

Welcome!

Thank you for your interest in becoming a new patient of our clinic. Our staff is dedicated to providing you with expert assessment, treatment, education and support, and to be your partners in the process of improving and optimizing your health. To help you better understand our clinical approach and office policies, and to help us to assist you better, we have prepared the enclosed orientation packet. We encourage you to read this material carefully and to note any questions you may have. Your questions can be answered during your first clinic visit.

We also ask that you fill out and return any requested clinical information forms prior to your first appointment. These forms will help you to reflect on your health concerns and provide important information that will be useful to the healthcare providers in your assessment.

We look forward to providing you with excellent healthcare.

Sincerely,

The staff of Foothills Health & Wellness Center

Our History:

Since 2005, Kentucky River Foothills Development Council, Inc. (KRFDC) has been providing a wide array of health care services to Estill and Powell Counties through the Healthcare for the Homeless Program. Since 2005, our healthcare program has expanded from a 38' mobile health clinic to a new 3,000 sq. ft. state of the art medical clinic in Clay City.

Services Provided:

- Primary Care
- Behavioral/Mental Health Counseling
- Substance Abuse Counseling
- Nutritional Counseling
- Preventative Care/Chronic Disease Management
- Dental and Eye Exam Referrals
- Prescription Assistance
- Case Management/Supportive Services
- Office and Laboratory Testing
- Transportation
- Well-Woman Exams
- Benefind & FFM Insurance Applications
- Vivitrol

FHWC practices evidence-based medicine by integrating clinical experience and patient preferences and values with the best available external clinical evidence from systematic research.

EBM focuses on patient's most important preventive or illness-related needs.

Evidence suggests that patients with multiple and/or complex conditions benefit from intensive clinical management. Examples include but not limited to; Planned Care, Chronic Care Management, Integration of Care, and Decision Support.

In an ongoing effort to serve our patients more effectively and efficiently, we have established the following policies and procedures. To assist us in our ability to provide you with excellent care, please read the following information carefully. If you require clarification or have any questions, please consult with our receptionist.

Qualifying for Medical Services:

Individuals must meet one of the following criteria to qualify as homeless for the program. This information is updated yearly.

Eligibility Criteria:

1. Emergency or transitional shelter
2. Transitional housing
3. Single room occupancy facility
4. Streets, under bridges, caves, cars, abandon building, shed, barn, tent, camper, trailer, or other that is not for human habitation
5. Within one week of being evicted
6. Living in a house, trailer, or other structure that is not fit for human habitation.
7. The house must be dilapidated and meet one of the following:
 - doesn't have operable indoor plumbing
 - doesn't have usable flushing toilet inside
 - doesn't have usable bathtub or shower inside
 - doesn't have adequate or safe electrical service
 - doesn't have adequate or safe heat service

Note: If this housing was located in Lexington or some other large metropolitan area, would it be condemned? If yes, the unit is unfit for human habitation.

8. Living from place to place
9. Living with family or friends because you don't have a choice. (Room mates are not homeless)
10. Families where the member are separated into different houses (son with aunt, daughter with grandmother and the parent whenever she/he can)
11. Living in overcrowded situations (more than two people per bedroom)
12. Staying with people in public housing or other settings that restrict the number and nights that tenants may have overnight guest.
13. Person who must perform illegal acts in order to get housing.
14. Spending more than 50% of income toward rent/mortgage and utilities.

If patients no longer meet one of the homeless criteria, they may continue to be seen by the health center as long as they meet the definition of "underserved population". As stated in PIN 2009-05, the health center may provide services to an underserved population as long as the percentage of these patients is less than 25% of the total patients served by the health center.

Clinic hours:

Our Powell County Clinic location is open Monday from 8:00 a.m to 7:00 p.m, and Tuesday through Friday from 8:00 a.m to 5:00 p.m. The Estill County location (Outpatient Substance Abuse Program only) is open Monday through Friday from 8:00 a.m to 4:00p.m.

Contacting the clinic:

You may contact the receptionist at 606-663-9011 during clinic hours. For the Estill County Location you may contact 606-531-2012.

When the clinic is closed, you may leave a message with our answering service. If you are an established patient and need to contact the Nurse Practitioner on an urgent basis, after hours, you may call the after-hours service. They will page your Nurse Practitioner directly. In a medical emergency, go to an emergency room or call 911. **The after-hours service phone number is 866-986-9470.**

Information needed before the first visit

When coming in for your first visit, please come in 30 minutes early to fill out paperwork. Also, if you are requesting financial assistance, we will need proof of household income as well as a photo ID.

Cancellation policy:

Scheduled appointments may be cancelled up to 24 hours prior to the appointment time.

Appointment Policies:

All appointments should be made in advance by phone or after a visit. *Same Day Appointments* are available every day. Providers will normally address one health concern during a same day appointment visit.

No-Show Policy:

At the first and second no-show appointment, assigned staff will follow up with the patients via phone or letter. Staff will remind patients of no-show policy and attempt to re-schedule an appointment. Documentation of follow up or attempted follow up will be noted in the patient's medical chart.

After the third no-show appointment within a one-year period, patients may be dismissed from the program or only be seen on a walk-in basis.

Patient Centered Medical Home (PCMH)

Foothills Health and Wellness Center (FHWC) has implemented the Patient Centered Medical Home (PCMH) model to improve our care for patients. A Patient Centered Medical Home is a model of care in which patients are engaged in a direct relationship with a chosen provider who coordinates a team of healthcare professionals, takes collective responsibility for the comprehensive integrated care provided to the patient, and advocates and arranges appropriate care with other qualified providers and community resources as needed

Selecting a provider

We provide continuity of care by allowing you to select a personal clinician. At the time of registration, you will be asked for your preference of provider and this will be recorded in the practice management system. If you do not prefer a specific clinician, you will be assigned to the provider with the least dense panel, as determined by the panel manager. Patients may request reassignment of clinician at any time.

Resources for Patient Education and Self-Management Support

Go to our website for specific links or you can use the listed sites below:
Additional resources may be provided in the office for educational support and self-management tools.

<https://www.mayoclinic.org/>
<http://www.diabetes.org/>

What insurance plans do we accept?

We accept most major insurances. We also accept Medicare and Medicaid. Patients are responsible for verifying benefits, obtain a referral if necessary and pay for all services not covered. We cannot guarantee your benefits until we have processed your visit claims.

Medicare/Medicaid (a medical card) – We accept both of these forms of insurance. We also accept all Managed Care Organizations.

If you have no insurance when you first come to our clinic, we will apply our sliding fee scale to your account. The Front Desk Staff will tell you the portion of the bill that you will be responsible for paying. We will never make you pay up front. However, if you do not make payments each month toward your bill, you may be disqualified from the program.

If you receive insurance coverage after you start coming to the clinic, we would love to continue to see you as a patient.

Financial Policy

Please bring your insurance card to every visit. Be prepared to pay your copayment or nominal fee. If you have an insurance provider with whom we do not participate, upon request our office will be happy to file a claim on your behalf however, you are expected to pay the minimal payment.

If you are unable to pay for necessary medical care, you may be eligible for financial assistance and receive a discount based on your household income. Our clinic provides discounts based on a sliding fee scale to individuals who do not have any insurance coverage. It is the patient's responsibility to bring all required documentation before we can process a sliding fee application.

The parent/guardian of a minor is responsible for the minimal payment due at time of service and any additional services/fees will be billed.

No patient will be turned away due to an inability to pay.

Payment policies:

Patients without health insurance coverage may receive services at a discounted rate. Uninsured or patients that are underinsured will be charged a sliding-scale rate on their visits that is based on household income and size. Discounts applied will be based on current Federal Poverty Guidelines. A nominal fee is expected at each visit. Patients will be billed for any other cost associated with the visit. Monthly payment arrangements can be made for any outstanding balances. However, if patients fail to make payments, the clinic can terminate them from the practice for non-payment of more than 12 months from date of service. Outstanding balances may also be turned over to a collection agency.

Forms of payment- Payment may be made by cash, check or credit card.

2019 Sliding Fee Scale

Annual Income Thresholds by Nominal Fee or Discounted Pay Class and Percent Poverty						
Poverty Level	At or Below 100% Level I	101-125% Level II	126-150% Level III	151-175% Level IV	176-200% Level V	Above 200%
	Nominal Fee		Discounted Class Price (Levels II- V)			
Family Size						
MEDICAL	\$10	\$15	\$20	\$25	\$30	100% Pay
BEHAVIORAL/SUBSTANCE ABUSE/NUTRITION	\$5	\$10	\$15	\$20	\$25	100% Pay
1	0-\$12,490	\$15,613	\$18,735	\$21,858	\$24,980	\$24,981+
2	0-\$16,910	\$21,138	\$25,365	\$29,593	\$33,820	\$33,821+
3	0-\$21,330	\$26,663	\$31,995	\$37,328	\$42,660	\$42,661 +
4	0-\$25,750	\$32,188	\$38,625	\$45,063	\$51,500	\$51,501 +
5	0-\$30,170	\$37,713	\$45,255	\$52,798	\$60,340	\$60,341 +
6	0-\$34,590	\$43,238	\$51,885	\$60,533	\$69,180	\$69,181 +
7	0-\$39,010	\$48,763	\$58,515	\$68,268	\$78,020	\$78,021 +
8	0-\$43,430	\$54,288	\$65,145	\$76,003	\$86,860	\$86,861 +
For Each Additional Family Member Add	\$4,420	\$5,525	\$6,630	\$7,735	\$8,840	\$8,840
*Based on 2019 Federal Poverty Guidelines						

Level I- patients at or below 100% FPG will receive a 100 % discount of charges with a nominal fee as outlined above. Nominal Fee was determined by assessing the collection rates by discount pay class, write-off rates by discount pay class, patient surveys and board input.

Patients that fall between Levels II – V will receive a 100 % discount of charges with a discounted price as outline above.

Persons over 200 % of FPG will be responsible for the full charge and receive no discount.

Applicability: This policy applies to all patients and all services offered at the clinic. No patient will be denied services regardless of inability to pay.

Drug Assistance Policy

You may receive medication from the clinic in several ways.

- 1. Drug Assistance Program (DAP)** – This is a program where the case manager fills out paperwork, submits it to the Drug Companies, and if accepted, you receive a 3 month supply of your medications. There is a \$2.00 processing fee for this service. You will

receive this medication for the calendar year and then you will be required to fill out more forms for the Drug Companies. This program is specifically for those non-insured or under-insured patients and includes non-narcotic drugs. Patients are responsible for signing prescription assistance applications and providing their most recent proof of income before DAP applications can be processed. Failure to provide this information will result in a delay in ordering medication(s). Most medications come in a 90-day supply and will be delivered to the clinic. Medications that have not been picked up by the patient within 3 months will go to stock and that medication will not be reordered. The DAP is only available to Foothills established patients. Medications will not be ordered for patients who receive medical care from a different provider or clinic. Foothills Health & Wellness Center also reserves the right to hold medications if patients have not kept scheduled appointments or have not been seen as directed by the Nurse Practitioner.

2. **\$4 Prescription** – When possible the Provider will prescribe medications that are on the WalMart, Kroger and Rite Aid \$4 lists.

Due to the long process involved in obtaining prescriptions and to avoid running out of medications, please provide a 72 hour notice before your medication will be out when requesting pharmacy items.

Staff will call when the prescriptions are ready. Requests are processed on a first come first serve basis.

Scheduled Drugs Policy

We do not treat chronic pain issues nor prescribe medications to treat chronic pain problems.

Our emergency procedures

If you have a medical emergency, you need to call 911. If you have a health concern that is not an emergency, but needs an immediate response, you may page your physician through our answering service. The after-hours service phone number is **866-986-9470**.

Patient Rights as stated below (For all HCH patients) :

1. The right to be treated with consideration and respect for personal dignity, autonomy and privacy.
2. The right to be informed of one's own condition, of proposed or current services, treatment or therapies, and of alternatives.
3. The right to consent to or refuse any services, treatment, or therapy upon full explanation of the expected consequences of such consent or refusal.
4. The right to a current, written treatment plan that addresses the provision of appropriate and adequate services, as available, either directly or by refusal.

5. The right to active and informed participation in establishment, review, and reassessment of the treatment plan.
6. The right to confidentiality of communications and of all personally identifying information within the limitations and requirements for disclosure of various funding and/or certifying sources, state and federal statutes, unless release of information is specifically authorized by the client.
7. The right to be informed in advance of the reason(s) for discontinuation of service provision, and to be involved in planning for the consequences of that event.
8. The right to receive an explanation of the reason(s) for denial of services.
9. The right not to be discriminated against in the provision of services on the basis of religion, race, color, creed, sex, national origin, age, sexual orientation or disability.
10. The right to be fully informed of all rights.
11. The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to services.
12. The right to be informed of my rights and protection with regards to confidentiality between the client and case manager.
13. I understand that according to KRS 620.030 my case manager has a legal and ethical obligation to report child abuse and neglect. I also understand that my case manager must report instances of threat of suicide or homicide.

Patient Termination Policy

It is the policy of the Foothills Health and Wellness Center to discharge patients from the Healthcare for the Homeless Program when discharge is determined to be necessary in order to protect the other patients and staff of the clinic or when it is determined to be in the best interest of the patient being discharged or in the best interest of the clinic.

Patients are expected to be compliant and follow guidelines in accordance with their clinical treatment plan and Foothills Health and Wellness Center's policies or be subject to termination of services.

The indications for discharge include but are not limited to:

1. The intentional carrying of weapons into the clinic. Weapons include guns, knives, bats or any objects whose purpose can be for the infliction of emotional or physical pain or suffering on other human beings or damage to property owned by Foothills Health and Wellness Center or another person.
2. Verbal threats against the safety or well-being of any patients or staff of the clinic. These include but are not limited to threats of bombing, arson, physical attacks against a person, shouting, screaming, name-calling, throwing objects, hitting or spitting on staff or patients, obscenities, or threats of litigation for reasons of manipulation.
3. Patient is disruptive to operations and efforts to modify the behavior have failed.
4. Inappropriate non-verbal behavior toward staff, such as sexual harassment and stalking behavior.

5. Any unreasonable demands, such as scheduling of appointments or care to be provided; or insisting that Foothills Health and Wellness Center Program procedures be waived.
6. The theft of any property of the Foothills Health and Wellness Center or the property of any person working or visiting the clinic.
7. Failure to follow prescribed treatment regimens as prescribed by the Providers of Foothills Health and Wellness Center (examples include but are not limited to the following: not taking proper medication, not obtaining needed labs and/or x-rays, not keeping appointments with referring Providers.)
8. Any acts of fraud (such as not reporting correct income or household size).
9. Patients who have not made an attempt to make payment arrangements or pay toward outstanding balances within one year after date of service.
10. Patient tampers, alters or otherwise improperly uses medications or prescription forms.
11. Breach of controlled substance agreement, include “narcotic seeking behavior”.
12. If continued medical care at the Foothills Health and Wellness Center is deemed to not be in the best interests of the patient.

Patients may seek to be reinstated into the practice after one year by a written request. Patients must include what changes they have made in their life that would make the patient’s relationship with the healthcare team more successful.

Decisions Regarding Care and Grievances

All patients have a right to participate in the regimen of care offered. They have a right to refuse treatment or to voice their grievance relative to the care being prescribed, present complaints to the quality of care received, and/or the attitude of staff members in providing services and/or care to the patients.

Patients and/or family members may present complaints in person, via telephone, or in written format addressed to the Provider and /or designee. This procedure is also posted in the front lobby of the clinic.

Sexual Harassment/Workplace Violence Policy

Foothills Health and Wellness Center has a zero tolerance for workplace violence and sexual harassment. Verbal threats against the safety or well-being of any patients or staff of the clinic are prohibited. These include but are not limited to threats of bombing, arson, physical attacks against a person, shouting, screaming, name-calling, throwing objects, hitting or spitting on staff or patients, obscenities, or threats of litigation for reasons of manipulation. Inappropriate non-verbal behavior toward staff, such as sexual harassment and stalking behavior is also grounds for dismissal.

Thank you for choosing Foothills Health & Wellness Center as your personalized healthcare provider.

PATIENT SIGNATURE CONFIRMATION

I hereby confirm that I have read a copy of the following Foothills Health and Wellness Policies and acknowledge that these Policies are posted in the clinic lobby, may be made available upon request and may be accessed through the Foothills Health & Wellness Center website (www.foothillscap.org):

● Patient Rights ● Financial Policy ● Notice of Privacy Practices ● Decisions regarding Care and Grievances

Signature of Patient or Legal Guardian: _____

Date : _____

If patient is unable to sign, secure consent of Next of Kin or Legal Agent and indicate reason by checking the appropriate box:

- Minor
- Disoriented
- Medically Unstable
- Incompetent