



CLIENT HANDBOOK

DESCRIPTION OF TREATMENT PROCESS

Clients receiving therapeutic services with Innovative Therapeutic Services, Corp. (ITS) will receive an initial evaluation from a licensed clinician or supervised clinical mental health interns and practicum students to obtain information about client's personal history and assess the client's treatment needs. Reassessments are performed every six (6) months or sooner depending on crisis or major life events. Clients participating in Psychiatric Rehabilitation Program Services (PRP) will receive an initial rehabilitation assessment. Clients receiving medication management will also participate in a psychiatric evaluation. Clients receiving medication management services with ITS must be participating in active concurrent therapeutic services. Clients receiving therapeutic services outside of ITS must produce a letter from a board approved and licensed therapist; This document can be sent via EHR patient portal or faxed. At the time of intake the treatment provider will discuss the therapeutic process with clients, including potential reactions to treatment; informed consent and confidentiality; and the client's rights and responsibilities. Clients have the right to discuss, with their provider, the options to the proposed treatment. Some options include individual counseling, group counseling, family counseling, PRP services and referrals to outside agencies for case management or other services, as well as preferences in location: home, office, school or community.

ITS strives to provide clients with the best care possible. However, with any type of therapeutic services, there is a potential risk for discomfort. During the course of client's treatment, the provider will explain any potential risk or harm. ITS encourages clients to talk to their treatment provider if they are uncomfortable with the services being provided and to process their feelings with their provider.

Clients have a right to withdraw or decline treatment at any time. However, withdrawing from treatment may cause clients to regress and/or need additional support services. Clients have the right to speak to their treatment provider and/or the Clinical Director regarding any grievances about their treatment or treatment provider.

Estimated cost of treatment will be discussed with the client prior to beginning services. Please see section titled, "Fees and Financial Obligations".

Each client will collaborate with their therapist to create an initial and reoccurring treatment plan which includes short term goals; interventions; the client's needs, problems, and symptoms; and the service plan. Clients are offered the option to receive a copy of the treatment plan and are expected to participate in the development and achievement of goals.

DESCRIPTION OF SERVICES AVAILABLE

Innovative Therapeutic Services (ITS) provides individual, group, school-based, family counseling, and psychiatric services. We also provide psychiatric rehabilitation services to children, adolescents and adults. ITS counselors and PRP coordinators will use intervention techniques and behavior modification tools specific to each client, each goal, and each type of therapy.

- **Individual Therapy:** One-on-one counseling, which will provide the client with an open space to share his or her feelings with an objective clinician.
- **Family Therapy:** ITS works with the family to help them cope with the challenges of maintaining a child diagnosed with a mental disorder by providing family therapy. Family therapy sessions consist of the clinician interacting with the parent and child to help them interact in a positive manner and gain insight.
- **Group Therapy:** This type of therapy is for adults as well as children/adolescent clients who are facing similar challenges. The group is facilitated by a licensed clinician.
- **Psychiatric Services:** ITS' psychiatrists and psychiatric nurse practitioners will conduct a psychiatric evaluation

to determine if mental health medication is needed. The psychiatrist or psychiatric nurse practitioner will prescribe medication and monitor the client's symptoms.

Innovative Therapeutic Services (ITS) strives to provide you with the best care possible. However, with any type of mental health service, there is a potential risk for side effects to the prescribed medication. During your visit, the psychiatrist will explain and provide you with information regarding your medication. Please keep this information handy, as it will be helpful to refer back to if necessary.

- If you are 15 minutes late to your appointment, your visit may be canceled.
- All clients must also consistently be in therapy at least twice a month in order to see our psychiatrist or psychiatric nurse practitioner.
- All documentation requests and recommendations will be processed within 14 business days, at the discretion of the psychiatrist or psychiatric nurse practitioner. Please complete demographic information (name, date of birth, address, phone number, etc.) ahead of time to minimize delay in processing time.
- Phone messages will be returned within 3-4 business days. If you need immediate assistance, please contact your primary care physician or visit your local emergency room.

If you are experiencing side effects, outside of the normal responses, contact your primary care physician or visit your local emergency room.

- ***Psychiatric Rehabilitation Program:*** Provides clients that receive individual therapy with additional assistance with a rehabilitation coordinator. The rehabilitation coordinator's function is to help reinforce the therapeutic process by focusing on the behaviors at hand. PRP services strive to promote self-sufficiency, greater choice, and greater control of the clients' lives and increase participation in the community.

Innovative Therapeutic Services' Psychiatric Rehabilitation Program focuses on community-based services. The following community life experiences include: communication activities, vocational pursuits, development of work attitudes, employment activities, volunteerism, educational and training activities, development of living skills, health and wellness promotion, access and utilization of public transportation.

Community integration activities are based on the client's needs. During the initial intake and the quarterly reviews, it will be determined by all parties if specific community based activities are needed. For example, if there is an adult client who needs assistance with getting his or her GED, the PRP Coordinator will add this to the client's goal and assist the client with obtaining the resources needed for the client to get his or her GED. The client's rehabilitation plan and contact notes will identify and describe any community integration activities the client may have.

Service activities are created based on the client's needs. The activities are designed to meet the client where he or she is. The activities will also be tailored based on the client's intellectual ability. For example, if a client has intellectual deficits, the PRP coordinator will create a plan that will be easy for the client to understand. The person served will be provided with activities that address the following areas if needed: community living skill development, interpersonal relations, recreation or use of leisure time opportunities, vocational development or employment, educational development, self-advocacy or access to non disability related social resources. The client's rehabilitation plan and contact notes will identify and describe any community integration activities the client may have.

Clients may also receive crisis intervention services, as necessary. As appropriate, a client's therapist or PRP coordinator may transport the client to and from visits provided on and off site, as well as community activities.

CONFIDENTIALITY AND NOTICE OF PRIVACY PRACTICE

With few exceptions, our conversations are confidential. State law, federal regulations and our code of ethics specifically guarantee this confidentiality. There are some situations, however, in which confidentiality cannot be guaranteed. They fall within the following categories:

- We must notify appropriate persons if we feel you may harm another individual.
- We must report any occurrence of child abuse (past or present), or the abuse, neglect or exploitation of the elderly.
- We will have to respond to a subpoena accompanied by a court order.
- We will have to respond to any situation in which we believe you may harm yourself.

Our Privacy Practices: Innovative Therapeutic Services, CORP (ITS) promises to maintain the confidentiality of your protected health information (PHI). PHI is health information about you that we have in our records. We will not share this information, in whole or in part, with any person or entity without your consent. In addition, we commit to delivering our services in a manner that maintains confidentiality. We will coordinate services with primary care physicians, referring agencies, schools or other stakeholders with your written consent.

Federal & State Laws: We are required by federal regulations called the “HIPAA Privacy Regulations” to protect the confidentiality of your health information. We are also required to comply with state laws that are often more stringent than the federal regulations. This, in essence, gives you double protection.

Authorization to Disclose PHI: It is our practice to obtain your authorization or consent before we disclose your PHI to another person or entity. You may revoke your authorization or consent at any time and for any reason.

How We Use Your Protected Health Information: We use your PHI solely for treatment, payment and health care operations. For example, we may use your PHI to plan and provide your care and treatment; communicate with health care professionals; obtain payment for our services; educate and train our staff; and assess and improve our services. We are also permitted to use or disclose your health information if required by law.

Your Rights: You have a right to request a restriction on certain uses and disclosures of your PHI; inspect and copy your PHI; request amendments to your PHI; and obtain an accounting or list of disclosures of your PHI. This access does not include records from outside agencies, such as hospitals, DOR, etc. Such access to the file must be authorized by the Program Director, with a notation of date and time entered in the file. If it is felt that, it would not be in the best interest of the member to access the file, a written summary of the file contents will be provided to the individual. A staff member must be present while the record is being reviewed by the member to ensure that nothing is removed or changed within the file contents. A member who disagrees with the contents of his/her records will have the opportunity to submit corrections/amendments, which would be included in the records.

Research: No sessions will be recorded without the written consent of the client. No information will be reviewed for research without the written consent of the client.

Marketing Health-Related Services: We will not use your health information for marketing communications without your written authorization.

Abuse or Neglect: We may disclose your health information to appropriate authorities when we suspect abuse or neglect.

Appointment Reminders: We may use or disclose your health information to provide you with appointment reminders (Such as voicemail messages text messages, email messages, postcards, or letters).

CONSENT AND AUTHORIZATION FOR ELECTRONIC COMMUNICATION (E-MAIL)

E-mail communication provides for a fast and easy way to communicate with your healthcare provider for those issues that are non-emergent, non-urgent or non-critical. It is not a replacement for the interpersonal contact that is the very basis of the patient-healthcare provider relationship; rather it can support and strengthen an already established relationship.

The following summarizes the information you need to determine whether you wish to supplement your healthcare experience at our practice by electronically communicating with staff members.

General Considerations

- E-mail communication will be considered and treated with the same degree of privacy and confidentiality as written medical records.
- Standard e-mail services, such as Gmail, AOL, Yahoo, and Hot Mail, etc. are not secure. This means that the e-mail messages are not encrypted and can be intercepted and read by unauthorized individuals.
- Transmitting e-mail that contains protected health information through an e-mail system that is not encrypted does not meet the security guidelines as required by the Health Information Protection and Accountability Act (HIPAA).
- Your E-mail address will not be used for external marketing purposes without your permission. You may receive a group mailing from the practice, however, the recipients e-mail addresses will be hidden.

Provider Responsibilities

- The Provider will attempt to electronically confirm your e-mail address by requesting a return response to all e-mail messages.
- Your provider may route your e-mail messages to other members of the staff for informational purposes or for expediting a response.
- Designated staff may receive and read your e-mail.
- The provider will make every attempt to respond to your email message within 2 business days. If you do not receive a response from the provider within 2 business days, please contact the office.
- Copies of e-mails sent and received from and to you will be incorporated into your medical record. You are advised to retain all electronic correspondence for your own files.

Client Responsibilities

- E-mail messages should not be used for emergencies or time sensitive situations. In event of a medical emergency, you should contact 911. For emergent or time sensitive situations, you should contact your healthcare provider through the office.
- E-mail messages should be concise. Please arrange for an office appointment if the issue is too complex or sensitive to discuss via e-mail.
- Please key in your full name and the topic, i.e., medication question, in the subject line. This will serve to identify you as the sender of the e-mail.
- Please acknowledge that you received and read the provider's message by return e-mail to the provider.

ELECTRONIC SIGNATURE (E-SIGNATURE) DISCLOSURE AND CONSENT

Overview

This Electronic Signature (E-Signature) Disclosure and Consent sets forth the terms and conditions governing my consent to sign documents electronically through, and my use of, Innovative Therapeutic Services, Corp. (ITS) Electronic Signature System through ADS Corp. I may decline to electronically sign any document by verbally informing the ITS administrative staff. I acknowledge that declining to electronically sign or complete any document will require me to complete a paper copy of any documents ITS may need on file.

Effect of my Consent

I understand that electronically signing and submitting any document(s) to Innovative Therapeutic Services, Corp. (ITS) legally binds me in the same manner as if I had signed in a non-electronic form, and the electronically stored copy of my signature, any written instruction or authorization and any other document provided to me by ITS, is considered to be the true, accurate and complete record, legally enforceable in any proceeding to the same extent as if such documents were originally generated and maintained in printed form. I agree not to contest the admissibility or enforceability of ITS's electronically stored copy of this Consent and any other documents. By using the System to electronically sign and submit any document, I agree to the terms and conditions of this Consent.

CLIENTS RIGHTS, RESPONSIBILITIES AND EXPECTATIONS OF STAFF

Clients have the right to:

- Receive quality services in a respectful manner without discrimination;
- Make an informed choice of services;
- Know the qualifications of staff who provide them with services;
- Receive and understand information and instructions about their service needs;
- Consent to or refuse services before they are provided;
- Know the nature and purpose of services;
- Be informed prior to any transfer or discharge from services;
- Expect confidentiality of information and protection of their child's or their records;
- Receive timely response to their needs along with reasonable continuity and coordination of services;
- Know about charges for services;
- Expect the right to privacy;
- Freedom from abuse, financial or other exploitation, retaliation, humiliation and neglect
- Clients have access to information pertinent to the person served in sufficient time to facilitate his or her decision making
- Access to referral to: legal entities for appropriate representation, self-help support services and advocacy support services
- Be part of the process of updating the service plan when his or her needs change; and
- Receive all services at Innovative Therapeutic Services, CORP or be referred to another agency.
- Know how to voice any grievance about their services;
- Receive services based on an individual service plan;
- Be part of the process of updating the service plan when his or her needs change; and
- Receive all services at Innovative Therapeutic Services, CORP or be referred to another agency.

Clients have the responsibility to:

- Give accurate information about their mental health, substance use, and domestic violence issues as well as other circumstances which might impact upon the care of their children;
- Assist by making and keeping a safe environment (including respecting clinician's wishes regarding the use of substances and tobacco products during sessions and exposure to weapons during sessions in the home);
- Notify the agency if scheduled appointments need to be changed;
- Notify the agency if there is a change in your living arrangements;
- Notify the agency if treatment is legally required and provide sufficient time for the agency to provide legally-required documentation, such as progress on treatment and verification that client is compliant with services;
- Be involved in family sessions as necessary;
- Work with staff in planning, reviewing and changing their individual service plans

Clients can expect that ITS clinicians and coordinators will:

- Provide a safe and supportive environment for clients to express themselves and express their needs;
- Be culturally competent, professional and will follow the codes of conduct outlined by the agency;
- Maintain appointments and notify clients in a timely manner if appointments need to be canceled

- Collaborate with clients regarding individual service plans (Counselors and coordinators with collaborate with clients and/or family to develop treatment goals, interventions, and time lines for goal achievement and progress).

COMPLAINT POLICY AND PROCEDURE

We anticipate a smooth working relationship with you. However, occasional misunderstandings may arise. If they do, we strongly encourage you to contact the Director of Programs so that we can address your concerns. If you are not satisfied with our response, you have the right to launch the complaint process. Innovative Therapeutic Services, Corp. (ITS) amended complaint policy and procedure does not establish any barriers for you to file a complaint. ITS does not retaliate in any way for reported grievances or complaints. It is our desire to work through any differences that may arise and move forward in our relationship with our clients. Information regarding the complaint policy and procedure is located in this handbook given to all clients during their orientation/intake. The handbook is reviewed and updated annually to include any new information regarding the complaint process.

A complaint is defined as any written or verbal grievance or concern that a client may have with a provider, staff member, or service received at Innovative Therapeutic Services. If a client needs additional clarification regarding a complaint they may contact the Director of Programs. If a client needs translation services, in order to make a complaint this will be provided for them.

ITS believes that complaints can be a way to learn where and how the service can be improved. Therefore, ITS develops and implements its own services quality improvement program based on qualitative and quantitative analysis of ITS actions and performances.

Quality assurance checks are completed at least quarterly, to include regular chart audits; annual client satisfaction surveys; and calls to clients to gain information about the quality of the services they are receiving. Supervisors discuss with service providers and staff the results from quality assurance checks. Changes to improve performance are decided by supervisors and may include additional staff training, workshops, or disciplinary actions.

COMPLAINT POLICY OVERVIEW

1. It is the policy of ITS to comply with, and to require its employees to comply with the complaint policy.
2. ITS supports the principle that all customer complaints should be viewed and taken positively.
3. ITS ensures that all complaints will be treated seriously and dealt properly with an emphasis on the honest and thorough process of consideration, with the prime aim of satisfying the concerns of the complainant.
4. All written complaints that are received will be registered within 2 days and a response provided within 10 days. If an additional time for investigation and response will be required, the interim report expressing what findings were made and request of an additional time for investigation should be provided to the complainant. Please note: You will be notified that your complaint was received. If you do not receive notification that your complaint was received please call the office at (301) 604-1458.
5. ITS has an established mechanism for responding to and keeping a record of those complaints and findings of investigation.
6. In cases that involve allegations of fraud or time-sensitive issues ITS is obliged to provide expedited review of such complaints.
7. An allegation of any employee, supervised provider, or board member suspected of child abuse or neglect will be given immediate consideration.
8. ITS guarantees that all records, information, organizational reports and summaries regarding received complaints will be available for the accrediting entity or other governmental authorities upon their request.
9. ITS pursues a no discouragement/no retaliation policy meaning that ITS employees and board members are prohibited from discouraging clients from filing a complaint and may not retaliate against a client or prospective client who filed such a complaint.
10. Anonymous complaints cannot be given consideration.
11. Present complaint policy provisions are open to the public and available in electronic and hard copy versions. It is necessary for all ITS clients to be familiarized with these provisions before signing the contract with the agency

CRISIS INFORMATION

Crisis is a sudden change in the child's/client's behavior in response to stress or other painful feelings. It is often negative due to the child's/client's lack of experience or inability to cope with personal or inter-personal problems. The goals of **crisis management** are to: provide immediate emotional support and reduce stress, decrease the risk of harm to the child/client or others and teach better, more constructive ways for dealing with stress or other painful feelings. Part of good crisis management is knowing what to expect. Generally, a person's response to stress or negative situations is the same.

If the client should exhibit behaviors that pose harm to his/herself or others, staff will:

- Limit client's access to weapons or items that can be used as weapons;
- Remove the person(s) who is/are the current target;
- Offer the client options and set limits;
- Use verbal interventions and proximity control to help the client deescalate, and;
- Assist the client with reintegration.

Should unsafe behavior(s) persist, staff will:

- Contact Clinical or PRP Director at (301) 604-1458 (during business hours)
- Contact our after-hours crisis number at (301) 509-4720
- Contact 911
- Transport or refer client to closest Emergency Room

If/when I call my PRP coordinator or primary therapist (during normal business hours) they may:

1. Assess my crisis and attempt to assist me in resolution via phone.
2. If available, my PRP coordinator may transport me to nearest hospital. If my PRP counselor is unavailable, my PRP coordinator or therapist will contact my or emergency contact person to transport me to ER.
3. Call 911 on my behalf.
4. Discuss my crisis and medication with psychiatrist on staff.

If my crisis has not been resolved after following the actions above, I agree to:

1. Call a 24-hr crisis hotline
2. Go to nearest Hospital Emergency Room
3. Call 911

I authorize the staff of Innovative Therapeutic Services Outpatient Mental Health Program to provide emergency medical treatment if necessary. I also understand that if there is a need for transport to an emergency room for further medical attention, Innovative Therapeutic Services, Corp. will utilize one of the hospital/medical centers closest to the client's location

TIPS FOR HOW TO SAFELY MANAGE A CRISIS:

- Take a deep breath and recognize crisis by putting into perspective.
- Try to control my behavior to harm self/others by taking a personal "time-out."
- Avoid drugs or alcohol.
- Avoid use of all weapons.
- Avoid threats/altercations with others by walking away from upsetting situations.
- Call your Social Support Partner (SSP) or emergency contact person:
 - Name: _____ Phone #: _____
- Call your PRP coordinator or primary therapist (during business hours).

- Call the ITS at (301)-604-1458 / (301) 393-3949 (during business hours).
- Call the ITS crisis line: (301) 509-4720 (after business hours).
- Take a deep breath and recognize crisis by putting into perspective.
- Try to control my behavior to harm self/others by taking a personal “time-out.”
- Avoid drugs or alcohol.
- Avoid use of all weapons.
- Avoid threats/altercations with others by walking away from upsetting situations.
- Other: _____

TIPS FOR MANAGING A CHILD IN CRISIS:

1. Control the space where the child/client is acting out. Make sure that there are no objects around that could be used as weapons. Prevent the child/client from being able to harm himself/herself or others.
2. Acknowledge the child’s/client’s feelings and give him/her time and space to vent. Allow him/her to talk without being interrupted. Avoid discussion or interaction until he/she is calmer.
3. Don’t take it personal! Ignore negative comments directed towards you; your response will often make the child/client act out more.
4. Look for chances to reinforce good decisions. If the child/client has stopped throwing things, say, “I’m glad you stopped throwing things.” If he/she has stopped using profanity, acknowledge that they are communicating more appropriately.
5. Get a feel for when the child/client is ready to hear you. Speak calmly and assertively...but don’t be bossy or judgmental.
6. Present the child/client with your expectation(s) and offer to help. For example, “You know you’re going to have to clean that up; do you want me to get the broom?”
7. When the child/client is calmer, take time immediately to review what just happened and discuss better ways that the child/client could deal with the situation “next time”.
8. There will be a “next time”; so reinforce the new plan and let the child/client know that you will be looking to see him/her put the new plan into action.

EMERGENCY EVACUATION PROCEDURES

If You Hear a Fire Alarm

1. Immediately evacuate the building via the shortest and safest route. Do not use elevators.
2. If you notice smoke, use the alternative escape route.
3. Test doors with the back of your hand before opening them. If the door is warm or if you notice smoke, use an alternative escape route. Check paths for safety before proceeding and close doors behind you.
4. Crawl low if you have to go through smoke.
5. Go to a safe area or to a pre-assigned exterior area for your building.
6. If you suspect that someone is missing or trapped, contact the emergency personnel outside the building.
7. If you are trapped during a fire emergency, close all doors between you and the fire. Stuff cracks around the doors to keep out smoke. Wait at a safe window and signal/call for help. If there is a phone in the room, call the fire department or **911** and tell them exactly where you are.
8. Stop, Drop and Roll if your clothing catches fire.

If You Discover a Fire

1. Leave the fire area and close the door to the area.
2. Sound the fire alarm.
3. Immediately evacuate the building via the shortest and safest route. (Proper use of fire extinguishers within extinguisher limits and by trained individuals is optional but should not be attempted until building alarm is actuated and people are evacuated.)
4. Do not use elevators. A fire can disrupt the operation of elevators and trap occupants inside.
5. If you notice smoke, use the alternate escape route.
6. Test doors with the back of your hand before opening them. If the door is warm or if you notice smoke, use an alternative escape route. Check paths for safety before proceeding and close doors behind you.
7. Crawl low if you have to go through smoke.

8. Go to a safe area or to a pre-assigned exterior area for your building.
9. From the nearest phone in a safe area, call 911.
10. Await emergency response personnel at safe location and direct them to the scene.
11. If you suspect that someone is missing or trapped, contact the emergency personnel outside the building.
12. If you are trapped during a fire emergency, close all doors between you and the fire and stuff cracks around the doors to keep out smoke. Wait at a safe window and signal/call for help. If there is a phone in the room, call the **911** and tell them exactly where you are.
13. Stop, Drop and Roll if your clothing catches fire.

Once You Have Evacuated

1. From the nearest phone in the safe area, call 911.
2. If you suspect that someone is missing or trapped, contact firefighters on scene or at the fire engine, police officers, or ambulance personnel.
3. Await emergency response personnel at a safe location and direct them to the scene. Report the fire to the hall office or the nearest available resident advisor. Do not reenter the building until instructed to do so by the fire department.
4. Follow directions of fire and police personnel and the housing staff.
5. Report to the person who is taking roll.
6. Never reenter the building to save your personal belongings.
7. Stay calm.

Procedures for Specific Emergencies

Weapons

1. Notify the Innovative Therapeutic Services administrative office.
2. The office will call 911.
3. Do not confront the person and keep eye contact with the person suspected of having or discharging the weapon. Have the police confront and search the suspected person and take the custody of the weapon.
4. Treat all firearms as if they are loaded. If a firearm is found, do not pick it up, but call the police.

POLICY REGARDING WEAPONS AND SUBSTANCES

There are no weapons allowed in the ITS office. If a weapon is found, ITS staff will contact the police immediately. If someone has a registered weapon, he/she will be asked to leave it outside of the office. If that person does not comply with this request, ITS staff will contact the police.

There are no controlled substances allowed inside the ITS office. If a controlled substance is found, ITS staff will contact the police immediately. A client is allowed to carry prescription medications, as long as the medication is stored safely on the person. If ITS staff finds prescription medication that does not belong to ITS staff members, ITS staff will store medication in a locked cabinet until the owner is located. Proper identification will have to be furnished before returning medication to owner. If ITS staff receives information that a client is abusing medication, ITS staff will make the appropriate recommendations and/or referrals.

Tobacco products are not allowed inside the ITS office. It is required that persons follow all building rules and signage pertaining to when and where smoking is prohibited.

TRANSITION, DISCHARGE AND REFERRALS

In some occasions clients need to be transferred to other counselors or coordinators within the agency when a client moves outside of a geographic area or when an ITS employee no longer is employed with the company. In such cases, clients will be informed with as much notice as possible that a transition needs to occur. (ITS requires that its employees provide at least 30 days notice when leaving the company). It is the responsibility of the client's counselor or coordinator to discuss the transition with the client, provide notice to the client, and ease the transition with the client in whatever way possible. This may include a collaborative session with the client, the former counselor and the new counselor or coordinator.

At times clients need to be transferred to another level of care for more intense services. For example, a client may be in

crisis and need a referral to an inpatient hospital unit. In this case, the counselor will collaborate with the other agency to ensure that the client receives the appropriate continuation of care. Upon discharge from the higher level of care, ITS counselors will increase the frequency of sessions until the counselor and client feel that the client is stable and can resume the lower level of care.

Innovative Therapeutic Services (ITS) discharges clients for the reasons stated below.

- Collaborative discharge: If the client, their guardian and the team at ITS deem that the client has achieved their goals and services are no longer needed.
- Individual discontinuation of services: If the client decides that services are no longer needed or wanted by our company.
- Program recommendation to discontinue services: If ITS staff feels that our program is not a good fit for our client or if the client has not been compliant with treatment, services can be recommended to be discontinued. Also if the client is not receiving individual counseling services on a regular basis, this can be grounds for discontinuing of services. If a client has not had any physical contact within 30 days the client will be discharged from the program. All attempted efforts will be documented. When a client is ready to resume services, clients will need to contact the agency and complete the process to begin services.
- The ASO's has the right to discontinue authorization of services.
All clients have a right to appeal the discontinuation of services. A written letter by the client's guardian will be required in order for the request to be reviewed. The program director will determine if services should be reinstated based on the explanation by the client and or client's guardian as to why services should be reinstated.

Discharge Plan

The therapist/rehabilitation coordinator and the client, if deemed appropriate, will develop a discharge plan that is based on the following:

The assessment of the client's current status, service needs, and mutually agreed upon goal attainment. The discharge plan will also include recommendations for continued treatment, referral for continuing services if needed and information on how the client can re-access services if needed.

Proper consent must be given by the family, or others designated by the individual, and other treatment, rehabilitation, and service providers regarding the discharge plan of the client. A copy of the discharge plan will be given to the client by the program director no later than the date of charge.

Discharge Summary

A discharge summary will be completed within 10 working days after an individual is discharged from the program. The therapist/rehabilitation coordinator will complete and sign a discharge summary that includes at the minimum the following: reason for admission, reason for discharge, services provided along with the frequency and duration of services, progress that was made, diagnosis at the time of discharge, current medications, continuing services recommendations and summary of the transition process, and the extent of the individual's involvement in the discharge plan.

Program's Recommendation to Discontinue Services

The program coordinator can request the discontinuation of therapy/ PRP services after consulting with the Program director for the following reasons listed below:

- The client's actions
- The program's services are not effective
- The individual's clinical needs exceed the program's ability to secure the safety and welfare of the individual or others

If one or more of the reasons above is caused for discontinuation of services, the program director will write a notice of intention to discontinue services and recommend referral for an appropriate alternative service. The program director will provide the notice at least 30 calendar days before discontinuing services unless there is a case of imminent danger. The program director will send the notice to the client, the family or other designated by the individual. If deemed necessary,

the CSA and the Administration's ASO, for referral for alternative services. The notice will include the effective date of the action, the reason for the action and a discharge plan. If the individual is a severe case and poses imminent danger to self or to others, the program director will make the necessary arrangements to try to protect the individual, others, or both, and provide the individual with the appropriate care.

The ASO has the right to discontinue authorized services if it is deemed to no longer be medically necessary. In this case, the program coordinator will follow the provision for discharge according to COMAR 10.21.17.10.

Follow up

Following an unplanned discharge, clients will be contacted via phone to discuss follow up care.

Follow-up must be completed within 10 days of the unplanned discharge. One attempt will be made in order to follow up with the client. The client will receive one phone call with a voicemail message if there is no response. If the number is out of service, the client will receive a letter in the mail in order to follow up. The client will be asked to state their reason for the discharge in their own words and will be given referrals/resources if necessary. Following the discharge, clients will also receive a survey about the services they received.

ANTI-KICKBACK STATUE AND STARK LAW

Innovative Therapeutic Services abides by all of the rules mandated by the Anti-Kickback Statue and Stark Law. The Anti-Kickback Statue (42 USC § 1320a-7b(b)); prohibits offering, paying, soliciting or receiving anything of value to induce or reward referrals or generate Federal health care program business. The Stark Law (42 USC § 1395nn); prohibits a physician from referring Medicare patients for designated health services to an entity with which the physician (or immediate family member) has a financial relationship, unless an exception applies. This law also prohibits the designated health services entity from submitting claims to Medicare for those services resulting from a prohibited referral.

SERVICE ANIMALS

Effective November 18, 2019 ITS clients **MUST REGISTER THEIR ANIMALS with the US Service Animal Organization and provide ITS physical documentation to confirm registration.**

Unless animals are registered and confirmed to be registered with US Service Animal Organization as service animal or an emotional support animal, animals will not be permitted onto ITS property and into their sessions.

Failure to comply with this policy will result in immediate cancellation of their appointment.

We must ensure our clients and staff remain healthy and safe. The website is follows: (<https://usserviceanimals.org/>)

The benefits of registration with US Service Animal Organization include the following:

- *Animal ID Card that has your animal's photo and information as well as legal information about your rights. Present this if someone questions the validity of your emotional support animal.*
- *Certificate with your animal's name verifying its registration in the largest online database in the U.S. for your records.*
- *Owners of emotional support animals registered with us will have their rights protected with the help of our on-staff attorneys.*
- *After registering with us, if you are later required to get a Prescription Letter for an Emotional Support Animal that would allow you to live with and fly with your animal, you will receive \$60.00 discount off a consultation with a licensed mental health practitioner at that time.*

Please note the APA does not specify guidelines for what qualifies an animal as an emotional support or therapeutic aid. <https://www.apa.org/monitor/2016/09/pet-aid>. It does however specify what information should be included in the letter and to exercise clinical judgment and discretion.

FEES AND FINANCIAL OBLIGATIONS

Prior to consenting to treatment Innovative Therapeutic Services (ITS) will discuss the estimated cost of payment and payment options with the client. ITS billing policy states that if a client does not have insurance coverage, the client may be billed by Innovative Therapeutic Services, CORP. For clients with insurance, services will be billed by Innovative Therapeutic Services through the client's insurance company. It is the client's responsibility to know their insurance benefits and whether or not the services they are to receive are a covered benefit. The client will be responsible for any co-pay or balance due that Innovative Therapeutic Services is unable to collect from the insurance carrier for whatever reason. If there is a copay, copays are collected at the time of service. Service may be refused due to non-payment.

PRP services are billed monthly through medical assistance. Special circumstances can be discussed with the Program Director.

Cancellations and Missed Appointments:

Innovative Therapeutic Services, Corp. (ITS) understands that situations arise in which you must cancel your appointment. Our practice firmly believes that good therapist and client relationship is based on understanding, good communication, and accountability. Clients are responsible for keeping all scheduled appointments. We utilize an electronic management record system that generates text and/or email reminders of upcoming appointments, but phone reminders are not available. If you need to cancel or change an appointment, we ask that you give us more than 24-hour notice. This will enable another client who is waiting for an appointment to be scheduled in that appointment slot. Additionally, cancellations made less than 24 hours' notice and clients who do not show up for their appointment without a call or texts are recognized as a NO SHOW.

Cancellations:

Clients receiving therapeutic services in the clinic or community who cancel their appointment twice (2x) for two (2) consecutive weeks will be placed on a thirty (30) day hold. Upcoming therapy, psychiatric rehabilitation, and psychiatric appointments are automatically cancelled. Clients receiving medication management services are encouraged to visit their emergency room and PCP to fill his/her prescriptions.

No Shows:

Clients who No-Show two (2) for two (2) consecutive sessions are placed on a thirty (30) day hold. Upcoming therapy, psychiatric rehabilitation, and psychiatric appointments are automatically cancelled. Clients receiving medication management services are encouraged to visit their emergency room and PCP to fill his/her prescriptions.

Discharge:

If a client completes two (2) cycles of thirty (30) day hold policy, the client is discharged from Innovative Therapeutic Services, Corp. and will be referred to appropriate therapeutic services.

Please note: After the thirty (30) day hold, your appointment slot and therapist may not be available should you choose to return to services. ITS Staff will ensure we reassign you with the best match possible at that time.

Medicaid clients are exempt from any financial obligations to Innovative Therapeutic Services. Medicaid recipients will not be billed for any missed appointments and will not be charged for any services.