

Client Handbook

2401 W. Horizon Ridge Parkway
Suite 110
Henderson, NV 89052
(752)-500-5785

NON-DISCRIMINATION POLICY

The services and facilities of Lifespan Behavioral Health Services PC are operated on a non-discriminatory basis. This policy prohibits discrimination based on race, color, age, sex, national origin, marital status, disability, sexual orientation, economic situation, religion, or political affiliation with service delivery.

GENERAL INFORMATION

WHO WE ARE:

Lifespan Behavioral Health PC (LSBH) is a multi-disciplinary team of mental health professionals who have a wide variety of specialists. We believe that continuity of care in treatment under one organization provides a safe place for participants, their loved ones, and families to heal. We offer both mental health treatment from the age of five years old through the spectrum of life and substance abuse treatment for participants eighteen years and older in an outpatient setting. Outside of addiction services, we also offer case management services for those facing major struggles outside of treatment. Our hard-working case manager can assist clients to handle their legal issues, apply for state benefits, or search for jobs and recovery residences for when they complete treatment. We understand that the world keeps moving while you are in treatment, and case management is here to help you move with it. The entire staff of LSBH welcomes you and are here to help you break the bonds of addiction and heal from your mental health struggles. Our goal is to help you discover a meaningful way of life under the guidance of caring professionals. This handbook is designed to answer questions, address concerns, and provide overall information about the program.

GOALS:

LSBH's fundamental goal is to restore the individual to a healthier, happier, and more productive life; to be able to live as they want in the face of mental health struggles, free from substance use, illicit chemicals, and the destructive behaviors that are associated with not treating your mental health and addictions. The goal is based on the belief that successful recovery encompasses improvements in self-esteem, interpersonal relationships, positive family interaction, vocational productivity, realizing and setting of realistic life goals, and healthy lifestyle adjustments. In addition, we hope to see a reduction of associated health problems that you may have experienced.

As part of the Orientation, each client will receive this Client Handbook which includes information that may be relevant to the client and his/her treatment program. The client handbook includes copies of policies specific to client rights, grievance procedure and other information and resources that will be helpful throughout the recovery process.

OBJECTIVES:

The main objective is to provide a therapeutic treatment program in either an outpatient setting for mental health and a PHP or IOP setting for addiction services with the ability to step down to our mental health services to maintain your sobriety. We also understand like any medical disease, both mental health and addiction inflictions and relapses and remissions. This is why we encourage you to maintain your addictions recovery after PHP/IOP in our mental health

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program where you can continue your treatment within the same environment and familiar staff that is here to support you no matter what phase of treatment you might be in, We offer a strong rehabilitation component allowing for treatment phases of sufficient duration to meet the individualized needs of those we serve. We strive to provide the highest quality of professional care by utilizing highly qualified, trained, disciplined, skillful and caring staff that provides quality treatment at all levels of care.

WHAT CAN YOU EXPECT AFTER YOU REGISTER:.

After you have registered online at our website www.lsbhtherapynv.com or would have filled out a registration form by visiting our center, you will receive instructions on how to register for our patient portal to complete necessary forms, screening scales, consents for treatment, provide a state issued form of identification and a copy of your medical benefits card. If circumstances are one which guardianship is appointed of a minor or compromised adult; or if there is shared custody, you will be asked to provide a copy of your court ordered agreements that will need to be uploaded into our portal prior to scheduling. If there is joint custody, with shared decision making for medical purposes, please provide a copy of the photo id of the other guardian as well as a written statement that will need to be uploaded into our portal, signed, allowing LSBH to treat the client.

NO SUPRISE ACT AND INFORMING YOU OF PAYMENT ARRANGEMENTS

Providers and facilities must give you a good faith estimate if you ask for one, or when you schedule an item or service. It should include expected charges for the primary item or service you're getting, and any other items or services provided as part of the same scheduled experience.

For example, if you're getting surgery, the *good faith estimate* could include the cost of the surgery, any lab services or tests, and the anesthesia used during the operation. But in some instances, items or services related to the surgery that are scheduled separately, like pre-surgery appointments or physical therapy in the weeks after the surgery, might not be included in the estimate.

Currently estimate isn't required to include items and services provided to you by another provider or facility, but you can ask these providers or facilities for a separate estimate. This means that if you have a deductible being applied to services outside of our organization or have claims processing outside of our organization the estimate, we give might not include this information. In 2023, it is anticipated that the provider or facility will be required to provide co-provider or co-facility cost information.

Note: You could be charged more than the estimate if you get additional items or services during your visit or procedure that your provider didn't anticipate. The provider will alert you to those services prior to rendering them.

WHAT TO EXPECT FROM A GOOD FAITH ESTIMATE:

Providers and facilities must give you:

- Your good faith estimate before an item or service is provided, within certain timeframes.

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- An itemized list with specific details and expected charges for items and services related to your care.
- Your good faith estimates in writing (paper or electronic). Note: A provider or facility can discuss the information included in the estimate over the phone or in person if you ask.
- Your estimate in a way that's accessible to you.

We accept most major credit cards, debit cards¹ and checks. If your check is returned, you will be assessed at \$35.00 processing fee and you will not be able to pay via a check in the future. WE DO NOT ACCEPT CASH (for quality control purposes but will consider this means of payment on a case-by-case basis). Services may not be rendered if payment is not made in full at the time of your visit.

OVERVIEW OF MENTAL HEALTH TREATMENT

Treatment begins with an evaluation. You will meet with a clinician who will ask you about the problems for which you are seeking help. The clinician² will determine the services you need and whether LSBH will be able to provide those services. If we can serve you, the clinician will use the information you have provided to develop a recommended plan of treatment tailored to meet your individual needs. The clinician doing your evaluation may continue as your provider; or will use their professional judgement to recommend another provider within our organization or outside of our organization for your needs.

OVERVIEW OF ADDICTION TREATMENT

Addiction treatment, or substance use disorder treatment, has made enormous “research based” advances in the past 30 years, increasing our understanding of addiction and treatment. Some people believe that “addiction is just a moral failure,” that “individuals with addiction are bad people; good- normal people never suffer from addiction,” “people with an addiction are weak-willed and have flawed characters.” We are sure you have heard some of these statements or beliefs and may have even held or believed these statements yourself. Now we know that addiction is a neurological process, as well as a psychological one, we know where “addiction” (addictive behaviors / patterns) occurs in the brain. We know what nerve pathways are involved and how nervous system chemistry operates regarding addiction. Furthermore, we know that more than 50% of the cause of addiction is hereditary or genetically predetermined.

CHRONIC PROGRESSIVE MEDICAL DISEASE

Addiction is a chronic progressive medical disease. It fits a definition, along with asthma, hypertension, and adult-onset diabetes, of chronic disease: “A primary, chronic, and relapsing biologically-based disease with genetic, psychosocial, and environmental factors influencing symptom development and manifestations.”

TREATMENT FOR CHRONIC, PROGRESSIVE DISEASES VS ACUTE ILLNESSES

Why is the distinction between a chronic and an acute disease important? The answer is that these two disease types require different treatment approaches. For an acute disease, such as a broken leg or pneumonia, the treatment is relatively short; put a cast on the leg or take a course of antibiotics, and the result is a cure. However, there is no cure

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for chronic progressive disease. Instead, the task with a chronic disease or condition is to stabilize it and reduce the “ripple effects” the chronic condition may cause. Whether the chronic disease is asthma, diabetes, hypertension, or addiction, symptoms become less or more severe over the years but never go away completely or forever.

A chronic progressive disease requires a long-term treatment approach that begins with a comprehensive detailed assessment, leading to an initial comprehensive treatment plan and medical stabilization. Becoming educated about your condition and having your family and social support system do the same, is important. The more individuals can do to learn the skills to self- manage their chronic disease, the better the outcome tends to be. This is because people with addictions can realistically do more for themselves than healthcare providers can on a “one-day- at-a-time” basis, in terms of prevention and early identification before relapses.

Chronic disease management requires continuous ongoing monitoring, just as one would do by checking blood pressure in hypertension and blood sugar in diabetes. Adjusting treatment based on the monitored results is also essential. This is best handled through what is called Case Management or Disease Management. To put the treatment of chronic disease another way and in the context of addiction, one must first stabilize presenting symptoms (such as withdrawal) and then keep the symptoms such as cravings “in check” as much as possible by a combination of medical, psychological, and social treatment while focusing on lifestyle and self-management skill building that will be used for the individual’s entire life.

Viewing addiction as a chronic progressive disease does not remove your responsibility or your management of the problem. Asthmatics, diabetics, hypertensives, and all other persons with chronic diseases must make significant lifestyle changes to successfully manage their illness and decrease the harm involved. You must do the same with your addiction. Fortunately, LSBH provides highly skilled trained professionals that are ready to help.

ENTRANCE CRITERIA FOR MENTAL HEALTH SERVICES

The client must meet the following criteria to be admitted and begin services:

- The individual must be DSM diagnosable
 - The individual presents behavioral, psychological, or biological dysfunction and functional impairment, which are consistent and associated with the DSM diagnosis.
 - The individual is experiencing difficulty coping with life stressors, such as academic challenges, life/career transitions, relationship challenges and internal struggles regarding sense of self and identity.
 - If a higher level of care is indicated but unavailable or the individual is refusing the service, outpatient services may be provided until the appropriate level of care is available or to support the individual to participate in that higher level of care.
 - The client is capable of developing skills to manage symptoms, make behavioral changes, and respond favorably to therapeutic interventions.
- AND
- There is no evidence to support that alternative interventions would be more effective.

A) Exclusionary (Ineligibility) Criteria

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If potential consumer is found ineligible for services, the information regarding the reasons will be disclosed and referral information will be provided. Those involved in the referral of the person will be informed as to the reasons (as lawfully permitted). This may be documented in a follow up letter or on the screening itself. Potential consumers who present the following symptoms or behaviors will **not** be admitted for services, but will be referred to a more targeted provider. Those criteria include:

1. A conflict of interest or ethical concern in providing services.
2. Exhibiting a level of dysfunction that requires more intensive and/or restrictive level of care than the organization can provide.
3. Persons with conduct problems that feature physical aggression with severe safety risks.
4. Persons with cognitive or developmental differences that preclude them from benefiting from counseling services.
5. Persons with substance abuse or dependence issues requiring detox or prolonged rehabilitation services.

B) Program Non-Admittance

If the specific type of insurance is not accepted, there is not a provider available for specific need, or the potential client has reported one of the excluding criterions, the agency will provide 1-3 sources of referral for the person.

C) Continued Service Criteria

All the following criteria are necessary for continuing treatment at this level of care:

- The individual's condition continues to meet admission criteria at this level of care.
- The individual's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.
- Progress in relation to specific symptoms or impairments is clear and can be described in objective terms, but goals of treatment have not yet been achieved, or adjustments in the treatment plan to address lack of progress are being implemented.
- The individual is active in treatment.

ADMISSION CRITERIA FOR SUBSTANCE USE DISORDER CLIENTS

- a. 18 years of age or older.
- b. Use of mind/mood- altering chemicals with adverse consequences.
- c. Self-motivated to make changes, admits to a problem with alcohol/drugs.
- d. Satisfactory financial arrangements.
- e. Assessment and approval by appropriate staff.

APPOINTMENTS:

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We will make every effort to arrange appointment times that are at your convenience. We offer appointments both in person at our offices and virtually depending on your level of care. Some clinicians might schedule you in their offices as part of their practice, while others will ask for you to go to the front desk if you are in person or to contact the front desk if your appointment was virtual. It is important to note that for medication management, you must be seen no more than every three months, but the actual time frame will be determined by you and your clinician. Anticipate that if you have not been seen in three months and request a refill that your refill will be denied. There are occasions that this time frame could be extended out, and this is between you and your clinician only. Our administrators are instructed to adhere to the three-month rule. Without hearing from your clinician directly, our administrators will instruct you of the same. We understand you will run late at times, as do we, as we want to ensure that we are providing the care everyone deserves. Our administrators are not aware of your clinician's timing; therefore, they will not be able to tell you if you are more than 15 minutes late if you will be seen on the same day. We also do our best to answer the phones in a timely matter. Our call volume is high, so please do not rely on this means to let us know you are running late. We also offer online Chat as a means of communication. We understand life happens and you will need to cancel or reschedule your appointment. We request you contact the office one (1) full business day when rescheduling or cancelling to avoid a fee which are provided as part of this handbook and Our business days are Monday through Friday. If your appointment is on a Monday, you must contact our office on Friday during business hours to avoid a charge. If you cancel or reschedule less than 24 hours and/or one (1) full business day, you will be charged and will not be able to see your provider until the fee is paid. If there is a holiday, the holiday does not count as a regular business day. For example, if July 4th is a Tuesday and your appointment is for Wednesday July 5th, you must cancel by Monday July 3rd to avoid being charged.

For therapy appointments: If you are running late and/or need to cancel or reschedule your appointment for therapy, please contact your therapist directly.

Prescriber Fee: \$95

Graduate Level Therapist Fee: \$ 50

Advanced Clinician Level Therapist Fee: \$65

If you cancel less than one (1) business day on two occasions, and/or do not show up on two occasions, your clinician reserves the right to discharge you. A discharge letter will be sent to your address on file alerting you to the fact you were discharged, and your chart will be flagged and made inactive.

¹ Lifespan Behavioral Health (LSBH) requires all LSBH participants to keep a credit card on file for payment purposes which will be billed monthly for outstanding balances. Your clinician will ask you periodically if you need to update your card at the beginning of your session. A receipt will be sent to you from LSBH showing your payment.

² Clinician refers to any professional who is handling care. This can be a therapist, nurse practitioner, psychologist, physician assistant or physician

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PROGRAM TERMINATION

Voluntary Termination - A client may terminate participation from treatment at any time. A client who would like to terminate should inform a staff member.

Involuntary Termination - the following may result in an Administrative Discharge LSBH,

1. Failure to follow rules and regulations on a consistent basis
2. Misuse or sale of medication
3. Selling drugs on LSBH premises
4. Abuse of drugs or intoxication
5. Possession of alcohol on LSBH premises.
6. Violence or threats of violence to LSBH staff and /or clients will result in immediate discharge from the program.
7. Possession of weapons on LSBH premises
8. Alteration of specimens for drug analysis.

Any client Administratively Discharged from LSBH must receive prior approval from Administration to participate in any Alumni programs or activities.

DISCHARGE CRITERIA

Clients will be discharged/transferred from their current level of care when they are assessed by clinical staff to no longer meets ASAM Client Placement Criteria for their currently assessed level of care for our Substance Use Disorder Program and will be assigned a therapist and medication provider (if applicable) in our mental health outpatient program. Clients in our mental health program will make treatment plans with their providers. Once short term goals and long term goals are met, an assessment will take place with your involvement to decide if ongoing care, another level of care or discharge is needed.

FOLLOW-UP AFTER DISCHARGE

After providing proper written consent, all clients will receive a follow-up call(s) from TLSBH staff as part of the after-care services that are offered. These support service calls will include assessment of the client's on-going recovery and help with any current needs. LSBH believes that regular follow-up with clients after discharge will enhance and aid in the aftercare plan and to conduct "check-ups" on their recovery status.

Follow-up calls will be made to all clients regardless of discharge type. Clients may choose not to participate in the follow-up calls, but we hope that you do.

For clients who are discharged or moved from the program for aggressive and/or assaultive behavior, follow-up must occur within 72 hours.

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SUBSTANCE USE DISORDER SPECIFIC RECOVERY SUPPORT

Follow-up calls will also include recovery support services as outlined in the client discharge treatment plans and according to your current needs. These services may include helping the client connect with faith-based programs, peer-to-peer services, community groups, or 12-step programs.

For all clients, follow-up calls from our Clinical Oversight Team will occur at 30 days, 90 days, 6 months, and 1 Year after discharge.

Contact In-between Appointments:¹

We do understand contact in between appointments might be necessary. We offer contact in between appointments via e-mail and/or phone. Contact in between appointments will be an out-of-pocket expense to you. Any contact in between appointment which takes greater than 5 minutes may be charged at the discretion of your provider as followed.

E-mail: \$25

Phone call: \$25 for every 10 minutes. 10-minute blocks are not pro-rated.

What Kind of Treatment Might be Recommended?

Individual Therapy: Also known as "psychotherapy" or "talk therapy," individual therapy is a form of treatment in which the client meets on a one-on-one basis with a trained mental health professional in a safe, non-judgmental environment. It is time-limited, focused, and usually occurs once a week for 45-60 minutes per session. Therapy can address a wide range of mental health issues such as depression, anxiety, and grief, but can also be used for coping with life stressors, such as academic challenges, life/career transitions, relationship challenges and internal struggles regarding your sense of self and identity.

Group Therapy: Group Therapy is a form of psychotherapy in which a group of patients meet to describe and discuss their problems together under the supervision of a therapist or group facilitator. Group therapy covers a wide range of topics including but not limited to Case Load Groups, Recovery Philosophy, PTSD, Anxiety, Emotional Wellness, Spirituality, Criminal Behavior, Grief and Loss, Meditation, Family Support, and Coping Skills.

Comprehensive Evaluations: Comprehensive Evaluations of clients medical, physical, social, educational, financial, vocational and occupation status.

¹ Medical Assistance Patients will not be charged.

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Family or Couples Therapy: Family therapy is a form of psychotherapy that seeks to reduce distress and conflict by improving the systems of interactions between family members. This type of treatment is also useful in helping the family adjust to a member who is struggling with a medical issue, addiction, as well as teaching coping strategies with the new reality of a new baby or couple's separation.

Medications: Often a person's problem involves chemical imbalances. For example, some types of depression are related to the way brain chemistry affects mood. In such instances, taking a specially prescribed medication may be very helpful.

Coming soon - Trans-Cranial Magnetic Stimulation (TMS): TMS is an office-based treatment used for various mental health conditions as an alternative to medications, or to help you reduce the need for medications.

Urine Drug Screens: Some client's conditions are due to the use of drugs and alcohol in whole or in part. Because we need to treat each client's struggles in whole or in part to achieve success, you will be asked to submit a random urine drug screen if substances are suspected. If you are prescribed controlled substances and over the age of 16, expect to be asked to submit to a urine drug screen. The charge for a urine drug screen will be \$25. Most commercial insurances will not reimburse for these screens, and it is your responsibility at the time of service to pay the \$25 fee. *If you have Medical Assistance, you will not be responsible to pay, and your insurance will be billed.* Refusal to submit to a urine drug screen is your right. We reserve the right to not prescribe controlled substances to you if you refuse. You will be provided a copy of our urine drug screen policy and this handbook and expected to sign the policy acknowledging consent to obtain a urine drug screen, even if your original presentation does not disclose substances.

Refusal to sign the policy does not mean your clinician will not request you to submit to a urine drug screen. A signed urine drug screen policy must be completed in order to receive a prescription for controlled substances.

Blood Work/ Consultants: Depending on your medications and co-morbidities you will be asked to obtain blood work prior to or during your treatment. You may also be asked to obtain an electrocardiogram or cardiac work up prior to starting treatment, or imaging of your brain to seek consultation with a neurologist, or to obtain a physical exam prior to or during your treatment.

We ask that you complete and sign a Release of Information (ROI) form at the time of your first visit from your primary medical doctor and any medical providers you are seeing or have seen. This includes any hospitalizations, partial programs or intensive outpatient programs you may have attended.

Other Means of Treatment: Treatment is not just what you do in the therapist's office. It may be suggested that you undertake outside activities such as reading, journal keeping, attending self-help groups, nutrition, exercise, talking to a dietician, practicing desirable new behaviors, etc.

What Kinds of Clinicians Are There?

Psychiatrist (MD or DO): This is someone who has graduated from medical school and has completed residency training in psychiatry. MD stands for medical doctor. DO stands for Doctor of Osteopathy. Most of our psychiatrists

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completed post-residency training known as fellowship and are double Board Certified in Child, Adolescent and Adult Psychiatry.

Physician Assistants (PA's): This is someone who has graduated from a master's level approved program who practice medicine on a team with other physicians and health care providers. Like physicians, they can practice in all different areas of medicine including psychiatry. They prescribe medicine just like a physician and practice on their own with oversight from an MD or DO.

Psychiatric Mental Health Nurse Practitioner (PMHNP): This is someone who has graduated from a master's level approved program or doctoral level program. They practiced as a registered nurse in various fields before deciding to go on for a higher level of education. Like physicians, they can practice in all different areas of medicine including psychiatry. They prescribe medicine just like a physician and practice on their own.

Psychologist (Ph.D. or Psy.D.): Someone who has graduated from a doctoral program in psychology and completed an approved internship.

Therapist/Social Worker (LCSW-C): A person who has graduated from a master's level program in social work and has completed a period of post-graduate supervision.

Therapist/Social Worker (LMSW): Same as LCSW-C, but has not completed all their post-graduate supervision. You do not need to be an LCSW-C to be an effective therapist. There are professionals who have worked many years but chose not to go on to obtain their LCSW-C.

Therapist/Professional Counselor (LCPC): A person who has graduated from a master's level program in clinical psychology or counseling and has completed a period of post-graduate supervision.

Therapist/Professional Counselor (LGPC): same as LMSW.

Certified Alcohol and Drug Abuse Counselor (CADAC): A person who has graduated from a graduate level program in an approved social science field from an accredited college or university.

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How Do You Get the Most from Your Treatment?

Attend Scheduled Appointments: It is necessary to be present to receive the treatment if you want it to be effective.

Speak Honestly: You are not there to please the therapist; you are there to identify your problems and to work on them. Therefore, to receive the greatest benefit from treatment you need to be very open and honest in talking about your feelings, thoughts and your behavior, even if you view it as “bad” or “shameful”.

Risk Trying Things the Clinician Suggests: Often treatment involves some proposed changes. For example, suggestions could include speaking up and being more assertive, listening more, being less aggressive, getting a physical exam or a blood test, completing homework assignments, etc. Also, therapy usually involves suggested alternatives in how you think about yourself and the world. Change is difficult. By seeking help, you are indicating that some changes might be useful to you. Talk with your therapist if you are having difficulty pushing yourself to replace old behaviors with new ones.

Medications and Compliance: Medication might be part of your treatment. It is a collaborative experience in which your clinician will discuss options and you are expected to ask questions. Such questions might be: What side effects can I expect? Will I gain weight? Will there be problems long term to my body? We do our best to prescribe effective and affordable medications. *It is up to you to bring your formulary to your appointment or find out if the medication being prescribed is affordable to you by contacting either your insurance company or pharmacy.* If you do not want medications, you have the right to reject the recommendation without concern of having your care terminated. If you are non-compliant it is your responsibility to alert your clinician if you are stopping your medication and to let them know why you are stopping. By collaborating with your clinician, your clinician can support you and help you find alternative treatments of your liking. *If you do not collaborate with your clinician, your clinician has the right to discharge you for non-compliance.*

CLIENT FEEDBACK

Clients will be able to give individual input regarding treatment care /services and outcomes needed and/or desired, through participation with individual treatment plan development and clinical sessions.

In addition, clients will be able to give input regarding all parts of treatment services through voluntary participation in the Client Satisfaction Surveys administered by LSBH. The Client Satisfaction Survey is voluntary and anonymous.

SAFETY SEARCH

To provide a safe environment for every person in our facility a search will be performed in collaboration with security. Our intention is to prevent weapons, sharp objects, illegal drugs, drug sales or purchasing in or around the program. This search will be conducted making every effort to preserve privacy and dignity. Any person refusing the search will have to meet with the program director. Any contraband deemed as harmful will be confiscated. If anything is found on clients such as contraband or weapons security will have to complete an incident form.

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LSBH ACTIVITIES FOR SUBSTANCE USE DISORDER PARTICIPANTS

Attendance at all appointments, groups, lectures, activities, therapy sessions, counseling sessions, and meetings are mandatory, unless you have contacted a staff member and informed them that you are ill, or for some other reason cannot reasonably attend.

LSBH activities may include, but are not limited to:

- Comprehensive evaluation of the client's medical, psychiatric, social, educational, financial, vocational, and occupational status.
- Orientation of the client to all aspects of their treatment
- Individual counseling
- Group counseling
- Other activities as deemed appropriate by the treatment team

Managed Care:

Most health insurance coverage today is “managed”. Some of the organizations providing managed care are United Behavioral Health, Cigna Behavioral Health, Blue Cross Blue Shield plus many others. These and similar organizations usually require that services to their subscribers be authorized in advance. It is your responsibility to track your authorized visits and to notify your therapist in advance if further authorizations are needed, although we do our best to keep track of them via our billing department. Any services provided to you without authorizations will be your financial responsibility. Managed care organizations require therapists to provide their Utilization Review Committees with reports containing diagnostic, symptomatic, and treatment plan information before authorizing continued benefits.

Some managed care organizations or HMO’s have their own network of providers. If our providers are not paneled with your HMO, we will not be able to provide services to you except on a self-pay basis.

Our self-pay rates are as follows:

Physician: Initial Evaluation \$400; Follow-Up session: \$150

Physician Assistant: Initial Evaluation \$300; Follow-Up session: \$125

Nurse Practitioner: Initial Evaluation \$300; Follow-Up session: \$120

Psychologist: Initial Evaluation \$250 Follow-Up session: \$150

Therapist: Initial Evaluation \$180/ hour session; \$150/ 45-minute session

Intensive Outpatient Treatment Full Program: \$12,000

Partial Hospitalization Program: \$18,000

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Length of Treatment:

No one can accurately predict how long it will take to meet your treatment goals. Your insurance benefits may help determine the length of treatment by authorizing a certain number of sessions. Additional sessions may be an out of cost expense to you. It is best to define with your therapist or prescriber focused short term goals and plan a short course of therapy/ treatments targeted to those goals.

Emergencies:

If you experience an emergency in which you or a loved one is/are at risk of harm to self or others, either physically or mentally, you must contact 911 or go to your nearest emergency room. For residents of Nevada, there is a crisis line that operates 24/7 to call (775)-784-8090. Nevada residents can also text LISTEN to 839864. Residents of Southern Nevada can dial 2-1-1 24/7 or text your zip code to 898211 if you need local in person services. If you are in another area, you can contact the Suicide Prevention Lifeline at 1-800-SUICIDE or 1-800-273-TALK. There are 24/7 numbers to call for substance abuse that include: Alcohol and Drug Helpline (800)- 331-2900, Alcohol Treatment Referral Hotline ((800)-252-6465 and National Help Line for Substance Abuse (800)-262-2463.

Medication refills and content that can wait until your next appointment does not constitute an emergency.

Inclement Weather:

We will post inclement weather on our website and will record a voice message on our phone system to alert you. These decisions are made by management and at times are done at the last moment to avoid disruption of patient care. Please call our offices the next day business day to reschedule your appointment. This is the only time missed appointment fees will be waived.

ROLES AND RESPONSIBILITIES

LSBH will help you by providing a confidential, positive, respectful, and welcoming environment. We will give you psychological, psychiatric, and social support, along with education and specific tools and skills to help you make life-long healthy decisions and self-manage both inflictions mental health can cause and the chronic disease of addiction. Yes, your work will be difficult; perhaps the most difficult work you've ever encountered and present you with many challenges. Be assured that we will be there supporting you every step of this journey. You can regain your hope, faith, and health so you can realize your potential and accomplish your life dreams.

You may be worried about the outcome of your treatment and the years ahead, which you should be, and it should be no surprise that treatment of any chronic medical disease or condition is difficult. For example:

- 50% of adult-onset (adolescent) diabetes and high blood pressure is preventable; 80% of the blindness and amputations associated with adult-onset diabetes are preventable.

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- Less than 30% of high blood pressure clients stick with the diet, exercise, and lifestyle recommendations of their doctors.
- Less than 30% of asthma clients and 60% of high blood pressure clients take their medication as prescribed.

What is a common theme regarding these poor treatment outcomes? Usually, such negative outcomes result from poor treatment compliance. Over time, there is a natural human tendency for people not to follow their treatment plans.

There are similar results for mental health and addiction treatment:

- Less than 40% of mental health and addiction clients follow their treatment plan within 6 months of completing initial treatment.
- 50% to 60% of mental health and addiction clients have relapse within 6 months of treatment.

How can you (with our support) improve your chances to succeed?

As a client of Lifespan Behavioral Health PC, you have the **right** to:

- Be treated in a courteous and dignified manner.
- Be met on time for your appointment or told of any time changes as early as possible.
- Take part in planning your treatment and setting your treatment goals.
- Receive appropriate treatment regardless of your sex, race, age, religion, national origin, disability, or how you choose to pay for care.
- Know your progress in treatment, either through talking with your therapist, or in some cases, reviewing your chart with your therapist.
- Have your questions about your therapy answered.
- Discuss your medication with your doctor. This includes how the medicine works, how it makes you feel, side effects, or any need for medication changes.
- Find out in advance how much money you will be charged for treatment.
- Know the names and professions of people treating you.
- Have your treatment records and conversations with your therapist held in the utmost privacy and confidentiality provided by law.
- Decide if you do not want to continue with treatment.
- Not be subjected to physical, mental, verbal, or sexual abuse.
- Know that parents and legal guardians are responsible for children 16 years and under. All procedures regarding client rights and confidentiality apply to them.
- Have a response within five (5) working days to any complaint that you may have.
- Refuse to participate in intrusive research or to be photographed by an employee, visitor or other patient.
- Receive an understandable explanation of these rights at any reasonable time.
- File grievance if you believe that any of these rights have been violated, using the Grievance Procedures

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you have been given.

- Refuse medication.

As a client of Lifespan Behavioral Health PC, you have the responsibility to:

- Work with your clinician to plan your treatment and decide on the goals of your treatment.
- Work to accomplish your treatment goals. This includes taking medication as prescribed.
- Be honest with your clinician(s) in discussing anything related to your problems.
- Tell your therapist and Psychiatrist how your medication(s) make you feel. Tell them about the side effects from any medication(s) you take.
- Give correct information to the staff about your family income, your employment, and your health insurance coverage. Immediately tell the administrative staff whenever there is a change in any of these.
- Pay your fees at the time of your visit. Discuss any problems with your fees with the administrative staff.
- Keep your appointment and be on time since your appointment time is set-aside for you. If you are late, the time available for your session will be shortened. If you are more than 15 minutes late, your therapist or doctor may not be able to see you at all. If you know that you will be delayed or that you will not be able to keep your appointment, please call. You may be charged for any sessions that you miss without giving a 24-hour notice.
- Let your clinician know if you are not doing well or if you are feeling worse.
- Talk with your clinician if you are thinking about stopping your treatment. You may be ready to handle things on your own, or you may be facing a difficult spot in treatment and need some additional help dealing with it.

As a client in our Substance Use Disorder Program, there are **additional and /or continued expectations** than our clients in our mental health program:

- You will be under the care of our treatment team and assigned a primary therapist while in the program.
- You are expected to remain abstinent from all illegal substances and/or alcohol while you are participating in the program.
- Relapse is a serious event that will be confronted and dealt with immediately. Relapse will be handled on an individual.
- basis by the treatment team. You will be expected to meet with the staff to discuss the circumstances which surrounded.
- the usage of substances. Recommendations addressing relapse behavior will be made on an individual basis.
- You are expected to attend all treatment activities, to arrive on time and stay till the completion of each therapy session.
- If you are unable to attend a session, please notify staff as soon as possible.
- You are expected to report any communicable disease you encounter while in treatment to the staff.
- You are expected to complete, in a timely manner all written assignments given by the staff.

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- You are expected not to engage in violent or other aggressive behavior.
- During your treatment, you are not allowed to have a romantic or sexual relationship or to have an exclusive one to one relationship with another peer.
- You are expected to relinquish all cell phones and personal electronics during treatment.
- You are expected to follow all The Freedom Center rules regarding apparel.
- It is vital to respect confidentiality of others.

RULES AND GUIDELINES FOR OUR SUBSTANCE USE DISORDER

The following rules and guidelines have been developed to assist our clients while in treatment. We understand it is important in recovery to maintain personal responsibility, and to be informed of what is expected. By establishing clear guidelines, we hope to assist our clients in behavioral and attitude changes that facilitate long-term recovery.

1. No use of alcohol, energy drinks, or any type of mood or mind-altering substance is allowed at any time.
2. Confidentiality regarding the presence and disclosures of all Clients is to be strictly followed.
3. No violence or threats of violence will be tolerated. No weapons of any kind are permitted.
4. Gambling, in any form, is not allowed.
5. Loud or vulgar talking is prohibited. Appropriate and responsible conduct is always expected.
6. Do not congregate in the parking lot or in front of facility for any reason other than to load vans for transport.
7. Be considerate of others always.
8. Cell phones and laptops are prohibited.
9. Wi-Fi enabled iPods, mp3 players, and CD players are not allowed anywhere at the facility.
10. Food deliveries are prohibited.
11. No sexual relationships between Clients are allowed. No kissing, petting or sexual contact of any kind is allowed. Clients will not be alone with any member of the opposite sex.
12. Male/ Female fraternization is prohibited; groups of four or more are allowed.
13. Each client is assigned a van. Seat belts must always be worn.
14. Smoking, vaping, and smokeless tobacco are prohibited except in designated areas outside the building. Dispose of butts in proper receptacles.
15. Clients may not lend or borrow personal items or money.
16. Do not wander alone after dark. Be safe.
17. Theft from Clients will not be tolerated.
18. The primary therapist must approve of all visitors and passes in advance.
19. Borrowing or lending of prescription medication is a violation of Federal Law and will not be tolerated.
20. Clients are not to be left alone without special permission.
21. Sunglasses and/or hats may not be worn inside the building.
22. Clients will dress in casual, appropriate clothing. Shirts and shoes must always be worn. Short shorts, ripped t-shirts, halter tops, t-shirts advertising drugs/alcohol/etc. are not permitted. This applies to both men and women.
23. There is a 24-hour hold policy to return personal belongings if you choose to leave against staff advice (ASA).

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ILLNESS OR HOSPITALIZATION

Clients are encouraged to report any illness to staff immediately. In the event of a medical emergency, staff will arrange for emergency services. In the event of hospital admission, upon discharge the client will present discharge paperwork that includes diagnoses, treatments received, length of stay and medications administered and/or prescribed; all emergency contacts/guardians are contacted within 24 hours.

EMERGENCY

The LSBH has plans and protocols that will be initiated and followed in the event of disaster. Diagram of the location of all exits, fire suppression equipment, and first aid kits are posted in each room throughout the LSBH and in public areas such as hallways, etc.

Grievance Procedures:

Grievance Procedure for those with Commercial Insurances and Self Pay:

STEP 1

If clients or family members have grievance or complaint concerning their treatment, they are first directed to discuss it with their therapist. If the issue cannot be resolved to their satisfaction at this level, or they are unwilling to speak to the therapist for whatever reason, the next step may be taken.

STEP 2

If discussion with your clinician does not resolve the issue, the client/family is then directed to voice the grievance to the medical director of Lifespan Behavioral Health, Dr. Sussal. This request must be in writing and should include the client's name, date of complaint, the nature of the complaint and steps that have been taken to resolve the problem. You have the right to have a written response within fourteen (14) working days of receipt of the request.

STEP 3

If the above steps do not resolve the problem, the client or family may appeal to their insurance company to review your case. If the client is a self-pay client, they can inquire guidance through the Nevada Attorney's General Office. Their phone number is: 702-486-3132. and their website is: https://ag.nv.gov/Complaints/File_Complaint/

Grievance Procedure Concerning Your Bill:

STEP 1

If clients or family members have a grievance or complaint concerning their bill, they are first directed to discuss it with their provider. If the issue cannot be resolved to their satisfaction at this level, or they are unwilling to speak to their provider we request you speak to our Billing Team at 1-855-711-4867.

Step 2

If discussion with the billing team does not resolve the issue, the client/family is then directed to voice the grievance to our Business Manager, Christopher Reis. He can be reached at 725-500-5785. This request must be in writing and should include the client's name, date of complaint, the nature of the complaint and steps that have been taken to

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resolve the problem. You have the right have a written response within fourteen (14) working days of receipt of the request.

STEP 3

If the above steps do not resolve the problem, the client or family may appeal to the medical director of Lifespan Behavioral Health, Joshua Sussal MD, using the same written format as previously described. Dr. Sussal will review the problem, meet with the client, if needed, and prepare a written response within fourteen (14) working days. After Dr. Sussal reviews the case and documents his opinion concerning the situation(s), one copy of the response will be given to the client or family, with additional copies given to the Mr. Reis, the clinician and billing team.

Grievance Procedures Concerning Non-Clinical Staff:

STEP 1

If clients or family members have grievance or complaint concerning their interactions with nonclinical staff also known as “admin”, they must first obtain the name of the person they have a grievance with and speak to the office manager about their concerns. If issues cannot be resolved to their satisfaction at this level the next step may be taken.

STEP 2

If discussion with the office manager does not resolve the issue, the client/family is then directed to voice their grievance to Business Manager of Lifespan Behavioral Health, Christopher Reis using the same written format as previously described. This request must be in writing and should include the client's name, date of complaint, the name of the staff member, the nature of the complaint and steps that have been taken to resolve the problem. Clients have the right to a written response within fourteen (14) working days of receipt of the request.

Grievance Procedures for Medical Assistance Clients:

STEP 1

If clients or family members have grievance or complaint concerning their treatment, bill, or any other issue, they are first directed to discuss it with their therapist. If the issue cannot be resolved to their satisfaction at this level, or they are unwilling to speak to the therapist for whatever reason, the next step may be taken.

STEP 2

If discussion with the therapist does not resolve the issue, the client/family is then directed to voice the grievance to the office manager. This request must be in writing and should include the client's name, date of complaint, staff members name (if involvement of complaint is about a staff member), the nature of the complaint and steps that have been taken to resolve the problem. Clients have the right to be or have a written response within fourteen (14) working days of receipt of the request

STEP 3

If the above steps do not resolve the problem, the client or family may appeal to the medical director of Lifespan Behavioral Health Services, Joshua Sussal MD, using the same written format as previously described. Clients have the right to be or have a written response within fourteen (14) working days of receipt of the request.

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If the above steps do not resolve the problem, the client or family may appeal to Nevada Medicaid for assistance.
Medicaid Recipient Customer Service:

Las Vegas District Office: (702) 668-4200
Reno District Office: (775)- 687-1900
All other areas: (866) 569-1746

TREATMENT TERMS

ADDICTION:

Refers to both a physical craving and to the psychological learning behavior in which the person develops a primary relationship. A committed love relationship with the chemical(s).

AFTERCARE:

Continuation of the recovery process begun in treatment through involvement with Recovery Room groups, AA, NA, Al-Anon, GA and self-help growth groups.

ALCOHOLICS ANONYMOUS:

An anonymous fellowship that provides gathering places for chemically dependent person (AA), their spouses (Al-Anon), and their children (Al-a-teen) that recognize their need for support in maintaining individual recovery programs.

BLACK OUT:

A chemical induced amnesia. Temporary memory loss that is caused by prolonged use of chemicals (e.g. alcohol).

CHEMICAL DEPENDENCY:

Alcoholism and drug dependency is a medical disease recognized by AMA (American Medical Association). This is a continued use of a substance in spite of negative consequences.

CO-DEPENDENT:

Someone who lives with and/or is close to a chemical dependent person. Also known as a Co- Addict person and who enables them.

COMMUNICATION:

The way people work out to create understanding with one another. One of the most difficult tasks in treatment is to move from a defensive poster to a feeling level of communication. Five ways of communicating are blaming, placating, computing, distracting and leveling.

CONCERNED PERSON:

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Someone of your acquaintance or family who is willing to share in the knowledge of your treatment and recovery program who will hopefully attend Concerned Person's group not only for your support and care, but for an opportunity to acquire knowledge and skills for their own personal growth.

CONFRONTING:

Telling another person how we see his/her behavior but using the format "I feel (emotion) when you do(behavior)." We do not judge or use name calling.

CONGRUENCE:

Allowing outside expressions and behavior to match inside feelings.

CONTROLLING:

Being responsible for others instead of one's self. Needing to control other's behavior to feel better about one's reactions to that person. Needing others to act and feel in certain ways to avoid facing reality and feeling pain about it for one's self.

DEFENSES:

Specific behaviors used to protect and to keep others away are silence, denial, justifying, blaming, humor, bullying, fear, intellectualizing.

DELUSION:

Defense system of denial, rationalization, and projection that keeps one from seeing reality. It is experienced by the chemically dependent person and his / her family. Confrontation is necessary to break through the defensive system before delusion is recognized and recovery can begin.

DIDACTIC LECTURES:

The learning of all these terms where a counselor is teaching in a lecturing format.

DRY-DRUNK:

Behavior exhibited by a chemically dependent person who is not using chemicals but is refusing to cope with life without them. Characterized often by grandiosity, judgmental, impatience and intolerant attitudes, defensive lifestyle and tunnel vision, which is sometimes called BUD (Building up to drink or drug. Relapse).

ENABLING:

Allowing irresponsible and destructive behavior patterns to continue by taking responsibility for others, not allowing them to face the consequences of their own behavior, (helping, fixing, placating, ignoring fall into this category).

FAMILY DISEASE:

Chemical dependency is a family disease because the family is unable to become separate from the chemicals; feeling pain, family members react and form defenses to the chemical use and dependent person, leaving no one unaffected. All family members become deluded, as deluded as the chemically dependent person whose life revolves around protecting his use of a chemical.

FEELING:

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A sensation or a perception, bodily consciousness, a physical or emotional response: hurt, anger, sadness, loneliness, rejection, joy, intoxication with a natural high. Patients in treatment must learn to communicate on a feeling level, e.g. “I’m feeling happy, sad, guilty.” (See opposite “Head Tripping”).

GROUP THERAPY:

People with common needs getting together to discover themselves as feeling persons, and to identify the defenses that prevent this discovery.

HALFWAY HOUSE:

A residence for those who need daily support and confrontation as they restructure their lives as chemically free members of society.

HARMFUL DEPENDENCY:

Continuing to use a chemical despite evidence that its use is causing continued disruption in an individual’s personal, social, spiritual, or economic life.

INTENSIVE RELAPSE PROGRAM:

Targets thoughts, feelings, and behaviors we exhibit before picking up a drink or a drug by learning specific methods taught at The Freedom Center, LLC

INTERVENTION:

Carefully planned meeting in which those closest to the chemically dependent person, having recognized signs of the disease, present data about the person’s behavior to him / her and encourage the person to seek help.

LETTING GO:

Realizing that a situation or another person’s behavior is out of control, giving up the fight to gain control.

MEDITATION GROUP:

A technique for gaining and keeping inner peace and serenity. A person who remains in constant inner turmoil is at high risk for relapse. Meditation often involves reading recovery-oriented material literature. Sometimes, it involves repeating the Serenity Prayer or other simple program words alone or with others. A person may find listening to quiet music, hearing “meditation tapes”, or contemplating nature may bring inner peace.

NURTURING FAMILY:

A family whose members have a high self-worth, who communicate feelings openly and honestly, share excitement in spontaneous interaction with one another and the world around them.

PRIMARY DISEASE:

Chemical dependency is a primary illness; it is not just a symptom of some underlying disorder.

RECOVERY PROGRAM:

Changes in attitude and behavior that becomes a new lifestyle practiced one day at a time.

SPIRITUALITY:

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An inner peace feeling of serenity, a process by which calm is restored after chaos, highly individualistic. Does not mean the same as formalized religion.

TREATMENT PLAN OR PROGRAM:

Process by which the disease of chemical dependency and relapse can be arrested: Obtaining information about the disease.

Recognition. Intervention. Treatment – Physical and Emotional Inventory with physician, treatment plan, admittance, acceptance, learning and applying the principles of AA/NA philosophy, learning high-risk situations and mapping them out. Aftercare: TFUAR (thoughts, feelings, urges, actions, reactions).

TROUBLED, DYSFUNCTIONAL FAMILY (Chemically Dependent Family):

A family that communicates defensively within itself, reacting to one another in predictable ways, each member being locked into a survival role which perpetrates the system. One or more members must risk breaking out of his / her role and break the rules of the system for change to take place.

TUNNEL VISION:

Taking a narrow one-sided attitude, being unable or unwilling to broaden one's perspective.

WHOLENESS:

Feeling free to be oneself, having high self-worth, taking responsibility for oneself and letting others do the same. A process, which begins inside and involves recognizing and developing physical, mental, social, emotional, spiritual and volitional (free-will) power.

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Receipt Acknowledgement of Lifespan Behavioral Health Service PC Client Handbook

I acknowledge that I have received the LSBH Client Handbook, which explains the required policies for all patients /clients of the office.

Printed Name of Patient / Client

Signature of Patient / Client

Printed Name of Legal Guardian (for minors)

Signature of Legal Guardian (for minors)

Today's Date