Mission

"Promoting wellbeing…. One individual… One family… One community at a time"

About Us

Established in 1974, Middle Peninsula Northern Neck (MPNN) Community Services Board is part of a statewide network of 40 Community Service Boards working to provide mental health, developmental disability and substance use services where they are needed – in the local community. MPNN CSB serves the ten counties of the Northern Neck and Middle Peninsula.

MPNN CSB is where people across the Middle Peninsula and Northern Neck are encouraged seek assistance when faced with a behavioral health challenge or need assistance regarding loved ones facing a developmental challenge which includes Intellectual disabilities.

Our organization provides services designed to help members of our community achieve their individual goals. This includes recovery. MPNN CSB has over 60 distinct programs to aid and support all ages and many situations; from babies with developmental delays to teens who have experienced trauma; from adults with a serious mental illness to individuals struggling to maintain a drug-free life. Services include a variety of outpatient, intensive outpatient, support coordination and residential programs with 24/7 crisis support. MPNN CSB works on a sliding fee scale for uninsured individuals to ensure that no individual goes unserved.

Service Confidentiality Practices

Privacy Notice Regarding Use and Disclosure of Treatment Information

Purpose of this notice

We are required by law to maintain the privacy of protected health information, and to provide you with notice of our legal duties and our privacy procedures with respect to this protected health information. Also, we must abide by the terms of the Notice. We reserve the right to change the terms of this Notice and to make any new Notice provisions effective for all protected health information that we maintain. In addition, you have a right to a copy of this Notice. Please review carefully.

In order to effectively provide services to individuals, the Middle Peninsula – Northern Neck Community Services Board (MPNN CSB) must utilize and in some cases, disclose information about individuals receiving services. We must do so in order to provide services. This Notice explains how we may use and disclose information about you. It also describes your rights to see, amend, and control your protected health information (PHI), which is defines as "information related to your past, present or future physical or mental health or condition and related health care services, including demographic information that may identify you". This Notice is about the use and disclosure of your "PHI". Sometimes the word "information" or the use of the word "records" or the phrase "medical records" will be used. When they appear in this Notice, they mean the same thing as "PHI". The word "individual" refers to you and anyone served by MPNN CSB.

MPNN CSB will request your written consent prior to initiating treatment, payment or health care operations on your behalf. You will be required to read and give your consent in writing before any treatment services are begun. This consent will remain in effect until completion of your treatment services with MPNN CSB. You have the right to revoke your consent, in writing, at any time during the course of your services except to the extent that MPNN CSB has acted in reliance on the consent.

A written Authorization is required for the use and disclosure of all or part of your treatment information requested by a third party for purposes other than general treatment, payment, and health care operations. For example, psychotherapy notes shall not be released without your specific authorization, except when required by law. Only that information that is minimum and necessary to accomplish the purpose for which the psychotherapy notes are being requested will be released. The authorization will identify the specific information being requested, the purpose for which the requested information is to be used, and the party to whom the information will be released. The authorization will be time restricted and contain a prohibition against the use of the information from any purpose other than the purpose stated on the authorization and against a re-release of the information for any purpose.

Permitted Uses and Disclosures of Protected Health Information without the Written Authorization of the Individual: Treatment, Payment, and Health Care Operations

Medical privacy laws try to make sure that the protection of your privacy does not interfere with your ability to get treatment. Therefore, the law allows us to use and disclose your protected health information, without asking for your prior authorization, for the following purposes: treatment purposes, payment purposes, and health care operations.

Other Permitted Uses and Disclosures of Protected Health Information without Written Authorization of the Individual

As Required By:

- Public Health Authorities;
- Health Oversight Activities;
- Legal Proceedings;
- Law Enforcement;
- Serious Threats to Health and Safety;
- Coroners, Funeral Directors, Medical Examiners, and Organ Donation;
- Research;
- Military Activity and National Security;
- Workers' Compensation;
- Secretary of Health and Human Services;
- Abuse, Neglect, or Domestic Violence.

Enhancing Your Healthcare: Some of our programs use and disclose your information in order to provide the following support to enhance your overall healthcare: Appointment reminders; Describing or recommending treatment/service alternatives; Providing information about health-related benefits and services that may be of interest to you.

Uses and Disclosures of Protected Health Information in Which You Have An Opportunity To Agree Or Object

- Facility Directories
- Involvement by others Individual's Care
- Disaster Relief
- Fundraising Activities
- Payment for Your Care: You can exercise your rights under HIPAA that your healthcare provider not disclose information about services received when you pay in full out of pocket for the service and refuse to file a claim with your health plan.

Other Uses and Disclosures of Your Information: Written Authorization Required

Other uses and disclosures of information not covered by this Notice or the laws that apply to the CSB will be made only with your written authorization. If you authorize us to use or disclose information about you, you may revoke that authorization at any time. That authorization must be in writing and must be given to your treating clinician, your case manager, or the Privacy Officer before it becomes effective. If you revoke your authorization, we will stop using or disclosing the information that was covered in your authorization (unless we have independent legal authority to use or disclose it). When you revoke an authorization to disclose information, we cannot take back any disclosures we have already made with your authorization.

Your Protected Health Information Rights

You have the right to request access to your medical record in order to inspect it or make copies. MPNN CSB has up to 15 days after receipt of written request to make your PHI available to you and we may charge a reasonable fee for the costs of copying, mails, and/or other supplies associated with your request. You can only direct us in writing to submit your PHI to a Third-party not covered in this notice. We may not charge you a processing fee if you need the information for a claim for benefits under the Social Security Act or any other state or federal needs-based circumstances. If we do deny your request, you have the right to have the denial reviewed by a licensed healthcare professional who was not directly involved in the denial of your request, and we will comply with the outcome of the review.

You have the right to request an amendment to your medical record.

Summary or Explanation. We can provide you with a summary of your PHI, rather than the entire record, or we can provide you with an explanation of the PHI which has been provided to you so long as you agree to this alternative form and pay the associate fees.

Electronic Copy of Electronic Medical Records. If your PHI is maintained in an electronic format, you have the right to request that an electronic copy of your record be given to you or transmitted to another individual or entity. If the PHI is not readily producible in the form or format you request your record will be provided in a readable hard copy form.

Receive Notice of a Breach. You have the right to be notified upon a breach of any of your unsecured PHI.

You have the right to receive an accounting of certain CSB disclosures of your medical record.

You have the right to request an alternative method of being contacted.

You have the right to a paper copy of this Notice.

You have the right to file a complaint or ask for additional information about our privacy policy. If you feel that any of your privacy rights has been violated, or if you would like the additional information concerning our privacy policy, or the federal and state laws pertaining to privacy, please contact any of the persons listed below. We will not act against you or change our treatment of you in any way because you file a complaint. You may contact any of the following persons:

MPNN CSB Privacy Official
kbeech@mpnn.state.va.us
804-758-5314 or 804-815-4792

Human Rights Advocate
Corie.Reed@dbhds.virginia.gov
804-454-5064

Regional Human Rights Manager
Latoya.Wilborne@dbhds.virginia.gov
757-508-2523

Department of Health and Human Services Office for Civil Rights
www.dhhs.gov/ocr/privacy/hipaa/complaints/
1-877-696-6775

NOTE: Complaints to the Secretary of HHS should be made no later than 180 days after the privacy violation occurred or you became aware (or reasonably should have been aware) that the privacy violation had occurred. This time limit may be extended for good cause.

A complaint can be made in person, over the phone or by mail.

Alcohol and Drug Abuse Information

The privacy of information held by the CSB that identified or could identify a person as an alcohol or drug abuser, is controlled by a specific federal privacy law. The privacy standards of 42 CFR Part 2 are often more restrictive than the standards set out in this Notice, and we must follow the more restrictive standards. Generally, the CSB may not say to a person outside the program that you attend the program, or disclose any information identifying you as an alcohol or drug abused unless (1) you authorize it in writing; (2) the disclosure is allowed by a court order; or (3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about

suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Minors

Under Virginia law, minors are deemed to be adults for purposes of giving consent to outpatient treatment for substance abuse or for mental health services. Under Federal law 32 CFR Part 2, a minor who becomes a patient for substance abuse treatment has the same authority as any adult patient in regard to the privacy of his or her treatment records. The minor's parents, guardian, or legal custodian can have access to treatment records only with the minor's permission. However, in the case of a minor who is receiving outpatient mental health services, the minor's parents, guardian, or other legal custodian also have a right of access to the minor's records. There are certain narrow exceptions in which a parent, guardian, or other legal custodian can be denied access to a minor's records.

Personal Representative

When an individual is incapacitated or otherwise unable to give informed consent to treatment or authorization for the disclosure of records, that person's "personal representative" may exercise the authority of the individual in regard to the privacy of the individual's records. A "personal representative' is a person authorized under Virginia law to give substitute authorization for the individual, such as a guardian, attorney-in-fact, or, under certain circumstances and procedures, a family member or other certain circumstances and procedures, a family member or other person designated as a "legally authorized representative" under Virginia's Human Rights regulations. However, the individual must be included in decisions about disclosing information, to the extent that the individual is able and, unless the personal representative is a guardian with specific authority to act, any objection by the individual to a disclosure of records, even if the personal representative approves, must be reviewed before we can disclose the information. Finally, a personal representative's access to an individual's information can only be denied if a licensed health care professional determines in the individual's record that such access by the personal representative is reasonable likely to cause substantial harm to the individual or to another person.

Changes to Privacy Practices

The CSB reserves the right to change any of its privacy policies and related practices at any time, as allowed by federal and state law. You will receive notice of changes in one or more of the following ways: mail, discussion with an agency representative; electronically, or a notice prominently posted in a public area such as a waiting room. This notice of privacy is also available on our website at the following address: www.mpnncsb.org

Home and Community Based Services (HCBS)
Requirements and Rights Overview

Home and Community Based Services (HCBS) provide opportunities for Medicaid DD Waiver beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted populations groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses. HCBS Rights and Requirements overlap and expand the Human Rights Regulations ensured by MPNN CSB. Among the HCBS requirements designed to ensure the best supports for individuals receiving HCBS services in a home or community-based setting, are the following guiding principles:

- The setting is integrated in and supports full access of individuals receiving Medicaid HCBS Waivers to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS Waiver services.

- The setting is selected by the individual from among setting options including non-disability specific settings and an option for a private unit in a residential setting. -The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.

- Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.

- Optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. Facilitates individual choice regarding services and supports, and who provides them.

- The setting is accessible to the individual, provides privacy through individual-controlled lockable doors. Roommates and furnishings are at the discretion of the individual. Access to food at any time is assured. A legally enforceable lease agreement exists between the individual and the property-owner/service provider.

HCBS Rights for all DD Waiver Individuals, include:

- Privacy, dignity and respect
- Freedom from coercion and restraint
- Access to the community as desired
- Control of own schedule and activities
- Choice of services and providers
- Accessible environment; freedom to move around the site

- Visitors of choosing at any time

HCBS Rights for individuals served in DD Group Homes operated by MPNN CSB also have the Right to:

- Privacy in your home: locking doors to your personal room or unit and the right to hold the keys to your home and room/unit.
- Choice of roommates and furnishings. If you share a room with another individual, you have the right to approve, or deny, the accommodation. You also the right to decorate your personal space as you choose.
- Personal control over resources. You have the right to hold and manage your personal money if you choose, and make decisions as to saving, budgeting and making purchase.
- Access to food at any time. You have the right to enjoy nutritious food of your preference at any time.
- Open your mail in private, or with support, if requested.
- Legally binding lease; protections from eviction

If for any reason a modification to any of these HCBS rights is required to provide the best services to an individual while meeting their specific needs, the ISP must first be modified to address reasons for modification of right, alternative options attempted, and agreement by the individual, AR/guardian, and all team members, to include clinicians. In some cases, a modification must be approved by the Local Human Rights Committee prior to implementation.

Human Rights
and How to Report Violations

MPNN CSB is committed to ensuring that the Rights of individuals supported within services are protected. MPNN CSB ensures that individuals are informed of their rights and are encouraged to exercise their Rights within service planning, provision and discharge. As a program recipient, you have certain rights which are described in the Human Rights Regulations to assure the Rights of individuals receiving services from providers of licensed by DBHDS. A full description of your Human Rights Regulations can be accessed at https://law.lis.virginia.gov/admincode/title12/agency35/chapter115/ . A summary of your rights is provided below.

HUMAN RIGHTS SUMMARY

DIGNITY- *You have the right to exercise your legal, civil and human rights, including constitutional rights, statutory rights, and the rights contained in the regulations except where specified. You have the right to be protected from abuse, neglect and exploitation, respected and supported in exercising these rights. Rights will not be taken away based solely based on your disability or to the barriers that these disabilities may cause.*

SERVICES- *Each individual shall receive services according to law and sound therapeutic practice. The program cannot deny services to you solely on the basis of your race, national origin, sex, sexual orientation, age, religion or handicap. If you think this program has discriminated against you, contact the Executive Director, the Regional Advocate, or any program employee.*

PARTICIPATION IN DECISION MAKING- *You have the right to participate meaningfully in decisions regarding all aspects for services affecting you including medical treatment, behavioral planning, discharge planning, admission planning, service development, etc.*

CONFIDENTIALITY- *You are entitled to have all information that MP-NN CSB maintains or knows about to remain confidential. You have the right to give your consent before MP-NN CSB shares information about you unless otherwise stipulated by law, federal regulation or the HR regulations.*

ACCESS TO AND CORRECTION OF SERVICE RECORDS- *You have the right to inspect and to have copies made of your records at your own expense except where it would be harmful to you. In that situation, a lawyer, doctor or psychologist you choose can see the records on your behalf. If you feel there are mistakes in your record, you can ask to have them corrected, and if the program doesn't change what you think is an error, you can place your statement about the error in your record.*

RESTRICTIONS OF EVERYDAY FREEDOMS- *From admission to discharge, you are entitled to enjoy all freedoms of everyday life. This includes, but is not limited to: the right to communicate with others privately, manage use of my personal money, make*

purchases where I choose, have personal clothing, move about the service setting freely, and enjoy television or other media sources among other rights.

SECLUSION, RESTRAINT AND TIME OUT- *You are entitled to be completely free from unnecessary use of seclusion, restraint and time out. MP-NN CSB does not currently authorize any form of seclusion, restraint, or time out within program services**.***

WORK- *You have the right to engage or not engage in work or work-related activities consistent with your service needs while receiving services. Person maintenance and personal housekeeping by individuals receiving services in residential settings are not subject to this provision.*

RESEARCH- *MP-NN CSB does not participate in any human research projects.*

NOTIFICATION- *You have the rights to be notified of your rights upon admission to program services, annually thereafter, and upon request.*

COMPLAINT AND FAIR HEARING- *You have the right to file a complaint that MP-NN CSB has violated any of the rights assured under these regulations. You have the right to a timely and fair review of any complaints according to the regulations. You have the right to have someone assist you in filing a complaint. You have the right to file a complaint under any law including all applicable protections or advocacy agencies.*

HOW TO REPORT VIOLATIONS

If you feel that any of your Human Rights have been violated, you may make a formal complaint to Quality Assurance of MPNN CSB, the Office of Human Rights, or the Office of Licensure.

You may present your complaint verbally or in writing, and may request assistance to do so. You have the right to be assisted or represented by MP-NN CSB personnel, the Office of Human Rights Advocate, family, or a trusted person of your choosing.

DBHDS Office of Human Rights (OHR) has Regional Advocates to support individuals understanding their rights. MPNN CSB catchment area is served by the Regional Advocate. The OHR Advocate can support you in making, resolving, or appealing complaints about rights violations. You may contact the Regional Advocate independently or request assistance in contacting the advocate, if needed.

All complaints of Human Rights Violations will be reported to DBHDS and investigated as described in the Grievance and Complaint section of this manual.

If you need assistance in understanding your rights, feel that your rights have been violated and want to file a complaint, or need support to appeal the findings of a complaint, please contact your OHR Regional Advocate below by mail, phone or fax. If you need MPNN CSB staff to support you with contacting the Regional Advocate,

please request support from staff, your Authorized Representative, Guardian or anyone you would like support from with your complaint.

Please direct any questions, concerns or complaints to any of the following:

- **MPNN CSB Director of Quality Assurance**
  Kristen Beech
  804-815-4792
  kbeech@mpnn.state.va.us

- **Human Rights Advocate**
  Corie Reed
  804-454-5064
  Corie.Reed@dbhds.virginia.gov

- **MPNN CSB Executive Director**
  Linda Hodges
  530 General Puller Highway, P.O. Box 40 Saluda, VA 23149
  804-758-5314
  lhodges@mpnn.state.va.us

- **Office of Human Rights – Regional Human Rights Manager**
  Latoya Wilborne
  Eastern State Hospital, 4601 Ironbound Road, Williamsburg, VA 23188-2652
  757-508-2523
  Latoya.Wilborne@dbhds.virginia.gov

Participation in Service and Discharge Planning

The services provided by MPNN CSB are licensed by the Commonwealth of Virginia, Department of Behavioral Health and Developmental Services, and the clinical standards are consistent with those of the regulatory bodies governing the applicable program area. MPNN CSB staff will make reasonable efforts to facilitate and support communication from the individual, as needed or requested, during admission and discharge planning.

Recommendations for services are done so as appropriate and in accordance with sound practices and clinical guidance, regulations by governing agency and payor, and as available. Individuals admitted to services have the right to consent to or deny any treatment or service, unless otherwise required by law.

The needs of the Individuals admitted to services are the focus by which a person-centered ISP, or treatment plan, is developed. The person-centered planning process is a collaborative activity between the individual, the support coordinator or case manager, the authorized representative or guardian, and all providers applicable to the individual's team. All are invited and encouraged to participate in the ISP development process. In the case of services to minors, the parent or guardian or other person authorized to consent to treatment pursuant to § 54.1-2969 A of the Code of Virginia shall be involved in service and discharge planning.

It is expected that the ISP is developed in accordance with regulations and by the standards of the applicable regulatory body and/or individual payor.

When discharge planning is appropriate, and as required by regulation, discharge planning will center on input from the individual and authorized representative/guardian, as applicable, and will include all relevant providers (discharging and prospective) to ensure the development of a comprehensive discharge plan which addresses current and projected needs. MPNN CSB will ensure that all current services continue to be provided to the individual until discharged or as agreed otherwise by the individual and/or their authorized representative.

Please inform program staff, MPNN CSB management, or Quality assurance if you need additional supports for participation in planning, or feel that your right to participation in admission and/or discharge planning has been denied.

Fire Safety and Emergency Preparedness Procedures

All Program sites in the event of a Fire or Evacuation

- When you hear the fire alarm sound or someone yells “FIRE”, stay calm; do not panic
    - Each program site has evacuation maps posted in key locations which show the designated meeting place indicated. Your program staff will support you to go to these areas if you need assistance.
- Look for the closest exit, leave the building immediately, and go to the designated place (or safest place away from the threat or emergency)
    - Stay low to the floor when there is smoke
    - Stop, drop and roll if fire is on your clothes
    - If you need to leave the room and the door is closed, test the door with your hand to see if it is hot
    - If you are trapped in a room, you can: stuff material around the base of the door, hang a sheet or blanket out the window, yell for help, stay low by the window while waiting for help
- If you need support to exit the building, please let support staff know and personnel will assist you.

Emergency Preparedness

- MPNN CSB has an agency-wide emergency preparedness plan available on the intranet.
- Site-specific Emergency Preparedness plans are available at each location. Information includes, but is not limited to:
    - Hazard Vulnerability and Risk Assessment Analysis.
    - Evacuation plan and supports
    - Authorities and Community Resources.
    - Communications Plan and Resources.
    - Mitigation and Recovery processes

Residential Programs

- Residential programs complete Fire and Emergency Drills monthly to ensure that all residents and staff are informed and knowledgeable of how to respond to a variety of emergency situations.
    - All residential group homes have evacuation maps located throughout the property indicating the designated meeting areas.
    - Smoking within MPNN Residential program locations is prohibited; see site manager for information on smoking locations permitted.

MPNN Grievance/Complaint Procedure

Individuals are encouraged to discuss any problems or concerns regarding services with staff and/or management. In many instances, the problems can be addressed and resolved through conversation. However, if you feel that these methods of resolving a problem have been unsuccessful, you may make a formal complaint to Quality Assurance of MPNN CSB, the Office of Human Rights, or the Office of Licensure. You may present your complaint verbally or in writing, and may request assistance to do so. You have the right to be assisted or represented by MPNN CSB personnel, the Office of Human Rights Advocate, family, or a trusted person of your choosing.

Upon receipt of your formal complaint, the following occurs:

1- The MPNN CSB Quality Assurance is required to report the formal complaint through the DBHDS CHRIS reporting system.

2- A trained investigator will be assigned and an investigation will begin no later than the next business day.

3- The investigator will complete a fair and thorough investigation and will determine findings based upon a preponderance of evidence within ten (10) business days. *MPNN CSB may formally request an extension of ten (10) additional business days if needed due to the nature of the complaint or extenuating circumstances. In the event that an extension is granted by the Office of Human Rights, you will be notified as soon as possible.*

4- Upon the conclusion of the investigation, the investigator assigned will present the findings to the Executive Director for review and recommendations.

5- Within this time period, you will be notified by phone of the findings review and will be asked if you agree or disagree with the findings and any corrective actions recommended. You will also receive this information in writing for your records to include your right to appeal any decision you may disagree with and instructions on how to do so.

6- If you disagree with an investigation's findings, you have the right to appeal the decision to the Local Human Rights Committee. If you choose to appeal the decision, you must file an appeal in writing within ten (10) business days from the day you were notified of the findings and your right to appeal. You may request support from MPNN CSB staff, the Human Rights Regional Advocate, or any trusted person of your choosing at that time.

7- If upon conclusion of your appeal you are dissatisfied with the Local Human Rights Committee's decision, you may then appeal to the State Human Rights Committee. You will be provided information on that process from your Human Rights Advocate and/or the Local Human Rights Committee.

MPNN CSB Quality Assurance
Kristen Beech
804-815-4792
kbeech@mpnn.state.va.us

MPNN CSB Executive Director
Linda G. Hodges, LCSW
804-758-5314
lhodges@mpnn.state.va.us

Human Rights Advocate
Corie Reed
804-454-5064
Corie.Reed@dbhds.virginia.gov

Regional Human Rights Manager
Latoya Wilborne
Latoya.Wilborne@dbhds.virginia.gov
757-508-2523

Local Human Rights Committee - *For information about how to access an LHRC in this region, contact Regional Manager, Latoya Wilborne, at latoya.wilborne@dbhds.virginia.gov

State Human Rights Director
Taneika Goldman
804-371-0064
taneika.goldman@dbhds.virginia.gov

Office of Licensing- Regional Manager
Elaine Moser – Region 5
804-240-9784
elaine.moser@dbhds.virginia.gov

Office of Licensing- **Complaint & FOIA**
Alexandra Aloba
804-837-5448
alexandra.aloba@dbhds.virginia.gov

Department of Health and Human Services Office for Civil Rights
1-877-696-6775
www.dhhs.gov/ocr/privacy/hipaa/complaints/
NOTE: Complaints to the Secretary of HHS should be made no later than 180 days after the privacy violation occurred or you became aware (or reasonably should have been aware) that the privacy violation had occurred. This time limit may be extended for good cause.