



FOR IMMEDIATE RELEASE

HUMAN RIGHTS AUTHORITY-NORTHWEST REGION

REPORT 10-080-9003
JANET WATTLES CENTER

Case Summary: the HRA did not substantiated rights violations. A provider response is not included in the public record.

INTRODUCTION

The Human Rights Authority (HRA) of the Illinois Guardianship and Advocacy Commission opened an investigation after receiving complaints of possible rights violations at the Janet Wattles Center in Rockford. The complaint alleged that the facility failed to provide a recipient with adequate and humane care and services by preventing him from seeing his physician for a scheduled appointment, which, if substantiated, would violate protections under the Mental Health and Developmental Disabilities Code (405 ILCS 5).

The Janet Wattles Center is a community mental health clinic that offers a variety of services including crisis intervention, evaluation, and sustaining care to individuals and families in northern Illinois. Main offices are located in Rockford and Belvidere.

The HRA visited the Rockford location and discussed the matter with program representatives. Relevant policies were reviewed as were sections of the recipient's record with proper authorization.

COMPLAINT SUMMARY

According to the complaint, the recipient appeared for his scheduled psychiatry appointment and was told by a receptionist that he had no insurance and could not see his physician. He reportedly tried to reason with her that he had Medicaid and that he needed his appointment because he was not sleeping; he was still refused, but allowed to follow through on a rescheduled appointment a few days later.

FINDINGS

Representatives told us that the incident was a simple misunderstanding. Because of recent state funding shortages, the clinic is requiring all recipients covered by Medicaid to show their medical cards as they arrive for appointments. The intention is to avoid erroneous billing as

those without insurance are asked to pay a thirty-dollar fee. They said that nobody would be turned away for not carrying proof of coverage, particularly a long-time client as in this case. Notices of the new requirement are posted in key reception areas, and they expect that recipients will need time to get accustomed.

We inquired about the incident in question with the receptionist herself. She was remorseful about the recipient getting upset, but explained that it played out differently than described. Her recollection was that he approached her to check in; she asked to see his medical card, and he blew up saying, "Bullshit!" She tried to explain why she needed his card but he never let her finish before walking out. She said she would have let him carry on with his appointment while reminding him to bring his information the next time.

We observed the posted notice in the main reception area and were also given a copy to review. It states in bold captions,

Important Notice.

Due to State Budget Cuts- Effective 7/1/2009

Individuals with Medicare, Medicaid, ALLKIDS or private insurance must show their insurance card at each Doctor visit.

Uninsured individuals are required to pay a \$30 fee prior to meeting with the Doctor.

The recipient's treatment plan lists anger management as a problem area and calls for psychiatric appointments at least once every three months. Progress notes corresponding to the incident state that he checked in and became irate and left when asked to show his insurance card (7/28/09 Medication Monitoring). A counselor added that he called him later on to follow up, and the recipient "vented" about not being able to see his physician after the receptionist incorrectly assumed he had no insurance. He denied having harmful thoughts or plans and said he had another appointment the next week (7/28/09 Client Related Support). Subsequent progress notes and a physician's order sheet verified that he attended the rescheduled appointment, which took place exactly three months after his last one (8/05/09 Medication Monitoring and 5/05/09 - 8/05/09 Physician's Medication Orders).

CONCLUSION

Under the Mental Health Code, "A recipient of services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan." (405 ILCS 5/2-102). Adequate and humane care and services are defined as those reasonably calculated to prevent further decline in a recipient's clinical condition so that he does not present an imminent danger (405 ILCS 5/1-101.2).

In this case the facility instituted a new requirement that was out of the recipient's routine. Based on the receptionist's account and on the documentation, it seems there was indeed

a misunderstanding. The facility responded by following up with the recipient, ensuring he was not in danger, and rescheduling an appointment soon after, which seems in line with his right to adequate and humane care and services, pursuant to his individual services plan. The complaint is not substantiated.

SUGGESTIONS

1. Posting the new requirement to show proof of insurance is a good idea, but it seems reasonable that long-time clients may breeze through reception areas without noticing. We suggest they be reminded at the *end* of their appointments, perhaps being asked if they have any questions, and that they be given a copy of the notice to help them remember for future appointments.
2. A medication monitoring note in the recipient's file from 7/28/09 concludes with "Client failed appointment." Since recipients are allowed a very limited number of failed appointments, and since there was an acknowledged misunderstanding of a new requirement, this appointment should not be counted against him.