

CLIENT PROGRAM POLICIES AND PROCEDURES



Thank you for choosing Catalpa Health! As a client of Catalpa Health, the following information is provided to help you better understand the services our mental health center offers.

It is important you read this information carefully, and discuss any questions you have with your mental health provider.

Catalpa Health is a State of Wisconsin certified mental health facility. This means that our mental health center has met all service, staffing and administrative requirements set by the State of Wisconsin Department of Health and Human Services. Clients are seen by appointment only. Currently, services provided at our mental health center include counseling, psychological and neuropsychological testing and psychiatric medication management. If Catalpa Health is unable to meet the treatment needs of the client, your mental health provider will discuss appropriate referral options with you.

IMPORTANT PHONE NUMBERS:

Main Number: 920-750-7000

Client Rights Specialist: 920-702-3203

Medication Refills: 920-750-7013

Billing Specialist: 866-788-9744

CALL CENTER

Our Call Center can be reached at **920-750-7000** and is available to take calls from 8:00 AM - 4:30 PM, Monday - Friday (not including holidays). Calls received after hours will be returned the next business day.

SERVICES AFTER HOURS

If you are faced with an immediate life-threatening emergency after hours, please call **911**. If there is a need to talk with a psychiatric provider regarding medication we are prescribing for you or you need to talk with a counselor after normal business hours in an emergency, please call 920-750-7000 and follow the phone prompts.

LATE CHECK-IN POLICY

If you are late checking in for an appointment, you may not be able to be seen and may have to reschedule. A mental health follow-up appointment or psychological evaluation late arrival is defined as being checked in 15 minutes or later than the scheduled start time. For psychiatry, late arrival is defined as being checked in 7 minutes or later than the scheduled start time of an initial evaluation or medication follow up appointment.

CANCELLATIONS AND ATTENDANCE POLICY

Keeping your scheduled appointment is important to the success of your treatment. If you are unable to keep your scheduled appointment for counseling or psychiatric services, we ask that you cancel at least 24 hours in advance by calling **920-750-7000**. You can leave a message at this number 24 hours a day.

If you do not show for 2 initial evaluation appointments within a 3-month period, you will not be allowed to reschedule for 3 months. For therapy and psychology, providers will discuss with you how they manage attendance issues with clients. As a general rule, if a client exceeds 2 no show appointments within 6 months, a provider may consider discharge from treatment, transfer to another provider, or dismissal from Catalpa's therapy care for a 3-month period of time. Providers will work to address barriers that are impeding attendance, including problems with late cancellations, late arrival to appointments or no shows.

Psychiatry providers may consider discharge from their services, transfer to another provider, or dismissal from psychiatric care for up to a 6-month period if a client no shows 2 appointments in a 6-month period of time. Note that clients can only transfer to another psychiatric provider one time.

PRESCRIPTION REFILLS

Please allow a minimum of **2 business days** for the refill to be ready at your pharmacy. We recommend requesting a refill one week in advance of the client's last dose of medication to avoid any missed doses.

Sending a message to your provider through **MyThedaCare** is the easiest way to request a refill once you have signed a proxy consent form. Go to www.MyThedaCare.org or download the app MyChart Epic. Calls for prescription refills can be made 24 hours a day by calling **920-750-7013**.

SUPERVISION OF MINORS

A parent or legal guardian must attend the first session (intake) with the minor in order for accurate client/family history to be obtained and for a treatment plan to be developed. **A parent/guardian is also required to attend all psychiatric appointments** in case consent needs to be given for starting or changing medications.

Catalpa Health's policy is that a parent or guardian stay at the clinic at all times when a minor under the age of 11 is being seen by one of our providers. A parent who plans to leave the building while a child under the age of 11 is being seen must be approved by their child's provider. In addition, minors should not be left unattended in the waiting room. Childcare is not provided at our clinics.

INCLEMENT WEATHER

Occasionally bad weather might require that the clinic be closed. If the weather is questionable, we do recommend that you call our main clinic number to make sure the clinic is open.

OBTAINING COPIES OF MEDICAL RECORDS

Clients, parents, or legal guardians may obtain copies of their records by signing a Release of Information form. We require up to a (10) ten day turnaround time for all records requests.

CONFIDENTIALITY OF INFORMATION

Confidentiality of client information is maintained in the EMR (Electronic Medical Record) in accordance with State and Federal regulations. Clinical records will be available to medical treatment providers who are part of your child's treatment team and who have access to the EMR. They will also be made available to medical treatment providers and other mental health treatment providers who are part of your child's treatment team and who do not have access to the EMR. Catalpa Health will not release any information about your child to other individuals unless:

- You sign a consent to release information (this includes spouse or family members without parental rights to be able to have access to appointment information), or
- Disclosure is court ordered, or
- The disclosure is made to medical personnel in a medical emergency, or
- To qualified personnel for program evaluation, audits, supervision, payment of services or
- You or someone else is in a life-threatening situation, or
- There is suspected child abuse or neglect (we are required by law to report this to local authorities)

or

- As required or allowed by law
- In accordance with State Statute 51:30, your diagnosis, demographics, and medications will become shared information within your EMR (Electronic Medical Record)

BILLING QUESTIONS

We are here to help you with your billing and payment questions, do not hesitate to contact us.

Please call **866-788-9744** to speak with a billing representative. If you have questions about your insurance coverage, you can contact your insurance company at the number listed on the back of your insurance card.

FINANCIAL POLICY

We are committed to providing you with the best possible care and service. In order to achieve these goals, we need your assistance and your understanding of our Financial Policy.

MINOR CLIENTS: A parent or guardian is required to sign Catalpa's Financial Agreement prior to the child's initial appointment. This parent or guardian is signing that they are financially responsible for all charges incurred, including those not covered by your insurance plan. You are responsible for payment regardless of any insurance company's arbitrary determination of usual and customary rates. The cost of your child's treatment will depend on the length of the treatment session, who your child sees, and whether your child is being seen individually or in group.

We are not affected by any **divorce decrees** and will not get involved in these types of disputes. We cannot do any type of split billing (parents will need to work that out amongst themselves).

INSURANCE: Many health insurance plans include behavioral health benefits. Each private insurance company has multiple plans. We may participate with your insurance company, but not your particular plan. Also, not all services are covered benefits in all contracts. Some insurance companies select certain procedures or diagnoses that they will not cover.

Your insurance is a contract between you, your employer, and the insurance company. We are not a party to that contract so it is your responsibility to contact the client's insurance company. We recommend contacting them prior to the first appointment to fully understand the specific plan and benefits, including whether your provider is considered in-network with your particular plan.

Here are a few guidelines to help when contacting your child's insurance company:

- a. Catalpa Health is a state mandated, state licensed facility. It is helpful to find out the credentials of the clinician you will be seeing.
- b. You can find the contact information on the back of the insurance card.
- c. Write down the date you contacted them and whom you talked to.

- d. Find out if your plan is self-funded. If it is, your insurance does not need to follow state guidelines.
- e. You will need to know benefits, limitation per year, if authorizations are required, and if an EAP referral is required. Be sure to ask about the deductible and co-pay/co-insurance for each visit.

In order to accurately submit claims for service, you are required to bring your child's insurance to all appointments. In the event your insurance coverage changes, you are responsible for notifying us immediately. Knowingly giving false insurance information can result in insurance fraud. Failure to provide current insurance results in a self-pay account.

PAYMENTS: We accept checks, cash, and credit cards. A \$25 fee will be charged for any returned checks. Online payments can be made at www.pay.instamed.com/CatalpaHealth or through MyChart.

All co-payments, deductible payments, co-insurance charges, and account balances are due at time of service.

At your request, our billing department will assist you with a payment plan. We understand that sometimes families may experience financial difficulties. If this should be the case, please reach out to us right away for information on Catalpa Cares, our financial assistance program.

In the unlikely event that your account balance (and/or payment plan balance) has not been paid for more than **90** days, a collection agency may be used and may result in involuntary termination of care. If such action is necessary, collection fees, interest, and finance charges will be added to the amount due.

YOUR RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS: When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing. *What is "balance billing" (sometimes called "surprise billing")?* When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, such as a copayment, coinsurance, and/or a deductible. You may have other costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" describes providers and facilities that haven't signed a contract with your health plan. Out-of-network providers may be permitted to bill you for the difference between what your plan agreed to pay and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care — like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider.

You are protected from balance billing for:

- Emergency services: If you have an emergency medical condition and get emergency services from an out-of-network provider or facility, the most the provider or facility may bill you is your plan's in-network cost-sharing amount (such as copayments and coinsurance). You can't be balance billed for these emergency services. This includes services you may get after you're in

stable condition, unless you give written consent and give up your protections not to be balance billed for these post-stabilization services.

- Certain services at an in-network hospital or ambulatory surgical center: When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers may bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, or intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections.

You're never required to give up your protections from balance billing. You also aren't required to get care out-of-network. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have the following protections:

- You are only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay out-of-network providers and facilities directly.

Your health plan generally must:

- Cover emergency services without requiring you to get approval for services in advance (prior authorization).
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your deductible and out-of-pocket limit.

If you believe you've been wrongly billed, you may contact the Center for Medicare and Medicaid Services at 1-800-985-3059. Visit <https://www.cms.gov/nosurprises> for more information about your rights under federal law.

INVOLUNTARY DISCHARGE FROM SERVICES

Be aware that you may be involuntarily discharged from services with a provider for issues related to attendance, non-payment of services, disruptive behavior and/or non-compliance with treatment recommendations. If this occurs, you will have 30 days to find another treatment provider and will receive information on how to file a complaint with the State of Wisconsin, if you decide to do so. Be aware that if you or a family member engages in abusive and/or threatening behavior toward a provider or staff, this might result in the involuntary termination of all services at Catalpa Health.

COMPLAINT PROCEDURE

If you are dissatisfied with any aspect of your treatment, please start by talking with the person with whom you have a complaint and try to resolve the issue. If you are still dissatisfied or do not want to speak with that person, you can contact the Catalpa Client Rights Specialist at **920-702-3203**. The Client Rights Specialist can gather information about your complaint and try to resolve your concern. If necessary, they can involve a manager to make a decision about the matter. If you are dissatisfied with the manager's decision or feel your rights have been violated, the Client Rights Specialist can help you to file a grievance (see below).

GRIEVANCE RESOLUTION PROCESS (DHS 94.40)

1. You have 45 days from the occurrence of the event in dispute to file a grievance.
2. The Client Rights Specialist will investigate your grievance which will involve talking with you and any staff involved and reviewing any pertinent records in order to get the facts. They will request that you put your grievance in writing prior to completing the investigation.
3. The Client Rights Specialist will complete the investigation and issue a report of his/her findings and recommendations of your grievance to the Catalpa President or Medical Director within 30 days for non-emergency situations and 5 days for emergency situations. This time period may be extended only if you agree to it.
4. The Catalpa President or Medical Director will review the report and recommendations and if they agree, the Client Rights Specialist will send you a copy of the report.
5. If you both agree with the report and recommendations, then action will be taken on the recommendations within an agreed upon time period.
6. If you disagree with the report and an agreement cannot be worked out, they will prepare a written position of their findings and recommendations which form the official position of Catalpa Health. This written decision will be issued within 10 days in non-emergency situations or 5 days in emergency situations from the time you inform the Client Rights Specialist that you do not agree with the original report.
7. If you disagree with the President's or Medical Director's decision and recommendations, you have a right to request an Administrative Review from the County (if you are a County funded client) or State. The Client Rights Specialist will assist you with this and explain the process. You have 14 days from the date you receive the written decision of the President to request an Administrative Review.
8. Other information about our grievance procedure you should know includes:
 - a. No one can retaliate or discriminate against any person who files a grievance.
 - b. Your grievance will be handled in a confidential manner. Only staff with a "need to know" are entitled access to the information. The staff person(s) about whom a grievance may be filed shall be informed as to the nature and content of the grievance.
 - c. You are permitted to have another person (non-legal) act on your behalf in filing a grievance.
 - d. If another person represents you in a grievance, you will be required to sign a Release of Information form before any information can be shared with this other person.
 - e. Use of the informal complaint process is required for seeking the formal process. Also, if you are in the formal grievance resolution process, you can switch to the informal process to attempt to resolve the issue.
 - f. At any point in time, you have the right to seek legal counsel and take the matter to court. If this occurs, the grievance process will be suspended.
 - g. If you have a grievance about the operation of the Catalpa Health's Grievance Resolution process, you may register a complaint with the County or State and request an Administrative Review.

CLIENT RIGHTS

When you receive services as an outpatient or an inpatient for mental health, alcoholism, drug abuse or developmental disabilities, you have certain rights under Wisconsin Law (s51.61). Listed below is a summary of rights that will apply to clients receiving outpatient services. A complete, unabridged copy of Client Rights under Wisconsin Statute Section 51.61 is available to you upon request.

You have the right to...

1. Be informed of your rights as a client [See 51.61 (1) (a), Wis. Statutes]
2. The least restrictive treatment conditions necessary [See 51.61 (1) (e)]
3. Receive prompt and adequate treatment [See 51.61 (1) (f)]
4. Refuse medications and treatment (except for court orders and emergencies) prior to commitment. [See 51.61 (1) (g)]
5. Be free from unnecessary or excessive medication at any time. [See 51.61 (1) (h)]
6. Not be subjected to experimental research without your informed, written consent. [See 51.61 (1) (j)]
7. Not to be subjected to drastic treatment procedures without your informed, written consent. [See 51.61 (1) (k)]
8. A humane psychological and physical environment. [See 51.61 (1) (e)]
9. Petition the court for review of your commitment order. [See 51.61 (1) (d)]
10. Confidentiality of all treatment records, to review and copy certain records, and to challenge the accuracy, completeness, timeliness or relevance of information in your records in accordance with the provisions of Section 51.30 Wisconsin Statutes. [See 51.61 (1) (n)]
11. Not to be filmed or taped without your permission. [See 51.61 (1) (o)]
12. Access to a grievance procedure to ensure your rights. [See 51.61 5)]
13. To go to court if you believe your rights were violated. [See 51.61 (7)]

In addition, Catalpa Health also believes that...

1. Every client can expect to be actively involved in establishing his/her treatment goals and treatment plan. No decisions will be made about treatment without his/her involvement.
2. Every client shall have the right to know the staff responsible for coordination of his/her care by name and credentials.
3. Every client shall have the right to considerate and respectful care and privacy.
4. Every client shall have the right to know the agency's rules and regulations that apply to his/her conduct as a client.
5. Every client has the right to nondiscrimination on the basis of race, religion, age, sex or sexual orientation, ethnic origin, psychological well-being, physical or mental impairment, financial support, social status, or number of prior contacts with the treatment facility.