

Orange Grove Center
615 Derby Street
Chattanooga, TN 37404

INTENSIVE OUT-PATIENT PROGRAM

Participant Information

Name: _____ Date of Birth: _____

Address: _____ City: _____

County: _____ Zip Code: _____ Phone Number (____) _____

Male _____ Female _____ SS# _____

Parent/Conservator (if different from Participant)

Name: _____ Date of Birth: _____

Address: _____ City: _____

County: _____ Zip Code: _____ Phone Number (____) _____

In case of emergency or the parent/conservator can not be reached, please contact:

Name: _____ Relationship: _____

Phone Number: (____) _____

Name: _____ Relationship: _____

Phone Number: (____) _____

If the participant is under the age of 18, who has custody? _____

If the participant is over the age of 18, has he/she ever been declared legally incompetent by a court hearing? _____ Yes _____ No

If yes, please provide name of legal conservator. _____

Please list all allergies (drug, insects, food):

Signature of Participant/Guardian/Legal Conservator: _____

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Insurance/Medical Information

Please provide a copy (front and back) of all insurance cards.

Is the participant covered by a family member's insurance? YES NO

Member's date of birth: _____

Insured family member's name and relationship to participant:

Primary MD: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

I give permission for Orange Grove Center to call the following health providers in an emergency:

Physician's Name: _____ Phone Number (____) _____

Hospital Preferred: _____

Diagnosis(s):

Signature of Participant/Guardian/Legal Conservator: _____

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Authorization for Release of Information

Name of Participant: _____

I hereby authorize Orange Grove Center, Inc, to obtain from/release to:

The following type(s) of information from my records (and any specific portion thereof):

For the purpose of:

Signature of Participant or Legal Guardian/Conservator: _____

Date: _____

In compliance with the Department of Health, Education, and Human Service regulations under Title VI of the Human Rights Act of 1964, no person shall on account of race, color, or national origin, be excluded from participation in, be denied benefits from or of, or otherwise be subjected to discrimination, under any program or activity of the Orange Grove Center. Also, any and all of the releases granted hereto may, at any time, be withdrawn by writing Orange Grove Center and indicating that desire.

Signature of Participant/Guardian/Legal Conservator: _____

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Does the participant sometimes engage in behaviors that are harmful to him/her or others? (Scratching, pinching, hitting self, etc...)	Yes	No
Does the participant exhibit some self-stimulatory behaviors like rocking, pacing, flickering of fingers, etc...that seem to interfere with his/her routine?	Yes	No
Does the participant have difficulty with participating in any self-care activities such shaving, haircuts, etc...	Yes	No
If yes, please explain:	Yes	No
Does the participant have difficulty with communication?	Yes	No
How does the participant communicate? words sentences conversations signs/gestures other	Yes	No
Does the participant have difficulty with hearing?	Yes	No
Does the participant have any difficulties chewing or swallowing food?	Yes	No
Does the participant cough or choke while eating or drinking?	Yes	No
Does the participant have seizures? **If yes, please complete seizure information How often? _____ What kind? _____	Yes	No
Pictures for Publicity?	Yes	No

Signature of Participant/Guardian/Legal Conservator: _____

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Medical Information

Name: _____ Date: _____

Please list the participant's physicians that he/she sees and the date of the last visit.

Primary Care Physician:

Name: _____

Address: _____

Phone Number: _____

Date of Last Visit: _____

Dental:

Name: _____

Address: _____

Phone Number: _____

Date of Last Visit: _____

Vision:

Name: _____

Address: _____

Phone Number: _____

Date of Last Visit: _____

Psychiatrist/Psychologist:

Name: _____

Address: _____

Phone Number: _____

Date of Last Visit: _____

Past Medical History: Please list any hospitalizations, date, and reason.

Signature of Participant/Guardian/Legal Conservator: _____

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Medication Information

Name: _____ Date: _____

Has he/she been on any medication within the last year? YES NO
If yes, please complete the Medication History Form.

Current Medications: Please list all the medication the participant is currently taking, including prescription and over the counter.

Name of Drug	Dosage	Time(s) Given	Physician	Reason Prescribed

Signature of Participant/Guardian/Legal Conservator: _____

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Consent for Treatment/Release of Information

I authorize the release of any information concerning my therapy advice and treatment provided for the purpose of evaluation and administering claims for insurance benefits. I also hereby authorize payment of insurance benefits otherwise payable to me directly to Orange Grove Center, Inc. I hereby give consent for services to be provided to _____.

_____ I authorize the release of any medical information to process claims.

_____ I authorize still pictures or videos to be made for training purposes.

____ YES ____ NO I give authorization to leave a message on my answering machine/voice mail regarding scheduling of therapies or to request a call back.

Expiration of this authorization will be upon termination of services from Orange Grove Center unless the participant, guardian, or conservator expresses a desired date of condition to revoke their authorization.

In order to revoke an authorization, a written document stating the intent of the participant to revoke said authorization must be either presented in person or delivered by certified mail to the Outpatient Department at Orange Grove Center. This document must contain the signature of the participant or legal representative. Notary Public must formally certify that signature. A form of this purpose is available in the Health Care Department at Orange Grove Center.

I have read, or have had read to me, the above statements and understand them as they apply to me.

Signature: _____ Date: _____

HIPPA Acknowledgement

I have received a copy of Orange Grove Center's Notice of Privacy Practices for Protected Health Information explaining how my personal health information may be used.

Signature of Participant/Guardian/Legal Conservator: _____

March 26, 2019

Dear Individual, Family and/or Conservator,

Orange Grove Center and the Department of Intellectual Developmental Disabilities (DIDD) want to make sure that you are satisfied with your services. All staff has the responsibility to listen and respond to concerns you may have regarding your services and supports.

However, if you feel your problem has not been resolved and you are still unhappy with your services and supports you should contact Gina Selby, Orange Grove Center Director of Compliance, at 423-493-2919.

If you are not satisfied with the response from our agency you may contact the **DIDD East TN Customer Focused Service Coordinators**:

- **Dr. Mike Mailahn: 865-320-2196, Mike.Mailahn@tn.gov**
- **Jerry Winters: 423-787-6526 Jerry Winters@tn.gov**

Tennessee law prohibits any harmful action occurring as a result of you reporting a complaint. Orange Grove Center and DIDD encourage you to express concerns about services.

Sincerely,

Gina Selby
Director of Compliance

ORANGE GROVE CENTER COMPLAINT RESOLUTION SYSTEM PROTOCOL

INFORMAL PROCESS:

All staff at Orange Grove Center have the responsibility to listen and respond to problematic issues expressed by, or on behalf of, Individuals Served. The issues can be discussed in a planning team meeting, or individually with the Support Manager, Support Program Coordinator, House Manager, or the Coordinator/Director of the Service Program. Also available would be the Executive Director. Most problems can be resolved informally.

If informal resolution cannot be achieved, the Individual Served, their family, legal representative, paid advocate, and/or a concerned citizen can file a formal complaint with the Orange Grove CRS contact person. The goal of the CRS is to bring the issue and concern to resolution, timely, efficiently and adequately.

Orange Grove Center expects all staff to accept complaints in a professional manner and will not allow retaliation due to any complaint made. Complaints will be addressed for the best solution to meet the needs of the Individual Served. Any retaliation will be addressed through the Human Resources Disciplinary Procedures.

All Individuals and their families are welcome to have an advocate be present and to assist them in the complaint process. If needed, Orange Grove Center will direct the Individual and their family to associations that could provide advocacy services to them. These would include the ARC, People First, DIDD, Department of Education, HUD, and Comcare, Inc.

FORMAL PROCESS:

The following are the procedures for the OGC Complaint Resolution Process. These are written in accordance with the DIDD Policy 10.2.8.

1. The Complaint Resolution System contact person is Gina Selby, Director of Compliance. The Compliance Director can be reached by calling Orange Grove Center at (423) 493-2919 or writing to Orange Grove Center, 615 Derby Street, Chattanooga, Tennessee 37404.
2. Orange Grove Center will disseminate the Complaint Resolution Protocol through the mail, e-mail, family meetings, and upon entrance to the Orange Grove Center Service Programs.
3. Complaints concerning Title VI issues will be issued from the Orange Grove Center Complaint Coordinator to the Title VI Director with the State of Tennessee Civil Rights Office. A determination will be made by that office as to the resolution of the complaint. Title VI complaints may also be made directly to the

Tennessee Department of Transportation calling the Toll Free Number: 1-888-370-3647. Brochures are available in the OGC Title VI Coordinator's office.

4. If the complainant and the Orange Grove Complaint Resolution contact person, along with all necessary staff, are not able to resolve the issue either the contact person and/or the complainant may contact the DIDD Customer Focused Services Coordinators for assistance. The Coordinators for the East Region are: Mike Mailahn, and Jerry Winters.

E-Mail: Mike.Mailahn@tn.gov Phone Number: 865 320 2196

E-Mail: Jerry.Winters@tn.gov Phone Number: 423 787 6526

Toll Free Line: 1 888 310 4613

East Tennessee Hotline: 1 800 579 0023

5. Orange Grove Center will ensure that retaliation against anyone reporting a complaint is strictly prohibited.
6. A logging system will be maintained of every formal complaint which will contain the following information:
 - a. Date complaint received
 - b. Contact information (telephone numbers, etc.)
 - c. Name of complainant (Service Recipient, family, legal representative, paid advocate, concerned citizen)
 - d. Name of Service Recipient
 - e. Name(s) of Agencies involved (Provider, ISC, etc.)
 - f. Service Recipient funding source
 - g. Description of complaint
 - h. Description of resolution
 - i. Date of resolution
 - j. Date the resolution was confirmed with the complainant and signature of the complainant and contact person
7. The resolution should be resolved within thirty days from the receipt of the complaint. If not resolved, referral to the DIDD Regional Complaint Resolution Coordinator should be made at this time.
8. Trends and patterns will be reviewed and recorded with action plans implemented if determined needed. This information will be included in the Agency Management Plan documentation on a yearly basis.
9. All records of the Complaint Resolution System will be available for review by DIDD Department of Civil Rights, the Tennessee Department of Transportation Title VI Director, and the DIDD Central and Regional Offices.

Orange Grove Center adheres to the State of Tennessee Department of Intellectual and Developmental Disabilities Complaint Resolution System Effective Date May 14, 2018.

Revised April, 2014
Reviewed June, 2015
Revised September, 2015
Revised June, 2016

Revised May, 2018
Revised July, 2018
Revised October, 2018
Revised March, 2019

Orange Grove Center IOP

Addendum to Orange Grove Center Complaint Resolution System Protocol

- 1) Orange Grove will comply with the appeals process by providing all necessary appeals forms and contact information, along with appropriate addresses for submitting the appeal for state level review.
- 2) Orange Grove will comply with the appeals process, including providing written certification when appropriate to support whether a member's appeal is an emergency, (1) upon request by a member prior to filing an appeal; or (2) upon reconsideration of an appeal by United Health Care Community Plan when requested by TennCare.
- 3) Orange Grove will comply with the appeals process displaying notices of TennCare member's rights to appeal adverse action affecting services in public areas of their facilities in accordance with TennCare rules, subsequent amendments, or in any and all Court Orders.
- 4) Orange Grove will provide reasonable assistance to members for filing appeals.
- 5) Orange Grove will notify it's members of appeal rights when adverse actions (denial, reduction, suspension, delay, or termination of services) occur.
- 6) Orange Grove will allow members to file a complaint at any time, either orally or in writing.

Member Rights and Responsibilities

You have the right:

To be treated with consideration, respect, and full recognition of your dignity and individuality regardless of your state of mind or condition.

To be provided treatment without regard to race, color, birthplace, language, gender, age, religion or disability.

To complete privacy of your medical and financial information

To be informed of treatment options and/or alternative treatment methods regardless of cost or benefit coverage.

To be informed of the risks, benefits, consequences of treatment or non-treatment.

To be informed of the side effects of your medication or proposed medication.

To participate in the development of your individual treatment plan.

To participate in all decision-making regarding your behavioral health care, including discharge or aftercare planning.

To be provided quality treatment by competent staff members.

To refuse to participate partially or fully in treatment or therapeutic activities (unless participant is ordered by the court).

To be provided treatment in the least restrictive setting that is clinically appropriate, feasible, and available.

To be provided with a copy of your basic rights and responsibilities and to have all questions answered to your satisfaction.

To voice complaints about your services...You can continue to receive services without fear of receiving inadequate treatment.

To be given information about the Declaration of Mental Health Treatment, or to designate a person to make decisions using a durable power of attorney for health care.

To make recommendations about your rights and responsibilities.

To be provided with a list of available advocacy services and contact information when requested.

To ask for and receive information about your medical records, review the records, make corrections to your medical record, and receive copies of your records.

You are responsible:

To provide accurate information to your provider.

To treat health care providers with respect and dignity.

To cancel appointments you are unable to keep.

To follow the instructions and guidelines given by providers.

To participate, to the degree possible, in understanding your behavioral health problems and to develop mutually agreed upon treatment goals.

I have read the Rights and Responsibilities (or have had them read to me) and all my questions have been answered to my satisfaction.

Member Signature: _____ Date: _____

Legal Representation: _____ Date: _____

OGC INDIVIDUALS HEALTH INFORMATION RIGHTS

You have the right to:

1. See and get a copy of your records

- If you want a copy you must ask for it in writing.
- We may charge a fee for the cost of copying and mailing.
- There may be certain facts that you cannot get copied.
- If we cannot give you the information you want, we will send you a letter that tells you why.

2. Talk to us about how we share information.

3. Ask us to change health information that is wrong.

- You must ask us in writing. You must give us a reason why we need to change it.
- We may not be able to agree to the change.
- If we cannot make the change, we will send you a letter that tells you why.

4. Ask us for a list of who got your information.

- The list will tell you who got your information after January 1, 2019.
- You must ask us for a copy.
- The law says that we do not have to give you a list when:
 - We have your ok to give it out.
 - We use it to help you get health care supports.
 - We use it to provide supports to you.

5. Ask us not to share certain information about your health.

- You must ask us in writing. You must tell us:
 - What facts you do not wish to be shared and with whom you do not want us to share those facts.
 - There may be some cases when we cannot agree to your request.
 - If we cannot agree to your request, we will send a letter that tells you why.

6. Take back your ok.

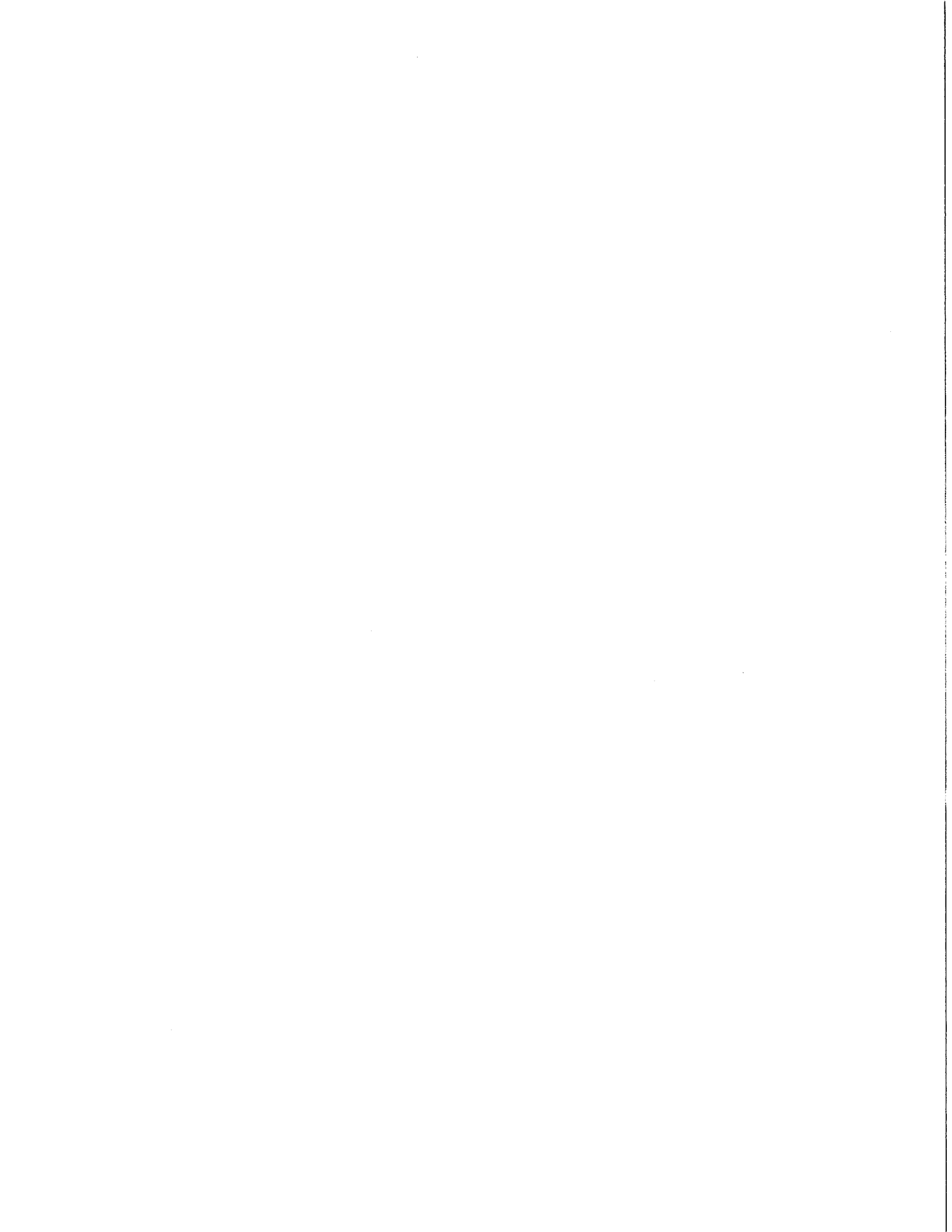
- If we ask you to sign an authorization form, you may take it back any time.
- You must do it in writing. This will not change any facts we have already shared.

7. Ask us to contact you in a different way or in a different place.

- You must tell us that we will put you in danger if we write you or talk to you in the same place.
- You must ask in writing.

8. Ask for a new notice of our privacy practices.

Name: _____ Date: _____
Individual or legal representative



PHILOSOPHY AND OBJECTIVES

Orange Grove Center is a non-profit private operation with the specific mission to recognize, support, and celebrate the qualities of the individual.

At Orange Grove, we put you first, rather than services and funding, focusing on your strengths, needs, hopes and dreams.

We know that each of us is unique and every person has individual needs, goals, ideas and dreams for their life.

If you have challenges and you are considering what kind of support you might like from us, it is very important for you to know that this is your life and your choice, that you are in control, not us.

However, what helps us provide great individual support is understanding a little more about YOU!

The more we know about you, we can tailor an individual plan which links you with the right program/class.

At Orange Grove, we believe that wellness is important.

Social Wellness involves creating meaningful interpersonal relationships that feel supportive and satisfying. Social Wellness also involves contributing positively to one's community.

Emotional Wellness involves awareness of your emotions as they occur, expressing and processing your emotions in a productive and positive way, using the insight provided by your emotions to guide your actions, approaching life with optimism, creating interdependent relationships that involve trust and respect, and engaging in healthy coping mechanisms.

Intellectual Wellness involves engaging in mentally stimulating activities, creativity, and expanding your personal and professional knowledge and skills. Intellectual Wellness also encompasses involvement in the exploration of new ideas and information.

Supports and services are provided through, but not limited to, the following program components:

A) Mental Health

Orange Grove hereby represents and agrees that, pursuant to the provisions of Title VI of the Civil Rights Act of 1964 and 1986 Amendments, no person will be excluded from participation in, be denied benefit of, or be otherwise subjected to discrimination under any programs it operates on the grounds of race, color, religion, sex, national origin or disability.

Orange Grove adheres to the Guiding Principles, Concepts and Values adopted by the State of Tennessee, Department of Mental Health.

IOP Disaster Plan

In the event of a major disaster or natural catastrophe, Orange Grove Center will follow the guidelines listed below:

1. All individuals and participants will be contacted by administrative staff via electronic means (text, email, phone) as soon as reasonably possible.
2. Administrative staff will develop a plan for continuation of services within a reasonable amount of time.
3. In the event that the location or time for services must change, Administrative Staff will contact all participants via electronic means and provide them with the new location and time (as applicable).
4. In the event that services must discontinue or terminate, all participants will be provided with a discharge plan (including a progress summary). We will make referrals and assist each participant in continuing their treatment with another appropriate program.

ORANGE GROVE CENTER, INC.
2019-2020 IOP SERVICES CALENDAR

The following calendar reflects dates that the Center's IOP Services will be closed.

<u>DATE</u>	<u>PURPOSE</u>	<u>PEOPLE INVOLVED</u>
2019 July 4	Independence Day	Center-Wide
September 2	Labor Day	Center-Wide
September 13	Inservice	All Day Program Staff (no IOP services)
October 14	Columbus Day	Center-Wide
November 28 & 29	Thanksgiving	Center-Wide
December 24 & 25	Christmas	Center-Wide
December 31	New Year's Eve	Center-Wide
2020 January 1	New Year's Day	Center-Wide
January 20	M. L. King Day	Center-Wide
February 17	Presidents' Day	Center-Wide
March 13	Inservice	All Day Program Staff (no IOP services)
April 10	Good Friday	Center-Wide
May 25	Memorial Day	Center-Wide

**Orange Grove Center
Intensive Outpatient Program Schedule**

Weekly Schedule		
Monday	Wednesday	Friday
9:00am – 12:00pm	9:00am – 12:00pm	9:00am – 12:00pm

IOP

Program Plan

- **Check in/warm up activities** (10 minutes)
- **Skills training** (45 minutes)
 - a. Mindfulness activity
 - b. Skills review activity
 - c. Homework review activity
 - d. Teaching points
 - e. Practice/role play

- Break (15 minutes)

- **Group Sessions** (45 minutes)
 - a. Relaxation skills
 - b. Anger Management
 - c. Social Skills

- Break (15 minutes)

- **Group Sessions** (45 minutes)
 - a. Coping skills
 - b. Music therapy
 - c. Problem solving

- **Conclusion/Check out/Homework/Staff briefing** (10 minutes)

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INTENSIVE OUT-PATIENT PROGRAM

Acknowledgement of Policies and Procedures

I have received a copy of the Participant Handbook and copies of the following current Policies and Procedures:

- Authorization for Release of Information
- Consent for Treatment/Insurance Release of Information
- Complaint Resolution System Protocol
- Member Rights and Responsibilities
- OGC Individuals Health Information Rights
- Philosophy and Objectives
- Disaster Plan
- Program Scheduling

Signature of Participant/Guardian/Legal Conservator: _____