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P.O. Box 1063 • Mission, Kansas • 66222-0063  
Phone: 913-789-0951 or 1-800-281-0029 • Fax: 913-789-0954

Welcome to Heartland Regional Alcohol and Drug Assessment Center (Heartland RADAC),

I am honored that you have chosen this agency to assist you in evaluating the impact alcohol and/or drug use is having on your life. The clinical staff are all credentialed and/or licensed through the State of Kansas, which can assure you that they are well trained and able to assess your clinical needs. I trust you will find the staff professional and dedicated to helping you achieve your goals.

The mission statement of Heartland RADAC states that we are committed to serving individuals, families and communities affected by the impact of substance abuse. We strive to accomplish this through several services: objective alcohol and drug assessments, case management, care coordination, and education. By using nationally recognized tools, and best practices, we feel confident that you will receive quality services.

All services at Heartland RADAC begin with an alcohol and drug assessment to determine if you will benefit from treatment due to alcohol and/or drug use. The results of our assessment are strictly confidential. However, if you consent, written documentation of the assessment results and recommended course of action can be provided to any person that you identify. Just let us know how we can assist you. If treatment is recommended, our staff will assist you in identifying an educational group, community support group, or formalized treatment program that best matches your individual needs. In some instances, additional services and support can be provided through case management and care coordination.

A substance use disorder is recognized as a medical disease that impacts many individuals and their families. This illness crosses all gender, racial and economic lines...and it is possible to manage and recover.

Heartland RADAC staff is dedicated to providing you with the best opportunity to address substance abuse issues. If you ever have questions concerning your access to treatment, please contact us at 913-789-0951.

Respectfully,

A handwritten signature in black ink that reads "Jason B. Hess". The signature is written in a cursive style and is underlined.

Jason Hess, LCAC  
Executive Director  
Heartland Regional Alcohol/Drug Assessment Center



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### **COMPLAINT, GRIEVANCE, AND APPEAL PROCEDURE**

**Complaints regarding services provided by the staff of Heartland RADAC may be addressed in the following manner.**

1. Contact Sara Jackson, Clinical Director at (913) 789-7152.

**If the complaint is not resolved, proceed to the next level.**

2. Contact Executive Director in writing and mail to at Heartland RADAC's main office.

Heartland Regional Alcohol and Drug Assessment Center  
Attn: Jason Hess  
P.O. Box 1063  
Mission, KS 66222-0063

**If written grievance relates to a negative concurrent review and/or placement, the Executive Director will:**

1. Collect and review all clinical information related to the grievance.
2. Contact the party filing the grievance in writing within 5 working days with a determination.
3. If the dispute cannot be resolved, the parties may hire an impartial Independent Reviewer to review all clinical information and render an opinion. All costs associated with the Independent Reviewer will be shared equally between the Heartland Regional Alcohol and Drug Assessment Center and the party filing the grievance. **TIME FRAME: 10 working days.**
4. If the opinion of the Independent Review is not accepted by either party, an appeal process may be requested.
5. If the dispute cannot be resolved, the grievance will be referred to:

The State of Kansas Department for Aging and Disability Services  
Behavioral Health Services  
503 S. Kansas  
Topeka, Kansas 66603  
(785) 296-6807



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**CONFIDENTIALITY OF**  
**ALCOHOL AND DRUG ABUSE CLIENT RECORDS**

Federal law and regulations protect the confidentiality of alcohol and drug abuse client records maintained by this agency. Generally, the agency may not say to a person outside the program that a client attends the program, or disclose any information identifying a client as an alcohol or drug abuser **UNLESS:**

1. The client consents in writing; OR
2. The disclosure is allowed by a court order; OR
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; OR
4. The client commits or threatens to commit a crime either at the program or against any person who works for the program.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district or to KDADS/Behavioral Health Services.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

(See 42 U.S.C.290add-3 and 42 290ee-3 for Federal laws and CFR part 2 for Federal Regulations.)

Heartland RADAC is in compliance with the provisions of the Health Insurance Portability and Accountability Act (HIPPA). This client notice form describes how we may use and disclose your protected Health Information (PHI).





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## **CLIENT RIGHTS AND RESPONSIBILITIES**

Heartland Regional Alcohol & Drug Assessment Center shall support and protect the fundamental human, civil, constitutional, and statutory rights of each client and family member. Clients will be given a copy of their rights at the time of the assessment or as soon thereafter as is practical. Each client is entitled to the following rights and privileges without limitations:

1. To be treated with dignity and respect,
2. To be free from abuse; neglect; exploitation; restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation,
3. To a safe, sanitary, and humane living environment that provides privacy and promotes dignity,
4. To receive treatment services free of discrimination based on the client's race, religion, ethnic origin, age, disabling or a medical condition, and ability to pay for the services,
5. To privacy in treatment, including the right not to be fingerprinted, photographed, or recorded without consent, except for photographing for identification and administrative purposes, as provided by R03-602, or video recordings used for security purposes that are maintained only on a temporary basis,
6. To receive assistance from a family member, designated representative, or other individual in understanding, protecting, or exercising the client's rights,
7. To confidential, uncensored, private communication that includes letters, telephone calls, and personal visits with an attorney, personal physician, clergy, KDADS/Behavioral Health Services staff, or other individuals unless restriction of such communication is clinically indicated and is documented in the client record,
8. To practice individual religious beliefs including the opportunity for religious worship and fellowship as outlined in program policy,
9. To be free from coercion in engaging in or refraining from individual religious or spiritual activity, practice, or belief,
10. To receive an individualized treatment plan that includes the following:

- a. Client participation in the development of the plan,
  - b. Periodic review and revision of the client's written treatment plan,
11. To refuse treatment or withdraw consent to treatment unless such treatment is ordered by a court or is necessary to save the client's life or physical health,
  12. To receive a referral to another program if the licensee is unable to provide a treatment service that the client requests or that is indicated in the client's assessment or treatment plan,
  13. To have the client's information and records kept confidential and released according to R03-602,
  14. To be treated in the least restrictive environment consistent with the client's clinical condition and legal status,
  15. To consent in writing, refuse to consent, or withdraw written consent to participate in research, experimentation, or a clinical trial that is not a professionally recognized treatment without affecting the services available to the client,
  16. To exercise the licensee's grievance procedures,
  17. To receive a response to a grievance in a timely and impartial manner,
  18. To be free from retaliation for submitting a grievance to a licensee, KDADS/Behavioral Health Services.
  19. To receive one's own information regarding medical and psychiatric conditions, prescribed medications including the risks, benefits, and side effects, whether medication compliance is a condition of treatment, and discharge plans for medications,
  20. To obtain a copy of the client's clinical record at the client's own expense,
  21. To be informed at the time of admission and before receiving treatment services, except for a treatment service provided to a client experiencing a crisis situation, of the
    - a. Fees the client is required to pay, and
    - b. Refund policies and procedures, and
  22. To receive treatment recommendations and referrals, if applicable, when the client is to be discharged or transferred.

## **CLIENT RESPONSIBILITIES**

1. Client agrees to present accurate information regarding financial and personal history.
2. Client will make every effort to complete referral and keep scheduled appointments.
3. Clients will conduct themselves in an appropriate manner at all appointments.

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## **Infectious Diseases**

### **What is an infectious disease?**

Infectious diseases are disorders caused by organisms — such as bacteria, viruses, fungi or parasites. Many microorganisms colonize in and on our bodies. Signs and symptoms of infectious diseases vary, but often include fever and chills. Mild complaints may respond to home remedies, while some life-threatening infections may require hospitalization and intravenous antibiotics.

### **How do you contract infectious diseases?**

Infectious diseases can be spread in a variety of ways. Some diseases can be spread through spores ejected into the air by an infected person's cough in close spaces, but most of these diseases are spread through direct contact or sexual contact with an infected person.

### **High risk behaviors:**

Participating in high risk behaviors is a leading cause of infectious disease cases. To prevent the spread of disease, **avoid** these behaviors.

- Intravenous drug use
- Sharing needles
- Sex with (or as) a prostitute
- Anal Sex
- Multiple Sex partners
- Sex with someone of the same gender.

### **Tuberculosis**

“TB” is short for a disease called tuberculosis. Tiny germs that can float in the air spread TB. The TB germs may spray into the air if a person with TB disease of the lungs or throat coughs, shouts, or sneezes. Anyone nearby can breathe TB germs into their lungs. You cannot get TB from someone's clothes, drinking glass, handshake, or toilet.

### **TB Symptoms Include:**

- Cough
- Unexplained weight loss
- Fatigue
- Fever
- Night sweats
- Chills
- Loss of appetite

For more information about tuberculosis or any lung disease, contact American Lung Association at 1-800-586-4872 or visit the website at [www.kslung.org](http://www.kslung.org).

## HIV/AIDS

### How HIV is spread?

HIV is spread by having vaginal, anal or oral sex with an infected person, by sharing needles or syringes and during pregnancy, birth or breast-feeding from an infected mother to her baby. Body fluids of an infected person that spread HIV are semen, blood, vaginal fluid, and breast milk.

### Stopping the spread of HIV/AIDS

The most effective way to stop the spread of HIV is through avoiding high risk behaviors, using clean needles (if individual is IV drug user), and wearing a condom the correct way **EVERY SINGLE TIME** during sexual intercourse.

*National AIDS Hotline (CDC): 1-800-342-AIDS or 1-800-342-SIDA*

## Hepatitis

Hepatitis is a disease that is characterized by the inflammation of the liver. There are 5 different types of Hepatitis. Hepatitis A,B,C,D, and E. The cause of these diseases can vary but high risk behaviors and substance abuse is a leading cause of contracting a Hepatitis virus.

### Hepatitis Symptoms:

In almost all cases of Hepatitis, abdominal pain, weakness, loss of appetite, jaundice, aching joints, headaches, fevers, nausea, dark-colored urine, enlarged liver, digestion problems are present. If you think you, or someone you know is infected, contact a physician immediately for testing.

## Sexually Transmitted Infections (STI's)

STI's are diseases such as Herpes, Chlamydia, Genital Warts, HPV (Human Papillomavirus), Gonorrhea, Syphilis etc...

There are many varying symptoms of STI's; these diseases are spread through **unprotected** anal, vaginal, and oral sex with an infected individual. The easiest way to avoid contracting an STI is through safe sexual habits such as:

- ✓ **Abstinence:** The most reliable way to avoid infection is to not have sex (i.e., anal, vaginal or oral).
  - ✓ **Reduced number of sexual partners:** Reducing your number of sex partners can decrease your risk for STI's. It is still important that you and your partner get tested, and that you share your test results with one another.
  - ✓ **Mutual monogamy:** Mutual monogamy means that you agree to be sexually active with only one person, who has agreed to be sexually active only with you. Being in a long-term, mutually monogamous relationship with an uninfected partner is one of the most reliable ways to avoid STI's. But you must both be certain you are not infected with STI's. It is important to have an open and honest conversation with your partner.
  - ✓ **Protection (Condoms):** Correct and consistent use of the latex condom is highly effective in reducing STI transmission. Use a condom **every time** you have anal, vaginal, or oral sex.
- 
- ❖ If you are at risk of any of these conditions, contact a physician immediately for testing.
  - ❖ For more information on any of these conditions, and other infectious diseases contact the Center for Disease Control and Prevention at [www.cdc.gov](http://www.cdc.gov) OR call 1-800-232-4636 (800-CDC-INFO). This is an integrated CDC hotline service. This line will accommodate English and Spanish.

# HEARTLAND REGIONAL ALCOHOL & DRUG ASSESSMENT CENTER

## ELIGIBILITY & SCHEDULING

### Eligibility & Fee Schedule Guidelines

It is the policy of Heartland RADAC to offer an assessment and/or treatment to any individual who requests our services. If the individual is willing to provide proof of personal and demographic information regarding residency, income and household size, we will be able to determine whether they fall within eligibility guidelines to enable a portion of the fee to be paid by Behavioral Health Services (BHS) /AAPS Funds, Medicaid funds or other third party payers on a sliding scale.

Behavioral Health Services (BHS) /AAPS Funded, Federal Block Grant funds are available for clients who are documented residents of Kansas **and** who have documented income at, or below, 200% of the Federal Poverty Guidelines (FPG). Clients must meet **both** residency requirements and income eligibility before they will be considered eligible for BHS/AAPS funds.

To determine eligibility for BHS /AAPS funding, clients are required to submit documentation to Heartland RADAC, which confirms that their income is within Federal Poverty Guidelines and affirms Kansas Residency. If the client is unable or unwilling to provide the documentation, they will be charged the fee for the assessment service, due at the time of the assessment or before.

### Residency Determination

As evidence of Residency, each client will be asked to provide one of the following:

- Social Security Card
- Current Kansas Driver's License
- Certificate of U.S. Citizenship
- Certificate of Naturalization
- Birth Certificate
- INS Employment Authorization, or
- Any document under list A of the Federal I-9 form (passport, permanent resident card, alien registration card)

### AND

- Kansas Driver's License
- KS Native American Tribal Document
- Kansas Medical Card
- Kansas Identification Card
- Apartment or house rental receipt in the client's name with a Kansas address
- Utility Bill in client's name and with a Kansas address.
- Signed statement of a family member upon which the client is dependent upon for shelter.
- Signed letter on agency letterhead from a criminal justice staff person or probation officer
- Signed letter on agency letterhead from a social services staff person or similar professional (homeless shelter, therapist, KDCFS case worker, social worker, etc) affirming the person is a resident of KS.
- Individuals incarcerated in Kansas need to provide documentation of scheduled release within the next 60 days.



## **Income Determination**

Compliance with Federal Poverty Guidelines (see most recent FPG at <http://aspe.hhs.gov/poverty/>) shall be documented through financial documents:

- Pay Stubs
- Income Tax Returns
- Letter of unemployment benefits
- Annual benefits letter
- Bank statements
- Signed statement of a family member upon which the client is dependent upon for food or shelter
- Signed letter on agency letterhead from a criminal justice staff person or probation officer
- Signed letter on agency letterhead from a social services staff person or similar professional (homeless shelter, therapist, KDCFS case worker, social worker, etc)

Income is described as earnings, unemployment compensation, workers' compensation, Social Security, Supplemental Security Income, public assistance, veterans' payments, survivor benefits, pension or retirement income, interest, dividends, rents, royalties, income from estates, trusts, educational assistance, alimony, child support, assistance from outside the household, etc.

Noncash benefits such as food stamps and housing subsidies do not count as income.

Income will be determined by the following guidelines at the time of assessment:

- a. Income will be calculated based on earnings over the 90 day period (three months) immediately preceding the date services are requested.
- b. A single person age 18 or older will be considered a household of one, regardless of living arrangements, and only his/her income will be counted.
- c. The income of a person who considers him or herself to be married (legally, common-law, or represents themselves as married) will be based on the combined income of the client and the spouse, and the household size will be two plus any dependent children living in the home.
- d. The income of a client who is a single parent will be based on the client's income, and the household size will be one plus any dependent children living in the home.
- e. A client under 18 years of age living with both legal parents will have his/her income determined based on his/her parents' combined income, and the household size will be three (both legal parents + client) plus any additional dependent children living in the home in accordance with "c" above.
- f. A client under 18 years of age living with a single (legal) parent will have his/her income based on his/her single parent's income and the household size will be two (client + parent) plus any additional dependent children living in the home in accordance with "d" above.
  - *This standard can apply to an adolescent client whose bio-parent is married, but the step-parent has not legally adopted the client. Step-parents would not be counted in income or number in household, unless the child has been legally adopted.*
- g. JJA Clients in State custody, and living at home, will have his/her income determined based on his/her parent(s) income and the household size will be determined based on household size, including parents and any additional dependent children in the home as in "e" or "f" above.

***Definition of dependent child:*** 17 and younger, unmarried, received more than half of his or her support from the parent with whom they reside, must reside with the parent for more than 6 months of the year and meet the residency requirements.

## Service Fee Schedule

	Medicaid	Below 100% FPG <u>with</u> KS Residency Documents	Between 100% & 200% FPG <u>with</u> KS Residency Documents	Below 100% FPG <u>without</u> KS Residency Documents	Between 100% & 200% FPG <u>without</u> KS Residency Documents	Above 200% FPG	1 <sup>st</sup> / 2 <sup>nd</sup> DUI Pre-Sentence Evaluation	3 <sup>rd</sup> & Subsequent DUI w/ Journal Entry
Funding	Medicaid	AAPS/BHS	AAPS/BHS + Sliding Fee	Self-Pay Non-AAPS	Self-Pay Non-AAPS	Self-Pay Non-AAPS	Self-Pay Non-AAPS	3 <sup>rd</sup> /4 <sup>th</sup> DUI
Assessment	\$0.00	\$0.00	\$100.00	\$100.00	\$200.00	\$200.00	\$200.00	\$0.00
Individual Therapy	\$0.00	\$0.00	\$0.00	\$100.00	\$100.00	\$100.00	See Previous	N/A
Group Therapy	\$0.00	\$0.00	\$0.00	\$40.00	\$40.00	\$40.00	See Previous	N/A

\*\*\*In the event that a fee has been collected in error, the money will be refunded. The refund will be made to the person or organization (payer) who paid the fee. The fee will be returned to the payer by Cashier's Check within 14 days of receiving request.

### 100% of Federal Poverty Guidelines

Number In Family	1	2	3	4	5	6	7	8	Each Additional Person
Annual Income	\$13,590	\$18,310	\$23,030	\$27,750	\$32,470	\$37,190	\$41,910	\$46,630	\$4,720
Monthly Income	\$1,133	\$1,526	\$1,919	\$2,313	\$2,706	\$3,099	\$3,493	\$3,886	\$393
Hourly Income	\$6.53	\$8.80	\$11.07	\$13.34	\$15.61	\$17.88	\$20.15	\$22.42	\$2.27

### 200% of Federal Poverty Guidelines

Number In Family	1	2	3	4	5	6	7	8	Each Additional Person
Annual Income	\$27,180	\$36,620	\$46,060	\$55,500	\$64,940	\$74,380	\$83,820	\$93,260	\$9,440
Monthly Income	\$2,265	\$3,052	\$3,838	\$4,625	\$5,412	\$6,198	\$6,985	\$7,772	\$787
Hourly Income	\$13.07	\$17.61	\$22.14	\$26.68	\$31.22	\$35.76	\$40.30	\$44.84	\$4.54

\*Gross Income Updated 07/2012, 12/2012, 07/2013, 07/2014, 11/2015, 07/2017, 07/2018, 07/2019, 07/2020, 02/2021, 02/2022



## What Everyone Needs to Know About Alcohol and Other Drug Use During Pregnancy

**Myth:** Very few women use alcohol or other drugs while pregnant.

**Fact:** Over 12% of all pregnant women surveyed have used alcohol in the previous month and approximately 15% of women have used illegal drugs during their pregnancy.

**Myth:** Most women stop using alcohol or other drugs when they learn they are pregnant.

**Fact:** If offered treatment, 94% of addicted pregnant women refuse. However, when educated about the effects of drugs on their baby, women are more likely to quit.

**Myth:** It is legal to use alcohol and tobacco. They aren't considered drugs and won't hurt my baby.

**Fact:** Alcohol and tobacco are drugs. The effects of alcohol and tobacco are just as harmful to a baby as other drugs. In fact, alcohol use during pregnancy is the #1 cause of mental retardation in children.

**Myth:** I've been using alcohol and other drugs during my pregnancy, so why should I stop now?

**Fact:** Stopping substance abuse at any point during pregnancy will increase the chances that the baby will be born healthy. To continue to use alcohol or other drugs may adversely affect the child throughout his or her life.

**Myth:** Drug use during pregnancy does not affect my child's ability to learn.

**Fact:** The child of a mother who uses substances during pregnancy is more likely to have special education needs, learning disabilities and be subject to emotional and psychological difficulties.

**Myth:** A child's school performance is not affected by parents' substance use during and after pregnancy.

**Fact:** Children whose parents abuse drugs or alcohol are more likely to be diagnosed with ADHD and suffer from concentration problems in school.

**Myth:** Drug use of parents does not affect their parenting ability.

**Fact:** Drug use is a contributing factor to abuse and neglect of children and can result in the removal of Kansas children from their families.

**Myth:** Prenatal care is too expensive.

**Fact:** Prenatal care is available and affordable for all mothers. Contact your local county health agency for information about prenatal care.

**Myth:** A child who is born to a substance abusing mother will not have lifelong effects.

**Fact:** Maternal substance abuse is the single most important factor in whether children will abuse substances later.

**Myth:** It doesn't cost more to raise a drug-exposed child over his or her lifespan.

**Fact:** Total costs of a drug-exposed child can exceed \$1.5 million during their lifetime.

**Myth:** I can seek prenatal care later. My pregnancy isn't affected by how early I go to the doctor.

**Fact:** Early prenatal care lowers the rate of special healthcare needs and premature births.

**Myth:** I have used alcohol or other drugs during my pregnancy. If I go to prenatal care, the doctor will report me and my baby will be taken away.

**Fact:** Your health care provider is not required to report you for substance abuse when going for prenatal care. However, if you continue to use and your baby is born with drugs in his or her system, you may be encouraged to participate in services to address the impact of substance abuse in your ability to care for your newborn. If your substance abuse isn't addressed, your baby may be taken out of the home.

**Myth:** Because I am pregnant and have children, there is no place for me to receive help for alcohol or other drug use.

**Fact:** Help and support are available for pregnant women and women with children. Visit [www.hradac.com/centers.htm](http://www.hradac.com/centers.htm) to locate an assessment center.

**Myth:** Kansas is doing nothing about substance-exposed newborns being born in our communities.

**Fact:** A group of state leaders has formed the Kansas Alliance for Drug Endangered Children and is establishing plans to address this problem.

*Content adapted from materials created by KADEC – Shawnee County.*

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**For further information, contact:**

Cristi Cain, Kansas Alliance for Drug Endangered Children

Phone: (785) 266-8666

E-mail: [ccain@parstopeka.com](mailto:ccain@parstopeka.com)

Website: [www.ksmethpreventionproject.org](http://www.ksmethpreventionproject.org)