



**For Additional Information Concerning our  
Privacy Policy or Federal and State Laws  
Pertaining to Privacy Contact VCSB Quality  
Management Department**

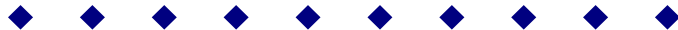
85 Sanger's Lane  
Staunton, VA 24401  
Phone: (540) 887-3200

**Advocate**

Cassie Purtlebaugh  
Phone: (804) 382-3889

**Secretary of Health and Human Services**

2000 Independence Ave. SW  
Washington, DC 20201  
Phone: (202) 690-7000



This handbook was developed by the VCSB Quality Management Department. If you have any suggestions or questions about the content, please call (540) 887-3200.

VCSB Main Number (540) 887-3200

Standard Office Hours:

Monday through Friday 8:00am—5:00pm  
(or by appointment)

Open Access Days/Times:

Mon, Tues, Thur, Fri 8:00am - 1:00pm

Emergency Services Number (540) 885-0866

Revised 9/2023

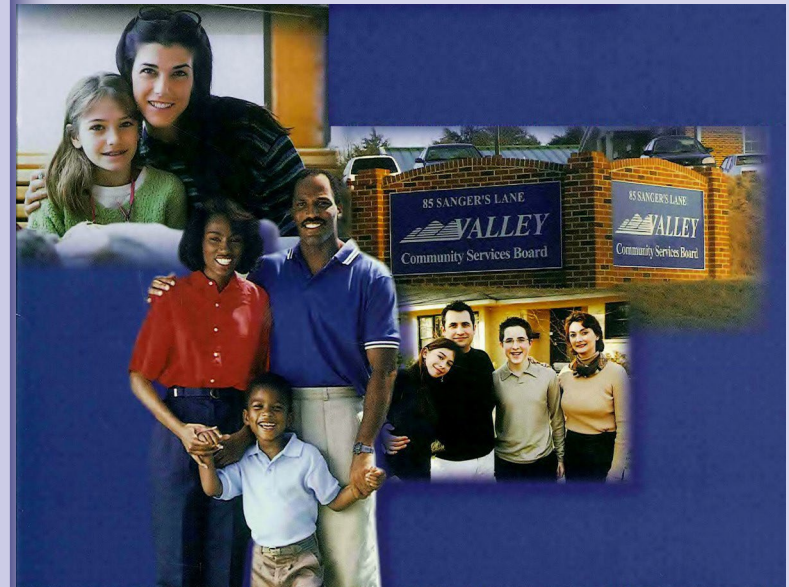


**VALLEY COMMUNITY SERVICES BOARD**

**CONSUMER HANDBOOK**

**(540) 887-3200**

**[www.myvalleycsb.org](http://www.myvalleycsb.org)**



**Serving Augusta and Highland  
Counties and Cities of  
Staunton and Waynesboro**

**85 Sanger's Lane**

**Staunton, VA 24401**



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## VCSB MISSION STATEMENT

The mission of Valley Community Services Board (VCSB) is to provide community-based behavioral health, developmental, and substance use services to the citizens in the Counties of Augusta and Highland and the Cities of Staunton and Waynesboro.

In order to carry out this mission, the Valley Community Services Board intends to be:

- A person centered organization whose purpose is to provide support, encouragement, and superior care along a continuum of services.
- A healing community whose practices express competency and compassion, and where there is access to services with a welcoming spirit.
- A resource for educating the public about the nature of developmental disabilities, mental illness, and substance use to dispel stereotypes and to be advocates for those facing these challenges.
- An organization that actively seeks partnerships with other agencies and collaboration with diverse community groups.
- An agency whose staff is committed to quality, innovation, and continuing improvement through evaluation and assessment of programs and performance.
- A good steward of the resources, funds, people, and mission entrusted to its oversight.





## WELCOME

Thank you for choosing Valley Community Services Board (VCSB) as your Behavioral Health/Developmental Services care provider. We look forward to working with you, in partnership, to achieve your goals. Within its resources, VCSB will offer an integrated array of services designed to meet your needs. In order to accomplish this mission, VCSB participates with and promotes collaborations with its community partners including: consumers, family members, consumer advocates, private sector providers, public service agencies, and advocacy organizations. VCSB provides mental health, developmental disability, and substance use services. VCSB promotes the dignity, rights, and full participation of individuals and their families.

VCSB offers the following services to the communities of Staunton, Waynesboro, and Augusta and Highland County.

- Behavioral Health Services
- Developmental Services-ID/DD
- Substance Use Services
- Prevention Services
- Early Intervention
- Homeless and Special Needs Housing
- Deaf Services
- Forensic Discharge Planning Services at Middle River Regional Jail
- Medication Assisted Treatment

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) of the Commonwealth of Virginia licenses all services provided by VCSB.

Emergency Services are available 24 hours a day/7 days a week by calling: (540) 885-0866 or (866) 274-7475.



## SERVICES

Services are provided to individuals without regard to gender, race, age, religion, ethnic origin, gender identity, sexual orientation, disability, or income. VCSB has an onsite Benefits Worker who will assist you with applying for Medicaid and answering Medicaid-related questions. To schedule an appointment call (540) 213-7530.

**OFFICE HOURS & FRONT LOBBY HOURS**  
Mon through Fri 8am—5pm (or by appointment)

**SAME DAY ACCESS HOURS**  
Mon, Tues, Thurs, & Fri 8am—1pm

Emergency Services is available in office from 8:00am—5:00pm Monday—Friday and by phone 24/7 at (540) 885-0866 or (866) 274-7475.

You can reach our offices by calling:

- (540) 887-3200 85 Sanger’s Lane, Staunton
- (540) 468-2165 Highland County Medical Center

### Freedom of Choice

If you are a recipient of Medicaid, you are free to choose any Medicaid provider for services. In addition, you are free to reject services at any time. If services are terminated, suspended, or reduced due to DMAS requirements, you may appeal this decision by notifying, in writing, the Appeals Division, Department of Medical Assistance Services, 600 East Broad Street, Suite 1300, Richmond, VA 23219. This written request for an appeal must be filed within thirty (30) days of this notification. If you file an appeal before the effective date of this action, services may continue during the appeal process. However, if this decision is upheld by the Appeals Division, you will be required to reimburse the Medical Assistance Program for services provided after today.



## SERVICES

Continued

### VCSB Staff

VCSB staff are professionals who are expected to maintain a high level of conduct. Staff must pass a criminal background check. Staff perform only those jobs for which they are qualified by education and experience. Our staff come from different backgrounds and are committed to serving the community. VCSB’s staff work within a professional code of ethics as well as VCSB’s code of ethics. All VCSB staff are expected to fulfill their assigned duties in a professional manner and in accordance with VCSB Personnel Policies and Procedures.

### FIRST APPOINTMENT AND FEES

You will meet with a member of VCSB’s client engagement services team. This interview will help determine your fee, whether third party billing can occur, and if you are eligible for financial assistance. If you would like to request financial assistance, please bring proof of income. You may bring any of the following items as proof of income:

- Paycheck stub from work**
- Copy of retirement checks**
- Copy of latest tax return**
- Latest W2 form**
- Copy of assistance checks**

This information may reduce the amount you will have to pay. Payment is requested each time you receive a service or you can set up a monthly payment plan. Please bring your insurance or Medicaid identification cards. It is your responsibility to notify VCSB of any changes in the status of your coverage. Also you have the option of going to any provider outside of VCSB. If you would like assistance in finding other providers, please ask.



## PAYMENT POLICY FOR SERVICES RENDERED

Thank you for choosing Valley Community Services Board as your Behavioral Health/Developmental Services care provider. We are committed to providing you with quality and affordable care. Our payment policy is to clarify patient and insurance responsibility for services rendered. Please read it, ask us any questions you may have, and sign in the space provided. A copy of the policy will be provided to you for your records.

**Insurance.** We participate in most insurance plans, including Medicare and Medicaid. If you are not insured by a plan we do business with, payment in full is expected at each visit. If you are insured by a plan we do business with but don’t have an up-to-date insurance card, payment in full for each visit is required until we can verify your coverage. Knowing your insurance benefits is your responsibility. Please contact your insurance company with any questions you may have regarding your coverage.

**Co-payments and deductibles.** All co-payments and deductibles must be paid at the time of service. This arrangement is part of your contract with your insurance company. VCSB is required to collect co-payments and deductibles from patients.





## PAYMENT POLICY FOR SERVICES RENDERED

Continued

**Non-covered services.** Please be aware that some, perhaps all, of the services you receive may be non-covered or not considered reasonable or necessary according to your insurance provider. You must pay for these services in full at the time of visit.

**Proof of insurance.** All patients must complete our patient registration form before seeing a service provider. We must obtain a copy of your driver’s license and current valid insurance to provide proof of insurance. If you fail to provide us with the correct insurance information in a timely manner, you may be responsible for the balance of the claim.

**Claims submission.** We will submit your claims and assist you in any way we reasonably can to help get your claims paid. Your insurance company may need you to supply certain information directly. It is your responsibility to comply with their request. Please be aware that the balance of your claim is your responsibility whether or not your insurance company pays your claim. Your insurance benefit is a contract between you and your insurance company; we are not a party to that contract.

**Coverage changes.** If your insurance changes, please notify us before your next visit so we can make the appropriate changes to help you receive your maximum benefits. If your insurance company does not pay your claim in 90 days, the balance will automatically be billed to you.

**Nonpayment.** If you miss two payments during your visit in accordance with your payment plan, you will receive a letter stating that you have twenty (20)



## PAYMENT POLICY FOR SERVICES RENDERED

Continued

business days to pay your account in full. Partial payments will not be accepted unless otherwise negotiated. Please be aware that if payment is not received, we may refer your account to a collection agency and services may be suspended until payment is received. If a balance remains unpaid, you may be discharged from this practice. If this is to occur, you may be provided thirty (30) days advance notice by regular and certified mail.

**Financial assistance and payment plans.** You may request a financial assessment at any time during your treatment to determine your eligibility for discounted (available only to residents living in Staunton, Waynesboro, Augusta County, or Highland County) or uncompensated care as indicated by the Federal Poverty Limits guidelines. Discounts received as a result of your financial assessment do not apply to services covered by your insurance. Please note that financial assistance does not cover certain services including urine drug screens, prescription medications, and lab work and testing fees. If your patient responsibility creates a financial burden you may request a payment plan.

On rare occasion you might be asked to temporarily suspend or reschedule counseling services so that a face to face interview can be conducted.

Questions regarding this policy can be directed to your VCSB Provider or you can contact Client Services at (540) 887-3200.



### TREATMENT PLANS

Your treatment plan is a description of the services that you have requested VCSB to provide. It includes your needs, your goals, a summary of how we will help you reach your goals, and what you will do to reach those goals. It is your responsibility to help the provider develop a treatment plan. We cannot provide services to you if you do not provide written consent for treatment (unless it is court ordered or an emergency). With your written permission, VCSB staff will communicate with any other service providers that you may want to work with. We want you to participate in your treatment and discharge planning. You may be asked to complete a survey evaluating your treatment at VCSB.

### HEALTH AND SAFETY

VCSB is a smoke-free/tobacco free facility. There is no use of tobacco in any of our buildings or in any of our vehicles. And we ask that you not use tobacco on any VCSB property.

In accordance with the Department of Behavioral Health and Developmental Services, weapons are not allowed in any VCSB facility. Unauthorized possession of a weapon by any person on VCSB property will be grounds for denial of services and you will be asked to leave VCSB property immediately.

VCSB is a drug-free workplace. The use of illicit drugs, or their presence, on any property operated by VCSB is prohibited.



### CONFIDENTIALITY

VCSB understands that your privacy is important. Confidential information includes any information that can be directly associated with you. This includes written information, oral communication, and electronic information. All records are kept secure. We comply with the federal privacy law known as Health Insurance Portability and Accountability Act (HIPAA). We are required by law to maintain the privacy of protected health information and to provide you with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this notice. We will handle this information only as allowed by federal/ state laws and agency policies, adhering to the most stringent law that protects your health information. If at any time you believe your privacy rights have been violated, you may verbally or in writing contact:

1. Quality Management Department (540) 887-3200
2. Advocate (804) 382-3889
3. Secretary of Health and Human Services (202) 690-7000.

In accordance with the Code of Virginia S54.1-2400.4, it is your right to report any misconduct on the part of Valley Community Services Board or misconduct on the part of any other behavioral health provider to the Virginia Department of Health Professions. To file a complaint verbally or to request a complaint form, you may contact the Dept of Health Professions Enforcement Division at (800) 533-1560 or (804) 367-4691.







## Notice about Your Medical Records

The laws of Virginia require that an individuals’ medical records of community programs be kept for ten (10) years after last treatment/contact unless you are under the age of 18. Following state guidelines and agency policy, your medical records must be kept at least ten (10) years after you reach the age of 18 or date of last contact, whichever comes later.

After the required time and public notification of deposition, the files shall be destroyed.

### Use and Disclosure of Your Information

Upon signing the agency’s consent to Treatment/Authorization and Information form, you are giving VCSB permission to use and disclose necessary information about you within the agency and with business associates in order to provide treatment/services, receive payment, and conduct our day to day health care operations. Examples follow:

1. In order to effectively provide treatment/service, your primary case manager/clinician may consult with various service providers within the agency. Your Case Manager/Clinician may also consult with other providers outside the agency, such as your Primary Care Physician. During these consultations, health information about you may be shared.
2. In order to receive payment for services provided, your health information may be sent to companies or groups responsible for payment coverage, and a monthly bill is sent to the responsible party identified by you and noted on the financial form.
3. In day-to-day health care operations, trained staff may handle your physical or electronic health record in order to have the record assembled, available for review by the case manager/clinician, or for filing documentation.
4. Our licensing body requires reporting information related to certain serious incidents or potentially harmful events or situations that occur on VCSB property or during the provision of services



## Specific Circumstances for Disclosure

Although you have the right to give or not give consent to the disclosure of information the agency maintains about you, the agency is allowed by federal and state law in certain circumstances to disclose specific health information about you without your consent, authorization, or the opportunity to agree or object. These specific circumstances are:

1. As required by law (ex: Court-ordered warrant, Virginia Health information).
2. Public Health activities (ex: reporting communicable diseases).
3. Judicial and Administrative proceedings (ex: Order from a court or administrative tribunal, or legal counsel to the agency, or Inspector General).
4. Law Enforcement purposes (ex: reporting gunshot wounds; limited information requested about suspects, fugitives, material witnesses, missing persons; witnesses of criminal conduct on premises).
5. To avert a serious threat to Health and Safety (ex: in response to a statement made by consumer to harm self or another, or substantial property damage).
6. Children or incapacitated adults who are victims of abuse, neglect, or exploitation.
7. Specialized Government functions.
8. Military Services (ex: in response to appropriate military command to assure the proper execution of the military mission).
9. National Security and Intelligence activities (ex: in relation to protective services to the President of the United States).
10. State Department (ex: to correctional facility about an inmate).
11. Workers’ Compensation to facilitate processing and payment.
12. Coroners and Medical Examiners for identification of a deceased person or to determine cause of death.

Documentation will be included in your health record of information disclosed without consent to those who are not agency employees, DBHDS, or other health providers involved in your service plan.





## VCSB PRIVACY NOTICE

This Notice describes how medical information about you may be used and disclosed and how you may access your medical information.

### Your Privacy is Our Priority

VCSB values the importance of keeping your personal health care records private and confidential. We are required by law to maintain the privacy of protected health information (PHI) and to provide you with this notice that explains our legal duties and privacy practices regarding your protected health information.

We make a record of your visit each time you receive services from VCSB. This record may contain financial information, an assessment of your problem or need, a diagnosis based on the assessment, an individualized service plan that outlines the treatment you will receive, progress notes that record what happened during each contact with staff, and any other treatment related information.

### Your Rights:

Your medical record rights are defined by the Federal 45 CFR Parts 160 and 164, the 21<sup>st</sup> Century CURES Act, HIPAA, and the Commonwealth of Virginia's Code 35-115-80 and 35-115-90 of the Human Rights laws.

Information of individuals served may be protected by Federal Regulations (42 CFR Part 2) which prohibit a recipient from making any further disclosure of alcohol or substance use treatment information, unless expressly permitted by written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. These Federal Regulations also restrict any use of the information to criminally investigate or prosecute any alcohol or drug use patient.



## VCSB PRIVACY NOTICE

The following information is your rights concerning your protected health information.

1. You have the right to access, inspect, and obtain copies of your records. You may make this request in writing to your Primary Service Provider or the agency's Health Information Management Coordinator. Before providing access to a record, we must determine if access would cause harm. If harm is present, then we can deny access. If access is denied, you shall receive a timely, written notice of the decision and reason, and a copy of this notice becomes a part of your record. Requests for access to your record shall remain confidential.
2. You have the right to obtain an electronic copy of your record and you have the right to request VCSB electronically transmit your health information to another provider.
3. You have the right to receive an accounting of the agency's disclosures of your protected health information that were not for the purpose of treatment, payment, health care operations, or authorized by you. You have the right to be given the names of anyone, other than agency staff, who received information about you from the agency.
4. You have the right to request an amendment of your medical records if you believe information in the record is incomplete or inaccurate. You must make this request in writing to your Primary Service Provider or the agency's Health Information Management Coordinator. We may deny the request for proper reasons, but you will be provided with a written explanation of the denial. Information cannot be removed from your record.
5. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. Such requests must be made in writing to your Primary Service Provider.
6. You have the right to obtain a copy of any authorizations you sign.







## VCSB PRIVACY NOTICE

7. You have the right to request, from your Primary Service Provider, a restriction with regard to the use or disclosure of your protected health information. This request will be given serious consideration by the Privacy Officer, and you shall be informed promptly whether we will be able to apply the restriction and still offer effective services, receive payment, and maintain health care operations. Legally, we are not required to agree to any restrictions you request, but if we do agree, we are bound by that agreement except under certain emergency restrictions.
8. You have the right to receive confidential communications about your protected health information.
9. You have the right to obtain a paper copy of this Privacy Notice upon request.

### Patient Portal Access

If you have an active email account, you can access your electronic health information, message your primary staff, review account statements, and pay your bill through VCSB's online Patient Portal. To establish a Patient Portal account:

- Call VCSB Health Information Management (540) 213-7333
- Email [clientportal@vcsb.org](mailto:clientportal@vcsb.org)
- or notify your Primary Service Provider

In accordance with the Code of Va.54.1-2969, individuals aged 14-17 will be deemed adults "for the purpose of accessing or authorizing the disclosure of medical records" and be granted primary control of their Portal. They will have the ability to authorize others' access to parts or all of one's medical records, information, and functions available through the Portal at their discretion. Portal access may be deactivated at the discretion of VCSB.

Federal and State privacy laws cease to apply to VCSB should you download or print policies found in the Portal



## VCSB PRIVACY NOTICE

Continued

### How to File a Complaint:

VCSB is required by law to follow the terms of this notice. If you have any problems or concerns about your private health information or if at any time you believe your privacy rights have been violated or you've been restricted ("blocked") from accessing your health record, you may contact the following either verbally or in writing:

- VCSB Quality Management Department (540) 887-3200
- Advocate, Cassie Purtlebaugh (804) 382-3889
- Secretary of Health and Human Services (202) 690-7000
- Via a complaint portal found on the US Department of Health and Human Services website
- Office of Inspector General (800) 447-8477 \*for information blocking claims

### Changes to Privacy Practices

VCSB reserves the right to change any of its privacy policies and related practices at any time, as allowed by federal and state law, and to make the change effective for all protected health information that we maintain.

Revised Privacy Notices will be posted at all service locations and available upon request by mail, discussion with an agency representative, and/or electronically.





## Other Uses and Disclosures of Your Information by Authorization Only

We are required to get your authorization to use or disclose your protected health information for any reason other than treatment/services, payment, health care operations, and/or those specific circumstances outlined previously.

We use an [Authorization to Release Protected Health Information](#) form that specifies which information will be given to whom, for what purpose, and is signed by you or your legal representative.

You have the ability to revoke the signed authorization at any time by a written statement except to the extent that we acted upon the authorization.

### Enhancing Your Healthcare

Some agency programs provide the following support to enhance your overall health care and may contact you to provide the following:

- Appointment reminders by phone, text, e-mail, or letter
- Information about treatment alternatives
- Information about health-related benefits and services that may be of interest to you
- Follow up surveys to allow you to provide feed-back on services



## As a recipient or parent/guardian of services at VCSB, you are expected to:

1. Attend all scheduled meetings or cancel the appointment by giving 24 hours advance notice. Reschedule as needed.
2. Pay for all services as agreed upon and documented on your annually updated VCSB Financial/Update Form.
3. Work with your Primary Service Provider on your Individual Service Plan and reviews. Be active in attempting to reach goals and objectives as defined in your Individual Service Plan. Frequent cancellations or no shows will result in re-evaluating your services, to include potential re-assignment or termination. Notification of terminated services will be in writing. Access to Emergency Services will remain available in person or by phone at (540) 885-0866.
4. Be considerate and respectful. Verbal abuse, physical threats, violent gestures, sexual abuse, or harassment toward peers, staff, or property will not be tolerated.
5. Honor the confidentiality and privacy of other consumers and staff.
6. Adhere to the agency's policy that prohibits the use and possession of tobacco, alcohol, illegal drugs, and weapons of any kind in all agency vehicles and agency facilities.
7. Promptly notify appropriate agency personnel if you have a problem regarding services. (540) 887-3200
8. Minors: A parent/guardian will remain on site (as appropriate) while outpatient services are being provided, unless minor is in a program not requiring adult consent. Children under the age of 12 should be supervised by a parent/guardian at all times while on VCSB premises.
9. Follow through with mutually agreed upon treatment plans such as prescribed medications or outside activities and promptly report problems with medications or if medications are stopped for any reason.





## Consumer Complaint Procedure

If you have a complaint or concern with your VCSB services, please contact VCSB Quality Management at (540) 887-3200.

If you believe that your rights have been violated and you need outside assistance in voicing your complaint, you may call:

**Advocate, Cassie Purtlebaugh,  
at (804) 382-3889**

Your Advocate will assist you in working with the agency, or, if needed, with the Local Human Rights Committee to investigate your complaint and try to resolve the issue.

If you have a concern or complaint that you do not feel that you can resolve with your VCSB provider and persons involved, please take the following steps:



## Consumer Complaint Procedure

Continued

**Step One:** The consumer may call VCSB Quality Management Department at (540) 887-3200 or Office on Human Rights regional Advocate, Cassie Purtlebaugh, at (804) 382-3889.

**Step Two:** VCSB Quality Management staff will contact you regarding your complaint within 24 hours. An investigation shall follow for all Human Rights complaints.

**Step Three:** Quality Management staff will conduct an investigation and will provide decision, recommendation, and/or action plan to resolve the complaint within 10 working days of receiving the complaint. The decision will be provided to consumer and DBHDS Human Rights Advocate.

**Step Four:** If the consumer or representative disagrees with the decision or action plan, he or she may file a petition for a hearing with the Local Human Rights Committee. To do this, the consumer must submit a written petition or statement of disagreement to the Human Rights Advocate within 10 working days. The statement may be mailed to:





## Consumer Complaint Procedure

Continued

**DBHDS – Office of Human Rights**

**Attn: Cassie Purtlebaugh**

**P.O. Box 1797**

**Richmond, VA 23218**

Throughout the process, any party may contact the Regional Advocate for assistance. All hearings shall be closed, unless the individual requests that they be open or unless required under the Virginia Freedom of Information Act.



## Notification of Deemed Consent

### Deemed Consent to Testing and Release of Test Results Related to Human Immunodeficiency Virus or Hepatitis B or C.

According to Code of Virginia §32.1-45.1

In the event you are exposed to the body fluids of a staff member while receiving services at VCSB, the staff member will be required to be tested for HIV or Hepatitis B or C. You are entitled by state law to be informed of the results.

In the event a staff member is exposed to your body fluids while you are receiving services from VCSB, Virginia law § 32.1-45.1 states you as a person receiving services will be deemed to have consented to be tested for HIV or Hepatitis B or C. In the event this occurs, the staff member is entitled by state law to be informed of your test results. This testing will be done at no cost to you.

**As a person receiving services, you will be asked to sign the Consent for Bloodborne Pathogens form to verify that you have had this deemed consent law explained to you and that you understand that it applies to you as a person receiving services.**

If you have questions about “Deemed Consent”, Contact the Quality Management Department at: (540) 887-3200.





## ADVANCE MEDICAL/PSYCHIATRIC DIRECTIVES

A **Virginia Advance Medical/Psychiatric Directive** is a legal document that lets you state your wishes about medical or psychiatric care in the event that you develop a terminal condition, are in a persistent vegetative state, cannot make your own medical decisions, present an imminent danger to yourself or others, or become unable to care for yourself.

An advance directive also lets you name someone to make health care decisions on your behalf any time you are unable to make your own medical decisions even if you do not have a terminal condition. This type of Advance Directive is often called a "medical power of attorney" or a "durable power of attorney for health care" or "a health care proxy."

VCSB is required to ask about the existence of any advance directives. If the individual has an advance directive, the agency is required to include a copy of such directive in the individual's record.

Individuals must be aware that an advance medical directive usually will not be effective in the event of a medical emergency. Emergency medical services (such as rescue squads or ambulance teams) cannot follow an advance directive when they are called to help in an emergency.

Assistance concerning advance directives is available from local hospitals, your primary physician, psychiatrist, or your personal attorney. An attorney may be helpful, but is not required to prepare either type of advance directive.



## Rights Statement

### As a recipient of services, it is your right:

- To be protected from harm, including abuse, neglect, or exploitation.
- To be treated with dignity and respect.
- Not to be denied access to services based on race, religion, ethnicity, sex, sexual orientation, gender identity, age, disability, or ability to pay.
- To participate meaningfully in decisions regarding all aspects of the services you receive.
- To have all information regarding your treatment managed confidentially, in accordance with appropriate laws.
- Except in an emergency, or required by law, not to be required to accept treatment or authorize release of information without your consent.
- To have access to and request corrections to your medical record.
- To receive services according to law and sound therapeutic practice.
- Not to be denied services solely because you have asserted rights protected by this policy.
- To all legal, civil, and personal rights guaranteed by law.





## Home and Community Based Services General Rights

The Developmental Disabilities (DD) Home and Community-Based Services (HCBS) Waivers provide Virginians eligible for DD Waiver services the choice to receive services and supports in the community versus an institutional setting.

Per federal regulations (42 CFR 441.301), individuals enrolled in long-term services and supports waivers are permitted specific rights. For individuals receiving DD Waiver services (group home, group day, sponsored residential, or supported living), the setting must:

- Be integrated in and support full access to the greater community.
- Ensure an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.
- Optimize, but not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact.
- Facilitate individual choice regarding services and supports and who provides them.



## Home and Community Based Services General Rights

VCSB will notify individuals receiving DD Waiver Services of their HCBS rights upon admission and annually.

These rights will be reviewed in a manner meaningful to the individual.

Disclosure of these rights will be documented and include a signature and date.







## NOTICE UNDER THE AMERICANS WITH DISABILITIES ACT (ADA)

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 (ADA), Valley Community Services Board will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Employment: Valley Community Services Board does not discriminate on the basis of disability in its hiring or employment practices and complies with all regulations promulgated by the U.S. Equal Employment Opportunity Commission under Title I of the ADA.

Effective Communication: Valley Community Services Board will generally, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so they can participate equally in Valley Community Services Board’s programs, services, and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech difficulties, and/or hearing or vision losses.



## ADA continued

Modifications to Policies and Procedures:

Valley Community Services Board will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy all of its programs, services, and activities.

Anyone who requires an auxiliary aid or service for effective communication or a modification of policies or procedures to participate in a Valley Community Services Board program, service, or activity, should contact the Valley Community Services Board’s ADA Coordinator Dana Fitzgerald at (540) 887-3200 or [dfitzgerald@vcsb.org](mailto:dfitzgerald@vcsb.org) as soon as possible but no later than 48 hours before the scheduled event.

The ADA does not require Valley Community Services Board to take any action that would fundamentally alter the nature of its programs or services or impose any undue financial or administrative burden.

Complaints that a Valley Community Services Board program, service, or activity is not accessible to persons with disabilities should be directed to Valley Community Services Board’s ADA Coordinator Dana Fitzgerald at (540) 887-3200 or [dfitzgerald@vcsb.org](mailto:dfitzgerald@vcsb.org).

Valley Community Services Board will not place a surcharge on an individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy.





## ADA GRIEVANCE PROCEDURES

This Grievance Procedure is established to meet the requirements of the Americans with Disabilities Act of 1990 (ADA). It may be used by anyone who wishes to file a complaint alleging discrimination based on disability in the provision of services, activities, programs, or benefits by Valley Community Services Board.

The Complaint should be in writing and contain information about the alleged discrimination such as name, address, phone number of complainant, location, date, and description of the alleged discrimination. Alternative means of filing complaints, such as personal interviews or tape recording of the complaint, will be made available for persons with disabilities upon request.

The complaint should be submitted by the complainant and/or their designee as soon as possible but no later than 60 calendar days after the alleged violation to:

Dana Fitzgerald  
Valley Community Services Board  
85 Sanger's Lane  
Staunton, VA 24401  
(540) 887-3200



## ADA GRIEVANCES continued

Within 15 calendar days after receipt of the complaint, Dana Fitzgerald or her designee will meet with the complainant to discuss the complaint and the possible resolution. Within 15 calendar days of the meeting, Dana Fitzgerald or her designee will respond in writing, and where appropriate, in a format accessible to the complainant, such as large print, Braille, or audio tape. The response will explain Valley Community Services Board's position and offer options for substantive resolution of the complaint.

If Valley Community Services Board's response does not satisfactorily resolve the issue, the complainant and/or their designee may appeal the decision within 15 calendar days after receipt of the response to the U.S. department of Justice, Civil Rights Division.

Any complaint or any appeals related to concerns involving transportation accessibility may be presented to the Department of Rail and Public Transportation at (804) 786-4440.

All written complaints received by Dana Fitzgerald or her designee, appeals to the Department of Justice or its designee, and responses from these two offices will be retained by Valley Community Services Board for at least three years.

