointment. Same-Day Access hours are 12:30 p.m. - 3:30 p.m. Monday-Friday.
- To cancel, reschedule an appointment call 540-965-2100.

Locations:

<p>Administration Office Phone: 540-965-2135 FAX: 540-9656371 Hours: Mon.-Fri 8:30 a.m. - 5:00 p.m.</p> <p>Mental Health & Substance Abuse Services Emergency Services Program Phone: 540-965-2100</p>	<p>Developmental Services Administration Office * Hazel E. Lawler Children’s Center Infant & Toddler Connection Early Intervention Phone: 540-863-1620 Fax: 540-863-1625 Hours: Mon.-Fri 8:30 a.m. - 5:00 p.m.</p>
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Fax: 540-965-2105

Hours: Mon.-Fri 9:00 a.m. - 5:00 p.m.

Alleghany Clubhouse Program

Phone: 540-965-7673

Fax: 540-965-5514

Hours: Mon.-Fri 8:30 a.m. to 4:00 p.m.

New Beginnings

Transitional Residential Program

Phone: 540-969-4445

Fax: 540-969-0990

Hours: 24-hour

Developmental Services Life Skills Center

• Day Support Services: • Inhome Services

Phone: 540-862-2972, Inhome -540-865-0348

Fax: 540-862-2973

Hours: Mon.-Fri 9:00 a.m.-4:00 p.m.

Friendship Residence

Phone: 540-863-8645

Fax: 540-862-4429

Hours: 24-hour

Merryfield Residence/ICF-IID

Phone: 540-962-7732

Fax: 540-962-8237

Hours: 24-hour

**Assembled by
Allegheny Clubhouse Clerical Unit**



Rev. 6/6/18