



**Easterseals Capital Region &  
Eastern Connecticut, Inc.  
(860) 270-0600**

**Patient Handbook**

## **Mission and Philosophy**

The mission of Easterseals Capital Region & Eastern Connecticut is to provide comprehensive outpatient medical and vocational services to people with disabilities in order to maximize their independence and self-sufficiency.

Easterseals Capital Region & Eastern Connecticut believes that all people have a desire and right to live in dignity and to be responsible for their own welfare and destiny. Easterseals Capital Region & Eastern Connecticut will help make this possible, providing services and working in cooperation with other organizations.

## **Ethical Standards**

Easterseals Capital Region & Eastern Connecticut and its staff uphold the highest ethical standards. Staff members treat each and every person with respect and dignity. Each person involved in services will be provided with a Bill of Rights. Your rights will be reviewed with you to ensure your understanding, and our commitment to upholding your rights. Easterseals ensures that each person is protected from all forms of abuse, including but not limited to physical, sexual, financial and psychological abuse. Service decisions are based on the needs and rights of those served.

## **Admission and Discharge**

Although anyone can refer another individual or themselves for any of the services at the Company, a written prescription from a physician is required before receiving medical rehabilitation services. You are responsible for obtaining all necessary referrals.

Discharge planning begins at the time of the evaluation. Individuals receiving Company services typically reside at home. Thus, upon discharge from services, they are already in their intended environment and, it is hoped, functioning at a more independent level. However, we recognize that your treatment and discharge planning needs may require additional resources outside of the Company. These are identified by input from the primary therapist, the medical rehabilitation team, the patient and family, caregivers or other persons involved with your care.

Individuals may be discharged for any of the following reasons:

- The individual has met all functional outcome goals and/or has returned to pre-morbid level of functioning.
- Functional improvements are no longer noted.
- The individual is unable to meet goals or make measurable progress after modifications of goals and in the absence of mitigating factors.
- The individual's medical status has declined and he/she requires hospitalization or other care not available at the Company.
- The individual does not wish to receive further services.
- The individual fails to comply with the Company's policies and procedures (i.e., poor attendance, inappropriate behavior, active substance abuse).

## **Financial Information**

Some of the services you may receive at the Company are provided on a fee for service basis. The Company accepts private insurance, Medicare, and Medicaid. Our Admissions Department will assist you in completing financial information to secure the appropriate funding for the needed services.

## **Medical Necessity**

It is important for our patients and families to understand their insurance coverage for medical rehabilitation. Insurance plans including Anthem Blue Cross, Medicaid/Medicare, etc. require that the rehabilitation services provided: 1) are reasonable and necessary to treat a covered condition; 2) are expected to improve the person's condition in a reasonable period of time; and 3) the treatment interventions and plan requires the specific skills of a licensed clinician.

It is important to reschedule missed appointments to maintain the recommended level of intensity and achieve your goals. Regularly missed appointments may lead to a determination by the Company and/or insurer that the services provided are no longer medically necessary or able to improve your condition.

## **Scheduling, Absences and Cancellations**

The Company is open for services Monday through Friday, 8:00 A.M. to 4:30 P.M. We make every attempt to schedule appointments to meet your needs. Schedules are prepared on a weekly basis. Individuals are requested to notify the scheduler or receptionist regarding any possible conflicts with other appointments. If you are unable to attend an appointment, you are expected to notify us 24 hours in advance or you will be charged a cancellation fee. Holiday closings will be posted. Closings or delayed openings due to bad weather will be announced on WFSB TV Channel 3 or you may call the Company at 860-270-0600 for a recorded message.

## **Services Provided and the Team Plan of Care**

Services are provided in individual and group sessions, and may include physical therapy, occupational therapy, speech & language pathology services, psychological/neuropsychological services, and vocational rehabilitation. Orthotic and wheelchair clinics, assistive technology services, and support group services are also provided. You have an important role in the development of your treatment plan. As part of the evaluation process, your primary therapist discusses the goals, findings and plan of care with you. Your plan of care has the support of a comprehensive interdisciplinary Team that meets on a regular basis to review your goals and progress. The Program Director oversees this Team process and regularly reviews all aspects of your care. Family conferences may be recommended by the Team and will be scheduled on an as-needed basis. Team plan of care reports will be reviewed with you to ensure your ongoing participation and understanding of your responsibility in the treatment process.

## **Psychological/Neuropsychological Services**

Easterseals Capital Region & Eastern Connecticut offers individual and family counseling to all patients and caregivers to assist them in adjusting to an illness or disability and changes in your life. Our Admissions Department will assist you with all financial matters. If you are in crisis and need assistance, please contact your physician or go to a local emergency room.

## **Transportation**

Transportation services are available to those patients who qualify. They include the following:

- Medicaid/Title XIX: 888-743-3112. Appointments for transportation may be scheduled one to two weeks in advance. However, rides must be booked at least 48 hours in advance.
- ADA Transportation: 860-247-5329. The Greater Hartford Transit District provides transportation services for individuals, who because of their disability are unable to travel on the Hartford mass transit system.
- Local Dial-A-Ride: Many communities operate “dial-a-ride” programs for senior citizens, individual with disabilities, and/or individuals going to medical appointments. Contact your local government to determine which agency may operate a program in your community and what provisions are associated with accessing the service.

## **Considerations While You Are Here**

Clean, casual clothing is suggested. It is recommended that you dress in loose, comfortable clothing such as a sweat suit for your physical and/or occupational therapy sessions. Smoking is not permitted inside the Company. If you choose to smoke, you may do so outside the building only. Use of alcohol and/or illegal substances during the course of your treatment program is prohibited. Individuals will be discharged from the Company if you do not adhere to this policy.

## **Confidentiality**

Easterseals Capital Region & Eastern Connecticut shall ensure maintenance of confidentiality. A copy of the Company’s “Notice of Privacy Practices” will be reviewed with you. All protected health information will be used in accordance with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) and other Federal and State laws and regulations. Information from your medical record may not be disclosed to anyone without written authorization signed and dated by you or your parent/guardian or legal conservator. Any individual over the age of 18 may, upon request, see their Company’s records and/or choose someone to see the records as well. You have the right to have a copy of the records produced by the Company. If you would like to review your records, these steps must be followed:

- A release form must be signed by you, your parent/guardian, or your legal conservator.
- You and/or legal representative shall arrange to view the record with a designated staff member.
- Only the records generated from staff at Easterseals will be reviewed; materials from other agencies will be removed by medical records staff prior to the viewing session.

## **Sexual Harassment Policy**

Sexual harassment is a form of sexual discrimination. Easterseals Capital Region & Eastern Connecticut does not tolerate any form of sexual harassment. Sexual harassment includes unwelcome or unsolicited sexual advances, unwelcome or unsolicited requests for sexual favors, and other unwelcome or unsolicited verbal or physical contact or conduct of a sexual nature.

Examples of sexual harassment include, but are not limited to, deliberate, repeated making of unwelcome or unsolicited gestures, comments, or jokes. Comments or jokes may include comments or jokes about a person's sexual activities (real or imagined), comments or jokes about private or sexual body parts, offering to give someone a raise in exchange for allowing sexual contact, or using sexually-oriented profanity. Physical contact may include rubbing someone's back, pinching someone's buttocks, or bumping into someone deliberately. Other forms of harassment have the same types of elements, except that the unwelcome conduct is based on the person's race, religion, disability, sexual orientation, or other protected status.

If you believe that you have been sexually harassed, you should immediately bring your concern to the Medical Rehabilitation Administrative Assistant, the Director of Rehabilitation Services, or any Company manager who will then bring the matter immediately to the attention of the President & CEO. If it is a Company employee or manager that you feel is sexually harassing you, you should bring your complaint to someone other than that individual. Company management takes complaints of sexual harassment very seriously and will promptly investigate any such complaints. Even though there is a strong procedure in place, Easterseals recognizes that you still may feel uncomfortable reporting sexual harassment. You have the choice of A) not reporting perceived harassment, B) reporting without identifying the harasser, or C) reporting without identifying yourself, due to fear of retaliation, embarrassment, fear of others knowing, or other personal reasons.

Once alleged harassment is reported, the President & CEO or his/her designee will investigate promptly. After a thorough investigation, a determination will be made as to whether or not sexual harassment has occurred. Appropriate action will be taken if sexual harassment has occurred. Any individual determined to have engaged in harassment may be subject to discipline up to and including termination of employment (in the case of employees) or services (in the case of patients/clients).

The investigator will maintain confidentiality as much as possible, but we cannot guarantee absolute confidentiality. All persons involved in any investigation will be informed of the need for confidentiality and will be expected to maintain confidentiality to the extent possible.

### **Complaint and Grievance Procedure**

Easterseals will handle all grievances according to policy, which provides for prompt and fair solutions of complaints at the lowest possible level. The policy focuses on the settlement of issues as soon as possible. If you have a grievance, you should discuss the issues with your therapist. If no agreement is reached, the Director of Medical Rehabilitation will review the grievance. If it is still not resolved to your satisfaction, you may file a written grievance with the President & CEO within 30 days of the decision of the Director of Medical Rehabilitation, unless good cause is shown for a late filing. The written grievance must describe the action or situation of concern, your name and address, and if applicable, the name and address of an individual serving as your representative. Filing a grievance will not affect your services at the Company. All records relating to a grievance shall be confidential. Information about your grievance will not be released without your written permission. In reviewing your grievance, if the Executive Director believes a law has been broken or you may be harmed in any way, the Executive Director must contact the appropriate authorities to protect you and others. The Executive Director will provide you with a written decision within 21 calendar days of receiving the written grievance. If the patient wishes to pursue the matter, he/she may send an appeal, in writing, to National Easterseals, Commission on Human Rights and Opportunities (CHRO) or their referring physician. The filing of a complaint or grievance by a patient will not result in retaliation or barrier to services by an employee or a supervisor.

## **Patient's Bill of Rights**

Easterseals Capital Region & Eastern Connecticut supports the rights of all individuals with disabilities. The Patient Bill of Rights offers a listing of your rights.

### **You have the right to:**

- **CONFIDENTIALITY AND PRIVACY:** You have the right to every consideration of privacy. All communication and documentation is confidential. However, information will be shared with the appropriate persons in order to protect you and others from harm.
- **FREEDOM FROM:** Abuse, exploitation, retaliation, humiliation, and neglect.
- **REASONABLE RESPONSE TO REQUEST FOR SERVICE:** You shall receive a reasonable response to any and all of your requests for Easterseals' services.
- **INFORMATION ABOUT SERVICES:** You have the right to information about services provided through Easterseals.
- **EQUAL ACCESS TO SERVICES:** You shall have equal access to services regardless of race, creed, gender, or national origin.
- **MAKE DECISIONS TO ACCEPT OR REFUSE SERVICES:** You have the right to make decisions about your services. You have the right to accept or refuse services and be informed of the consequences of your decision.
- **INFORMED CONSENT:** You have the right to receive information necessary to give informed consent for services, for release of information, and any involvement in research.
- **INFORMATION ABOUT PATIENT RIGHTS:** You have the right to receive information about Easterseals' policies on patients' rights and grievance procedures.
- **ACCESS TO MEDICAL CHART:** You have the right to review your records and have the information explained to you.
- **BE INFORMED OF POLICIES AND PROCEDURES:** You have the right to be informed of Easterseals' policies and practices as they relate to services.
- **RECEIVE EXPLANATION OF BILL:** You have the right to be informed of Easterseals' charges for services and available payment methods.
- **CONSIDERATE AND RESPECTFUL CARE:** You have the right to receive considerate, courteous, and respectful care.
- **KNOW IDENTITY OF SERVICE PROVIDERS:** You have the right to know the identity of all individuals involved in your rehabilitation program.
- **MAKE DECISIONS AND PARTICIPATE IN YOUR PLAN OF CARE:** You have the right to make decisions about your plan of care before and during services.
- **CONTINUITY OF CARE:** You have the right to expect consistent services.

- **BE INFORMED OF PROFESSIONAL RELATIONSHIPS:** You have the right to be informed of any business relationships among Easterseals, educational institutions, other health care providers, or payers that may influence your services and care.
  - **PARTICIPATE IN ETHICAL ISSUES:** You have the right to participate in decisions involving ethical issues that may impact your service plan.
  - **ACCESS AN INTERPRETER:** You will have access to an interpreter if you do not speak or understand English, or if you use sign language.
  - **ALTERNATE DECISION MAKER:** Your parent, guardian, or conservator has the right to make decisions on your behalf, in accordance with the law.
  - **OTHER LEGAL RIGHTS:** You may have other legal rights as noted by you or others.
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### **Patient's Responsibilities**

You are responsible for:

- **PROVIDING INFORMATION:** You are responsible for providing information, to the best of your knowledge, about your present and past health, hospitalizations, medications, insurance information, and other matters related to your health status.
- **ATTENDANCE:** **You have a stake in your treatment goals. Your regular attendance is vital to the success of achieving those goals. Inconsistent attendance often leads to poor outcomes and may in some cases affect the Company's ability to continue providing services for you.**
- **FOLLOWING THE TREATMENT PLAN:** You are responsible for following the service plan recommended by your team. You are also responsible for keeping appointments and to inform your team if you anticipate any problems following the recommended treatment.
- **REFUSING SERVICES:** You are responsible for your decisions if you refuse services or do not follow your team's recommendations.
- **PROVIDING COPY OF ADVANCE DIRECTIVES:** **You are responsible for ensuring that the Company has a copy of your written advance directive if you have one.**
- **FINANCIAL OBLIGATIONS:** You are responsible for assuring that the costs of your services are paid in a timely manner.
- **FOLLOWING RULES AND REGULATIONS:** You are responsible for following Easterseals' rules and regulations regarding personal conduct and safety.
- **BEING CONSIDERATE OF THE RIGHTS OF OTHERS:** You are responsible for making reasonable accommodations to the needs of Easterseals, other patients, and Easterseals staff.
- **PERSONAL HEALTH:** You are responsible for the impact of your lifestyle on your personal health.
- **PERSONAL POSSESSIONS:** You are responsible for your personal possessions while at Easterseals.

Easterseals Capital Region & Eastern Connecticut  
Safety and Evacuation Procedure

Evacuation of Windsor Company in the Event of Fire (Including Drills)

The following outline covers action procedures to apply before, during, and after various kinds of emergencies which might endanger patients.

1. Evacuation of Windsor Company - Such evacuation is normally indicated in case of fire (including drills). It is signaled by a steady buzzing signal.
  - A. When an alarm is sounded, patients will be directed by staff to the nearest, safe fire exit. If you are in session, your therapist will direct you to the nearest exit. *If you are in the restrooms, please proceed back to the lobby to exit through the front door.* Our staff will check the restrooms during a fire alarm and will provide assistance if needed. If you are in the lobby, you will exit through the front door. If the lobby is unsafe to exit, you will be directed to an alternative safe exit. Once you have vacated the building, you should immediately proceed to the front of the building into the Visitor's Parking Lot on your left.
  - B. All occupants of the building should remain in the designated area until the all clear is sounded.
2. Evacuation and movement to shelter for Windsor Company.
  - A. If the evacuation of the Windsor company is considered to be prolonged and shelter is required, the cafeteria of Stanadyne Automotive will be utilized to house patients. Notice of movements to shelter will be announced via the bullhorn.
  - B. The route for access to Stanadyne Automotive is either down the two sets of parking lot stairs, or around through the driveway and parking lots to the north end of Stanadyne Automotive. The loading bays at the end of the building are wheelchair accessible. Individuals capable of using the stairs may use the flight directly to the right of the main entrance plaza. In icy conditions, entry may be through the main lobby and using inside stairs leading to the lower level cafeteria.
  - C. Those entering through the lower loading bay area will proceed to the cafeteria which is located on the same level as the emergency entrance.
  - D. In the case of an emergency, families will be contacted by phone.

**Stakeholder Satisfaction and Quality Measures:**

Easterseals strives to provide service excellence for all persons admitted to our programs. To that end, we are continually evaluating program performance by such quality measures as patient/physician satisfaction surveys, clinical outcomes, community needs assessments and other such methods. The following is the current Patient Satisfaction Survey Report. We also encourage you to review all of our program evaluation reports at our website: <http://www.easterseals.com/hartford/> via the link entitled Program Evaluation.

**Easterseals Capital Region & Eastern Connecticut, Inc.  
Patient Satisfaction Data Summary  
Medical Rehabilitation**

**Reporting Period: 07/01/17 through 06/30/18**

	<i>Rating</i>				
	Excellent	Good	Fair/Poor	N/A	Excellent or good
Promptness of admission	86%	12%	2%	0%	98%
Consideration of scheduling needs	88%	12%	0%	0%	100%
Opportunity to participate in treatment planning	93%	7%	0%	0%	100%
Appropriateness if frequency and duration	76%	19%	3%	2%	95%
Consideration of patient goals	86%	12%	0%	2%	98%
Promptness if issue resolution	74%	7%	2%	17%	81%
Opportunity to participate in discharge planning	81%	5%	7%	7%	86%
Satisfaction with treatment outcomes	71%	19%	7%	3%	90%
Accuracy of program information	71%	19%	3%	7%	90%
Overall impression of Company	81%	10%	4%	5%	91%