



## HANDBOOK

INTEGRATIVE COUNSELING SOLUTIONS, INC. welcomes the opportunity to meet the mental health needs of Iowans. We do this by providing professional, client-centered care in collaboration with state and local community agencies, schools and families.

### OFFICE LOCATIONS

#### KNOXVILLE

307 E. Main St.

Knoxville, IA 50138

Phone: (641) 842-4357

Fax: (515) 267-1355

E-mail: [info@integrativecs.net](mailto:info@integrativecs.net)

#### WEST DES MOINES

1200 Valley West Drive, Suite 508

West Des Moines, IA 50266

Phone: (515) 267-1340

Fax: (515) 267-1355

E-mail: [info@integrativecs.net](mailto:info@integrativecs.net)

# INDIANOLA

117 Buxton Street, Suite D

Indianola, IA 50125

Phone: (515) 267-1340

Fax: (515) 267-1355

E-mail: info@integrativecs.net

## **IF YOU ARE IN A CRISIS AND CANNOT REACH AN ICSI PROFESSIONAL, CALL 911 OR GO TO YOUR NEAREST HOSPITAL EMERGENCY ROOM**

### **DESCRIPTION OF SERVICES**

#### **Outpatient Assessment, Counseling and Referral Services**

Outpatient assessment and counseling services at Integrative Counseling Solutions, Inc. (ICSI) are based upon developing a trusted relationship between the client and mental health professional. These services are provided by Licensed Mental Health Counselors (LMHC) Licensed Independent Social Workers (LISW) or Licensed Marriage Family Therapists (LMFT). Also, Temporary licensed therapists, either LMHC, LISW or LMFTs are given the permission by the state to provide therapy for Medicaid and county funded clients while under the supervision of a licensed master's level therapist who meets states criteria to provide supervision. This process begins with a complete assessment to accurately determine the therapeutic needs of the client. Together, the client and therapist develop a treatment plan to meet the therapeutic needs of the individual. With consent of the client, other involved persons may be asked to participate in treatment. These services are provided to individuals, families and groups.

**School Based Mental Health Services:** All above services can be provided in the school if the School District and the parents agree that the child can be seen in a private room at school. All school-based services are kept confidential, however, with a release, information may be shared with the school as needed. Currently, ICSI serves the following school districts; Waukee, Pleasantville, PCM, Indianola, Knoxville, Pella, Earlham, Woodward/Granger and some West Des Moines schools in Iowa. For clients looking for outpatient assessment, individual therapy and counseling, and referral services within the school setting, they can provide early identification and regular and consistent intervention. Services within the school setting can be effective in providing consistent treatment for child and adolescent mental health issues. Our professionals are committed to working collaboratively with parents, school

staff and any other professionals to surround the child with quality care within their school environment.

### **BHIS (Behavioral Health Intervention Services)**

BHIS services require preapproval by your Medicaid managed care organization (MCO) after completion of a mental health assessment and request for BHIS services by a Licensed Professional of the Healing Arts. Your MCO determines the number of hours per week the caseworker may spend with the client and issues an authorization approval which will be mailed to the family as well as the agency. Services may only be provided during the authorized timeframe and for the number of hours per week allowed by your MCO. All children receiving BHIS services must participate in family BHIS services so that the caseworker can teach the parent the skills which are being taught to their child. If the family does not participate in family BHIS services, your MCO may not reapprove the child to continue in the BHIS program. A personalized treatment plan will be developed and may include the following skills, as needed; coping skills, anger management skills, pro social communication skills, problem solving skills, conflict resolution skills, relaxation skills, family communication skills, skills to improve family relationships. The BHIS program is a strengths-based program which creates alliances within communities, schools and families to increase children's strengths in all aspects of their lives. Our LMFT, LISW and LMHC professionals, including temporary licensed therapists, also meet the criteria to be Licensed Professional of the Healing Arts (LPHA) and provide assessment services for children funded by Medicaid funds. The BHIS program works with children and families to help them learn how to identify individual strengths, identify thoughts, feelings and triggers to the child's behaviors, learn problem solving, communications and social skills as well as relaxation, coping and conflict resolutions skills. Trained caseworkers help families gain extra support in getting through life's challenges. By addressing challenging behaviors and collaborating with home and school, BHIS can help children get back on track and succeed at home and school.

### **Treatment Modalities**

ICSI therapists use an integrative approach to select and utilize various theoretical approaches or techniques that the therapist believes to be most beneficial to the client. Each client has an individualized treatment plan personally tailored to meet their needs.

### **Rationale for Use**

For those who are living with symptoms of a mental disorder (as defined in the DSM-V), treatment is a method of guidance in resolving and coping with various personal, social, and/or psychological problems.

### **Risks of Use**

Sometimes during the therapy process, sensitive issues and topics are discussed and processed with clients; these subjects can naturally bring on uncomfortable or new feelings and emotions. Addressing and dealing with these issues, topics and new feelings are all part of the healing process.

### **Risks of Non-use**

Symptoms of DSM-V diagnosis could increase without treatment or intervention.

### **Less Restrictive Alternatives**

Less restrictive alternatives to outpatient therapy and incorporated in the treatment plan are: self-help books, peer support, and online support groups.

### **Emergency Services**

These services are available during regular office and school hours.

Emergency or crisis service are intended for rapid stabilization of acute symptoms of mental illness or emotional distress during school or office hours. Emergency services include assessing suicidal risk and evaluating the need for higher levels of care, crisis intervention and de-escalation.

### **Consultation**

Consultation services are those situations which provide professional assistance and information about mental health or mental illness to individuals, agencies, groups, or organizations. The consultation may be case, program or community oriented. ICSI clinical staff meet weekly with the Clinical Director to receive case consultation and to address the client's needs and assist the clinical staff in helping therapy and BHIS clients to make progress towards their goals.

### **Electronic Communication Consent**

All communications that we provide to you in electronic form will be provided or made available in (1) telephone, (2) password protected email, (3) text message, (4) telemedicine equipment or (5) fax. Please note that at any time you may request a specific means of contact. You can withdraw consent to electronic communication in writing at any time.

### **Education**

Education services are those activities which provide information and training regarding the availability of mental health services, the promotion of mental health and the prevention of mental illness. This service is provided to community leaders, organizations, other human service providers and the public. ICSI's education services focus on reducing the stigma of mental illness, the importance of mental health services and increasing the community's knowledge, understanding and acceptance of emotional/mental illness.

### **Anticipated Benefits/Intended outcome**

The anticipated benefits and intended outcome of ICSI's services are that the client will make progress in their individualized treatment plan goals, reduce symptoms of their DSM-V diagnosis and help the client better adapt to the life circumstance that brought them to therapy.

### **CLIENTS' RIGHTS and RESPONSIBILITIES**

As you, and/or your child, receive services from our ICSI staff, you have certain rights that we honor. Licensed personnel at ICSI are fully trained and competent mental health professionals. We strive to provide quality services and follow standards set by federal and state program guidelines, Iowa State licensing boards and other professional organizations. In addition to the above assurances, you, and /or your child, have the following basic rights as a client of ICSI:

- To be treated with consideration, respect and dignity
- To receive treatment in the least restrictive setting
- To be informed of the services offered at the ICSI and the charge for these services
- To be fully informed about your condition and recommended treatment
- To participate in the development, implementation and evaluation of your treatment plan
- To make choices about your participation in treatment and research conducted by ICSI personnel
- The right to privacy, including the right to private conversations and confidentiality
- The right to appeal the application of policies, procedures or any staff action that affects you
- The client has the right to receive services without concern for discrimination based on age, gender identity, marital status, pregnancy, disability, race (including color, nationality, ethnicity, national origin), religion, sex, sexual orientation, or income
  - The client has the right to know that Integrative Counseling Solutions, Inc. is a clinical training site for graduate students and pre-licensed clinicians. From time to time clients may be asked to engage in the training process by consenting to co-therapy or job shadowing by practicum students, interns and new employees in which a training clinician will participate in the 6 therapeutic process. This is an opportunity for clients to receive unique and enhanced services while allowing trainees to experience working alongside fully licensed clinicians. By signing this consent, the client or client's legal representative is agreeing to this
- Only parents or legal guardians can consent to therapy services for minors. In cases of divorce, foster care, adoption, etc. documentation is required to verify one's legal authority to make medical decisions for a minor. Treatment will not begin without such documentation
- The client, or in the case of a minor, the legal representative of the client, has the right to see their file unless the therapist deems it inappropriate or detrimental to the client to release information contained within the file. Under Iowa law, that decision lies in the sole discretion of the therapist
- The client has the right to terminate services at any time
- It is standard practice for the therapist to attempt to communicate via phone, text, email or by mail if a client does not provide communication about their intentions to terminate services
- The client has the right to seek referrals for alternative therapists within the community if they decide to discontinue services with Integrative Counseling Solutions, Inc
- Clients are encouraged to address concerns and grievances with their therapist when issues arise as they can often be managed within the therapeutic relationship. If the client is not satisfied with the outcome, or the concerns are with other staff, there is a grievance procedure set out in the client handbook
- You have the right to know about the licensure status (full, temporary/provisional) of your treating clinician and any applicable state code requirements for each status. Additionally, I/we understand

Integrative Counseling Solutions, Inc. is a clinical training site for graduate students and pre-licensed clinicians and am consenting to the process of co-therapy with trainees alongside my designated therapist

- The client has the right to confidentiality that follows HIPAA (Health Insurance Portability and Accountability Act) standards regarding Protected Health Information (PHI)

**This includes:**

- File records kept under a double-lock system.
- Release of information only at the written direction of the client unless specific factors are present. See exclusions.
- Your therapist will not acknowledge knowing you in public unless you initiate communication, at which time no clinical issues will be discussed.

**This excludes:**

- When practitioner-patient privilege is overruled by a court order or judge.
- When there is imminent bodily harm to the client or someone else that has been clearly stated.
- Declarations of acts falling under the Department of Human Services definition of abuse. This information will be reported as required by law. Licensed therapists are mandatory child and dependent adult abuse reporters. Types of abuse include:

**Physical abuse/Mental injury/Sexual abuse**

- Denial of critical care
- Child prostitution
- Presence of illegal drugs
- Manufacturing or possession of dangerous substances
- Bestiality in the presence of a minor
- Allowing access to a child by a registered sex offender
- Allowing access to obscene material
- Serious neglect of a minor or dependent adult amounting to abuse

**Billing third party insurances.**

All insurances are bound by HIPAA standards. See Notice of Privacy Practices

- The client has the right to know Integrative Counseling Solutions, Inc. reserves the right to remain disengaged from court proceedings where a subpoena would be necessary for testimony as therapy services are protected by practitioner-patient privilege. For further information on this matter please see the Payment Policy.

- Third party insurance audits.
- Email. Although Integrative Counseling Solutions uses encrypted email, electronic mail transmissions and text messages cannot be guaranteed to remain confidential. Please refrain from use of email and text messaging if concerned about confidentiality. By signing the consent to treatment and the acknowledgment of receipt of this handbook, client consents to the use of email by ICSI personnel and the use of unencrypted email and text messaging where necessary to contact client.
- Clinical consultation. Standard ethical practice dictates therapists seek out professional consultation when necessary in the best interest of the client and their treatment. Consultation will omit any identifying client information if consultation occurs with practitioners outside of Integrative Counseling Solutions, Inc. You have the right to be informed when clinicians within Integrative Counseling Solutions, Inc. will require communication to coordinate care when serving multiple parts of a family system.
- From time to time, Integrative Counseling Solutions, Inc. utilizes video and audio recording devices to facilitate training and clinical supervision processes. Clients are not permitted to record, in any manner, any part of a therapy or BHIS session or consultation.

You have the right to decline the use of video and audio recording during session. By signing the consent to treatment and the acknowledgment of receipt of this handbook, client consents to the recording policy and the use of recording devices during sessions by ICSI personnel including interns without further disclosure unless client specifically declines to consent in writing.

ICSI reserves the right to deny services to or discontinue services with the following individuals: 1) Those whose concerns are beyond our scope of competence; 2) Those who are abusive (e.g. threatening towards ICSI personnel); and, 3) Those who abuse/misuse services in any manner (e.g. frequently missed appointments, delinquent payments). In addition, Integrative Counseling Solutions, Inc. maintains the right to discharge clients that are not regularly participating in treatment. Clients will be notified of intentions to discharge and offered referral resources to seek mental health care elsewhere. If at any point in treatment, ICSI determines that it is ineffective in helping you reach your therapeutic goals, ICSI is obligated to discuss this with you and, if appropriate, terminate treatment. In such cases, ICSI can provide you with referrals for other treatment providers if you so desire. A final session is recommended for closure of our work together.

It is our policy that, if a client appears for an appointment while intoxicated or otherwise impaired, whether due to alcohol or drugs or anything else, we will not provide therapy services at that time. It is our policy, under these circumstances, that we advise the client that, because of his or her impaired condition, we will reschedule the appointment but cannot provide therapy services at that time. Further, the therapist will offer to assist the intoxicated client in contacting someone who can drive them from the service location to an appropriate safe place, whether the client's home or elsewhere. If the client refuses or is apparently going to attempt to drive, the therapist shall advise the client that because he or she will be driving in an impaired condition they pose a potential threat to themselves or others using the roads and that we are obligated to notify law enforcement. If the client insists on driving, the appropriate local law enforcement office shall be notified immediately. Where possible, a description of the vehicle and license plate number should be provided to law enforcement.

**Policy on Disruptive Behavior:**

If a client exhibits signs of their anger escalating through raised voice, profanity, accusatory, and threatening statement then they may be creating a verbal disturbance. If a client or other person is determined by a therapist to be creating a verbal disturbance, we will attempt to isolate the incident by bringing the individual into a separate room; Deescalate the verbal assault by sitting down and empathizing with the feelings of the disruptive individual or individuals. If the client appears to be escalating despite verbal intervention techniques the therapist may; 1.) Ask his or her supervisor to talk with the disruptive person or persons; 2.) Insist the disruptive person or persons lower their tone or please step out until he, she or they feel more under control; or 3.) If the client or other disruptive person refuses to leave, warn them that the police will be called to escort them off the premises.

**Physical Disturbance:** If person exhibits aggressive behavior through, hitting, kicking, biting or throwing items this is described as them creating a physical disturbance. In the event of a physical disturbance, or if any person tries to hurt or injure someone else in the office or threat to yourself or others we will call the police immediately. In addition, we may try to isolate the incident by bringing the individual into a separate room; Try to deescalate the client verbally; If this does not work, we may let them know that they have the options to either leave or we will call the police to have them escorted off the premises. If a threat is communicated to ICSI or any of its personnel, the person doing the threatening will be banned from all office locations AND the relevant law enforcement agencies will be made aware of the threat. A threat is a statement, oral or otherwise communicated, of an intention to inflict pain, injury, damage, or other hostile action on someone.

**Duty to Warn:** The duty to warn policy is essentially as follows:

- If the therapist has reasonable cause to believe that a child or dependent adult has been abused or exploited in a manner inconsistent with the law, we will file a report with the appropriate government agency, usually the Department of Human Services. Further, we will cooperate with any investigation of the report by the appropriate government agency
- If a client communicates, in a credible manner, an imminent threat of harm to an identifiable victim or victims we will report that threat to the appropriate law enforcement agency and may also notify the potential victim. In appropriate circumstances, we may recommend or seek involuntary hospitalization for the client.
- If a client credibly communicates a threat of harm to his or her self, we may take appropriate protective actions which may include notifying family members, guardians, law enforcement or others who can assist in providing protection to the client. We may also recommend or seek involuntary hospitalization in appropriate cases.
- In the event a therapist has reasonable cause for concern about a client's welfare or safety, the therapist may contact the emergency contact, or if none is given or the designated person is unavailable, the therapist or the agency may contact law enforcement and request that the client's status and welfare be checked.
- These exceptions to client confidentiality should be clearly communicated to the client at the beginning of the therapeutic relationship. Where appropriate, the client should be reminded of these exceptions to the ordinary confidentiality rules that apply.



Clients are discouraged from having a therapist subpoenaed, asked to participate in or provide records for litigation. The process can be damaging to the therapeutic relationship. Even though a client is responsible for the cost, there is no guarantee the testimony will be solely in the client's favor or helpful to the client's position. The therapist will always testify and opine honestly. In the event a therapist is subpoenaed to court all parties involved in the clinical treatment must sign authorizations to release protected health information obtained through the therapy process. The client will be responsible for the following fees associated with the process of preparing for, traveling to, and testifying in court: A minimum \$1500 retainer fee is due prior to work associated with testimony preparation, court attendance and the need to cancel regularly scheduled clients to make time for court appearance. The retainer fee may be more if substantial preparation or court time is required by the therapist. The work associated with the minimum retainer fee includes the following items: Preparation time, including submission of related documents; Phone calls; Depositions; Time required in giving testimony in court (including travel and wait time prior to testimony given); Mileage; All attorney fees and costs incurred by the therapist because of the legal action. The retainer fee is a minimum, is non-refundable and is payable in advance. After the testimonial and related services, the client is entitled to an itemization.

By signing the consent for treatment and the receipt for this handbook, you accept the payment policy of Integrative Counseling Solutions, Inc. and authorize (when applicable) Integrative Counseling Solutions, Inc. to utilize protected health information (medical and otherwise) to process insurance claims for services rendered. Additionally, a signature authorizes payment of medical benefits to Integrative Counseling Solutions, Inc. for services rendered. Further, a signature indicates acceptance of responsibility for payments regardless of insurance coverage.

You have the following basic responsibilities as a client of ICSI:

- Treat those giving you care with dignity and respect.
- Give providers information they need. This is so providers can deliver the best possible care.
- Ask questions about your care. This is to help you understand your care.
- Follow the treatment plan. The plan of care is to be agreed upon by the client and the Therapist or Caseworker. • Follow the agreed upon medication plan, when medication is prescribed by your physician or other health care provider.
- Tell your provider and primary care physician about medication changes, including medications given to you by others.
  - Keep your appointments. Clients should call their therapist or ICSI office as soon as they know that they need to cancel visits.
  - Let your therapist know when the treatment plan isn't working for them.
  - Let your therapist know about problems with paying fees.
  - Report abuse and fraud.
  - Openly report concerns about the quality of care you receive.

- No recording devices are allowed in therapy sessions without prior consent from all present in that session including client, therapist and any visitors.

## **FEES**

### **Our fees are subject to change without notice**

The following is an estimate cost of standard visits for the services that ICSI provides. The charges you are billed reflect the amount of time spent in each session, whether you have third party payer, or whether you have reduced fee. The prices below are subject to change.

#### **Therapy**

- Assessment - \$189
- 30-minute appointment -\$87
- 45-minute appointment-\$108
- 60-minute appointment-\$162
- Third party payers (Insurance) will be charged the contracted fee. The client is responsible for payment per their policy benefits, including all deductibles and co-payments/co-insurance. We strongly recommend you check with your insurance company as well for pre-authorization and out-of- network & in-network benefits.
- All service fees are payable at the time of service. If fees are not paid for 3 consecutive visits, services will have to be interrupted until the fees can be paid.

#### **BHIS**

- Individual Session Unit (15 minutes) \$21.88
- Family Session Unit (15 minutes) \$21.43
- Adult skills Unit (15 minutes) \$16.97
- Third party payers (Insurance) will be charged the contracted fee. The client is responsible for payment per their policy benefits, including all deductibles and co-payments/co-insurance.
- We highly recommend you check with your insurance company as well for pre-authorization and out-of- network & in-network benefits.
- All service fees are payable at the time of service. If fees are not paid for 3 consecutive visits, services will have to be interrupted until the fees can be paid.

**Appointments:** We set aside a time especially for you to meet your Therapist or Caseworker. We expect that you will keep your appointment as scheduled. However, if you **do** need to cancel, **we require at least 48 hours' notice. If you do not give us 48 hours' notice, you may be charged for that appointment.**

#### **No Shows:**

A “no show” is a missed appointment without 48 hours’ notice given. **We reserve the right to charge for “no show” appointments and/or stop services.**

**Reschedule:** A reschedule is a cancellation of appointment time with 48-hour notice. If you frequently reschedule or have two “no shows,” we will place you on a “walk-in” status. You will not be able to schedule appointments in advance. Walk in clients will need to call the day they wish to be seen. An appointment will occur only if the therapist and/or worker have available time that day. If you consistently keep your walk-in appointments, you will be removed from “walk-in” status.

**Visitors:** All visitors to sessions (including but not limited to spouses, significant others, family members, DHS workers and parole officers) must sign our informed consent, consent to treat and relevant releases to be present during therapy or BHIS sessions.

### **APPEALS and GRIEVANCES**

**Policy:** All efforts shall be made to make the experience with Integrative Counseling Solutions, Inc. a positive one for all individuals we serve.

#### **Procedure:**

- Should an individual served by Integrative Counseling Solutions, Inc. become dissatisfied with any contract service provider or employee they should first discuss the grievance with that person.
- If the issue is not resolved and the individual continues to feel dissatisfied, the person may obtain a grievance form from the agency Administrative Assistant (515-267-1340). The individual will be asked to indicate the nature of the complaint and return the completed form to the administrative assistant. A copy of the completed form will be provided to the individual.
- Within 5 business days of receipt of the completed client grievance form, the Administrative Assistant will notify the primary therapist and the Director of ICSI of the complaint.
- Upon receipt of the notification, the Therapist and/or Caseworker shall meet with the Director. The therapist will then meet with the client within 10 working days to resolving the conflict.
- If a resolution to the conflict has not been reached, then the individual should request a meeting with the Director of ICSI.
- The Director of ICSI shall meet with the individual within 10 working days unless both parties agree to a longer period. • Should the client continue to be dissatisfied, they should contact: Secretary of Health and Human Services at 200 Independence Avenue S.W., Washington D.C. 20201 or by calling (877) 696-6775.
- All written grievances with clients or contract providers and employees shall be kept on file with the Director of ICSI indefinitely.

This policy is part of the handbook to make individuals aware of the course of action to take in a grievance or appeal. Any appeal of a grievance will follow the same process as the original grievance.

### **CONFIDENTIALITY/NOTICE OF PRIVACY PRACTICES**

**This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this notice carefully.**

Your health records contain personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (PHI). This Confidentiality or Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law and the ACA Code of Ethics. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Confidentiality and the Notice of Privacy Practice Sheet. We reserve the right to change the terms of our Confidentiality and Notice of Privacy Practices Sheet at any time within the parameters of the law. Any new Confidentiality and Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy, sending a copy to you in the mail upon request or providing one to you at your next appointment.

**For Treatment:** Your PHI may be used and disclosed by those who are involved in your care to providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members within the agency. We may disclose PHI to any other consultation only with your authorization.

**For Payment:** We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are deciding of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection procedures due to lack of payment for services, we will only disclose the minimum PHI as necessary for purposes of collection.

**Child/Dependent Adult Abuse:** Therapists and Caseworkers employed by, or contracted with ICSI are, as professionals, required by state law to report suspected abuse and neglect to the appropriate authorities.

**COURT ORDERED SUBPOENA** Employees will go to court when subpoenaed. Please keep in mind that ICSI charges \$200/hour including prep time, travel time, and testimony. By signing the consent to treatment, you are agreeing to pay “out of pocket” the above price for any court ordered testimony or deposition from any ICSI staff. Please note that insurance companies do not cover court testimonies and \$200/hour is ICSI’s non-negotiable rate.