



# Children's Behavioral Services

Improving the Quality of Life

**Caregiver Handbook**

## Who are we?

Children’s Behavioral Services is a pediatric therapy provider of ABA treatment, Occupational Therapy and collaborative services serving learners and their families throughout South Central Missouri. We work with children of all ages and as young as 18 months, providing services in our clinics, homes, daycares, community venues, and schools as appropriate.

## Our Vision

Children’s Behavioral Services is committed to improving pediatric therapy for learners and families by utilizing ABA and Occupational Therapy best practices, increasing access to services, and providing collaborative opportunities to caregivers and members of the community.

## Our Commitment

Children’s Behavioral Services is committed to providing clients with impartial access to services free of discrimination upon the basis of actual or perceived race, color, religion, creed, national origin, citizenship status, gender, sexual orientation, gender identity or expression, age, ancestry, marital status, disability, veteran status, primary spoken language, geographic region, genetic information, or source of payment. We strive to embrace diversity, equity and inclusive excellence through our actions, our policies, and our culture to provide a safe, dignified, inclusive, and equitable culture in which to provide and receive services.

## What is ABA?

Behavior Analysis is a scientifically validated approach to understanding behavior. Applied Behavior Analysis (ABA) is the application of behavior-based principles to human behavior. ABA methods are data-driven and have been studied for decades. ABA is regarded as the “gold standard” of autism therapy and is endorsed by the US Surgeon General, The American Psychological Association, Autism Speaks, and dozens of other leading research, medical, and advocacy organizations.

## The basics of Applied behavior analysis (ABA)

ABA looks for functional relationships between an individual’s behaviors and his or her environment. The goal is to increase useful behaviors that lead to quality of life and reduce behaviors that interfere with your child’s ability to communicate and learn. While it is a disciplined and well-researched system, ABA is not one-size-fits-all.

Treatment is tailored to the individual child, family, and agreed upon goals.

Data drives all decisions in ABA treatment allowing us to be responsive to your child's needs and make changes accordingly. Data is collected on what increases, decreases, or maintains performance. The data is analyzed and a treatment plan or an individualized ABA program is developed. As the learner's treatment progresses, data continues to be collected to determine treatment effectiveness.

Children's Behavioral Services seeks to produce socially significant results, enabling learners to gain skills to adapt to their environment, thus preparing them for a brighter future. ABA-based interventions are scientifically validated for the treatment of Autism Spectrum Disorder (ASD) but are also applicable for those with other developmental disabilities.

## How does ABA work?

Typically, our ABA treatment programs involve a tiered service- delivery model in which our Behavior Analysts design and supervise a treatment program delivered by Registered Behavior Technicians.

Registered Behavior Technicians (RBTs) provide individual behavior therapy in our clinical centers, community settings, in school settings in coordination with school administrators, and sometimes in the learner's home. All our BTs receive the training necessary to become Registered Behavior Technicians (RBTs) through the Behavior Analyst Certification Board (BACB). Children's Behavioral Services' RBTs receive comprehensive training in the principles and application of behavior analysis as well as crisis management, HIPAA and mandated reporting, and training on each learner's specific programming. In addition, continuous refresher training courses, research on new techniques, and professional development are provided to Children's Behavioral Services BTs so that they are able to maintain a high level of quality service.

All programs are overseen by Board Certified Behavior Analysts, masters level clinicians who are board certified by the Behavior Analyst Certification Board (BACB). The BCBA assesses each learner and develops an individualized treatment plan, providing initial and on-going training to the BT, and providing caregiver support and education. Board Certified Assistant Behavior Analysts (BCaBA's) may also support the BCBA, working under their supervision, to oversee treatment.

Each ABA program is tailored to the individual needs of the learner, however typical intensity is between 10-40 hours per week.

## Common areas targeted for support

ABA provides each learner with ongoing and individualized programming to promote skills that increase independence in all areas of development. Priority skills are broken down into small parts and taught using a variety of data-driven and systematic approaches. Programs are based on an initial assessment, family preferences, and consultations with schools and/or other therapists and medical professionals. While not an exhaustive list, common areas targeted for intervention include:

- |                                |                         |
|--------------------------------|-------------------------|
| <i>*Communication/language</i> | <i>*Safety Skills</i>   |
| <i>*Social Skills</i>          | <i>*Motor Skills</i>    |
| <i>*Self-Care</i>              | <i>*Learning Skills</i> |
| <i>*Play and Leisure</i>       | <i>*Self-Advocacy</i>   |

At CBS, we encounter a wide range of learner behaviors. Our goal is for each learner to reach their maximum potential by teaching behaviors that will allow them to better and more independently access the world around them. At the beginning and sometimes during treatment, some of the learners we work with may engage in behaviors that concern parents and/or others. If concerning behaviors are observed during a session, or reported to staff, we will document the behavior through data collection. If it is a new or different behavior, the parent/guardian will be made aware of the behavior as soon as possible. Some behaviors, such as on-going physical aggression, may not be conducive to therapy in a group environment (i.e. participation in social skills). Appropriateness of treatment setting will be discussed with each family based on assessment.

## Services

Our approach to ABA therapy seeks to foster appropriate behaviors and decrease negative behaviors by teaching functional replacements such as communication. We strive to provide a safe and happy space for children to strengthen foundational development skills to lead to independence later in life. It is a data driven therapy focused on positive behavioral interventions to reinforce desired behaviors and encourage positive interactions. Behavior Analysts collaborate with other disciplines and constantly monitor progress, change treatment procedures as needed, work closely with families to coach parents on strategies that work, and customize programs to address each child's needs. Potential Benefits and Risks of Treatment

When concerning behaviors must be addressed, we use a function-based approach to treatment. A Functional Assessment is conducted and if needed, a Functional Analysis may be administered. If it is determined that behavior management is needed, behavior plans will be written with concurrent parent/ guardian training to ensure consistency across all settings.

It is *not* CBS's policy to use physical punishment, psychological punishment, or programmatic physical restraint. If your child has a history of aggressive behavior, we may request that parents/guardians remain on the premises to assist as needed. If your child's behavior becomes unmanageable and/or they present a risk to themselves or to others during the session, the session may be discontinued. In crisis situations (continuous aggression, continuous self-injury, threatening behavior, or high-magnitude disruption), crisis management procedures may be utilized.

Occasionally, emergency and crisis situations resulting from behavior (which can be difficult to predict) can occur during therapeutic sessions. CBS uses caution in evaluating the need for crisis management, and the safest and best course of action to mitigate risk for the individual will be used. Credentialed CBS practitioners may implement procedures developed by an approved crisis management training such as Safety-Care or Professional Crisis Management (PCM). These crisis intervention trainings are founded upon evidence-based research in the areas of Applied Behavior Analysis (ABA) and Positive Behavior Intervention and Supports (PBIS) and focuses on how to prevent behavioral challenges, de-escalate early, and manage behaviors safely. Crisis Management strategies included in the curriculum include incident prevention, incident minimization, and crisis management.

## Assessments and Outcome Measurements

Upon admission and at regular intervals thereafter, each learner's development and progress will be assessed via a variety of individualized and standardized assessments.

As part of the assessment process, Children's Behavioral Services has adopted several outcome measures that are administered to all learners. First conducted at the beginning of treatment to provide baseline data, subsequent measures are completed at regular intervals to measure progress throughout treatment. These results are essential in assisting to determine the course of treatment and to ensure that meaningful progress is made.

Furthermore, some measures are norm referenced which allows us to track progress compared to peers at large, not just against individual progress.

We rely on caregiver participation in the completion of the outcome

measures and appreciate your time in completing them. Results of these outcome measures will be discussed with you and used to assist in developing programming.

## Discharge/Termination of Services

Discharge planning begins at the onset of treatment. When your child has met the goals set for therapy and is progressing developmentally within expected functional parameters, discharge is warranted. If your child shows any signs of significant regression after discharge, please contact us immediately for a consultation. If you do not feel your child is ready for discharge you may contact the Clinic Director and request a clinical review.

CBS reserves the right to terminate services at any time. Reasons for termination of service include inappropriate behaviors as outlined in this handbook, continued cancellations or no shows, and failure to pay outstanding balances and work with the billing staff. Services may also be terminated if we are unable to provide the services that your child requires to meet their specific needs or if a conflict of interest develops.

## Sessions

### Who does what?

ABA treatment programs involve a tiered-service delivery model in which our Behavior Analysts design and supervise a treatment program delivered by Behavior Technicians. Each ABA program is tailored to the individual needs of the learner, however typical intensity is between 10-40 hours per week. These treatment programs may take place in our clinical center, community settings, in-school, or on a limited basis, in-home.

Occupational Therapy, or OT, is provided directly by a licensed Occupational Therapist. Occupational Therapy programs may take place in our clinical center, community settings, in-school, or on a limited basis, in-home. Occupational Therapy typically is provided once weekly, unless otherwise determined.

### Behavior Analysts

Children's Behavioral Services currently utilizes the services of Board-Certified Behavior Analysts and Licensed Behavior Analysts to meet the needs of our growing population of learners. Behavior Analysts create learning or treatment plans and provide supervision to those who implement those plans. Behavior

Analysts communicate with caregivers to ensure caregivers receive instruction regarding treatment plans and interventions, allowing caregivers to implement treatment plans in-home and in community settings. Behavior Analysts may also provide direct treatment.

The Board-Certified Behavior Analyst® (BCBA®) is a graduate-level certification in behavior analysis. Professionals certified at the BCBA level are independent practitioners who provide behavior-analytic services. BCBAs may [supervise](#) the work of Board Certified Assistant Behavior Analysts® (BCaBAs®), Registered Behavior Technicians® (RBTs®), and other professionals who implement behavior-analytic interventions.

Each state has unique licensing requirements that govern Behavior Analysts. In the state of Missouri, a Board-Certified Behavior Analyst must also possess a state-issued license to practice Behavior Analysis. In select states (including Missouri), a provisional license may be issued to those who currently possess a graduate degree and have completed the educational requirements to sit for the BACB's Board Certification Exam but have not yet completed their practicum/fieldwork requirements to sit for the Behavior Analyst Certification Exam. These practitioners are Provisional Licensed Behavior Analysts (PLBA).

## Registered Behavior Technicians

The Behavior Technicians employed by Children's Behavioral Services are required to maintain certification as a Registered Behavior Technician® (RBT®). The RBT certification is a paraprofessional certification in behavior analysis. RBTs assist in delivering behavior-analytic services and practice under the direction and close supervision of an RBT Supervisor and/or RBT Requirements Coordinator who is responsible for their work. (BACB, 2024)

Registered Behavior Technicians provide individual behavior therapy in our clinical center, community settings, and at the learner's school, in coordination with school administrators. Service is provided in-home on an as-needed basis, by special approval of the Executive Director. RBTs receive comprehensive training in the principles and application of behavior analysis as well as crisis management, HIPAA and mandated reporting, and training on each learner's specific programming. In addition, continuous refresher training courses, research on new techniques, and professional development are provided to our RBTs so they are able to maintain a high level of service.

Registered Behavior Technicians must be at least 18 years old, possess a high school diploma or equivalent, pass a criminal background check, complete specific training in ABA principles, and pass a required competency assessment to apply for certification. The Registered Behavior Technician® (RBT®) certification exam is completed after satisfying these



requirements. Once an Registered Behavior Technician® (RBT®) passes the certification exam, they are required to receive ongoing supervision and adhere to the BACB ethics code and self-reporting requirements. Registered Behavior Technician® (RBT®) renewal competency assessments must be completed yearly.

## Administrative Staff

Children's Behavioral Services administrative staff provides support in scheduling, coordination of care, and in billing needs. These important members of the CBS team are the first point of communication in ensuring that your child's schedule is accurate and remains optimal for their best learning. Administrative staff can be reached by email, phone or text. Messages are typically returned within 48 business hours. Most of our administrative staff are also Registered Behavior Technicians, and often provide direct in-clinic therapy to our learners when possible.

## Clinic

Children's Behavioral Services provides behavioral therapy in a variety of settings, but primarily focuses on providing applied behavior analysis in our clinical setting. Our clinic is home to multiple therapy pods, large classroom spaces, and a custom-designed sensory gym. Our clinic is typically open Monday through Friday, 8:30am to 3:30pm, with additional sessions offered in the evenings from 3:30 to 6:00pm.

## Telehealth

A limited number of sessions are offered via telehealth. Telehealth is a valuable tool to ensure service is available to families who may not be able to visit our facility in-person. Most commonly, caregiver collaboration meetings are offered via telehealth. All other telehealth visits are provided on a case-by-case basis, at the discretion of the leadership team. If you are interested in receiving telehealth services, please contact your child's primary case supervisor.

## Policies

### Billing and Insurance

You must provide proof of insurance prior to your first visit. When possible, Children's Behavioral Services works with your insurance provider. Our staff will verify benefits and discuss your coverage and expectations for payment of deductibles, co-payment, and co-insurance costs. It is your responsibility to know what your insurance coverage is and to track your visits. You are responsible for any payment of services not covered by insurance. If your insurance does not cover a service, you may have the option to pay privately. CBS cannot change billing codes to receive payment for services that we have knowledge will not be covered



otherwise.

- *What is a co-payment?*

This is the amount you pay at the time of service. Co- payments are applied to each service you access.

- *What is a deductible?*

This is the amount you are responsible for paying before your insurance begins to cover your healthcare costs.

- *What is co-insurance?*

This is your share of the cost of your health care service. Co- insurance is a percentage of the total charge for the service.

### *Common Billing Codes*

When you receive your bill for services, here are common billing codes that you may see, including descriptions. Please note that this is not a comprehensive list for billing codes, and you should reach out directly to an CBS billing representative for any specific questions.

- *97151/97152 Assessment*

This code is used to bill for assessment and writing of the treatment plan, at start of services and again every 6 months. This includes writing of the treatment plan, *which may include a date of service in which your child was not seen directly*. Some insurers allow for on-going assessment throughout the treatment authorization.

- *0360/ 1T; 0362/ 3T Follow-Up Assessment*

This code is used to bill for time spent in follow-up direct assessments, typically when used when more in-depth analysis is needed.

- *97153 Direct Therapy*

This code is used to bill for time spent in direct therapy. Typically, this is time the BT spends in the implementation of your child's individualized program goals, however, direct implementation by the BCBA may also be conducted.

- *97154/58 Group Therapy*

This code is used to bill for time spent in therapy where there is one technician or Program Supervisor engaging in programming with 2-8 learners in a group format. This is sometimes referred to 'social skills'.

- *97155 Protocol Modification*

This code is used to bill for modifications that are made to your child's treatment plan by the BCBA. This includes time your BCBA spends monitoring the implementation of the program (with the BT and client), probing for new skills, and modeling the new procedures.

- *97156 Family Guidance*

This code is used to bill for time the BCBA spends with the parent/caregiver to provide support and education outside of the regularly scheduled treatment times, including a minimum of monthly team meetings to review progress.

## Clinic Policies

### Clinical and Outdoor Spaces

Our goal is to keep the CBS environment safe for staff and all of those we serve. Your child, siblings, or friends should be supervised during your time at one of our locations. Please be advised that:

- Therapy areas are for specific targeted treatments. No child or parent/guardian will be allowed on equipment without direct supervision or instruction from an CBS team member.
- Due to HIPAA policies, the use of a camera or a video recorder is not permitted unless circumstances are outlined in writing with the approval of your child's Supervisor and the Clinic Director.
- Firearms, smoking (including electronic cigarettes), and the use of recreational drugs or alcohol are strictly prohibited on the premises.
- Use of outdoor and/or surrounding areas of a clinical center require written consent.

#### Additional considerations for in-center sessions:

- A cubby, drawer, or other designated space will be reserved for each learner. Personal belongings such as extra clothing may be stored. Please clearly mark all personal belongings.
- All food and snacks are to be provided by the family. There may be a refrigerator to store perishable items. Consider packing all items in a lunch box or tote. Bulk snacks may be stored at the center dependent on space.
- Extra diapers and wipes can be kept at the center, if applicable.
- Any medication must be given to center staff for safe- storage and cannot be kept in learner's cubby/backpack.

### Pick-Up Procedures

- Children will not be allowed to leave the center with anyone other than those people listed on the "authorized pick up" form that each family is required to complete prior to enrollment.
- Additional individuals may be added to the list by a legal guardian,

in person only. Upon arrival at the Center, authorized individuals may be required to present a driver's license or other form of identification.

- Staff will call parents if no one has arrived to pick up a child 15 minutes after the appointed pick-up time. If a parent is unreachable, the emergency contact will be called. In case of an emergency, parents may give verbal permission for a person not on the authorized list to pick up their child.
- If the emergency contact cannot be reached, the clinical staff member assigned to the child will contact Child Protective Services after 60 minutes from last attempted contact.

### In-Home or Community-Based Sessions

Any client receiving in-home services must have a parent, legal guardian, or pre-approved designated responsible party over the age of 18 present always. At no time will any CBS staff be alone in a home or community setting with a learner.

#### Additional considerations for in-home or community sessions:

- Have a designated space for conducting therapy sessions as well as storage of therapy materials.
- You are responsible for attending to all toileting needs of your child unless it is part of the therapy program.
- Preparation of all food is your responsibility unless food preparation is part of the therapy program.
- Do not use stored therapy materials outside of session unless authorized by staff. You may always ask for duplicate materials for in-home use.
- To prevent unpredictable behaviors or situations, we ask that you keep your pets in a secured separate room, space, or area, or outside during all home visits.
- Ensure that the home/therapy environment is neither too hot nor too cold during the duration of the visit. Between 68-74 degrees Fahrenheit is a comfortable temperature range to use as a reference point.
- Have designated areas for safety in case of inclement weather (tornado, earthquake) or in the case of evacuation. Communicate these spaces/procedures to all staff.
- Communicate any considerations staff should know while conducting therapy such as where to park, rooms or areas that are off limits, etc.

## Safe Working Conditions

CBS employees have the right to work and provide services in a safe environment that supports personal worth and dignity through mutual respect, cooperation, and understanding. As such, CBS will not tolerate any violent or aggressive behavior, discrimination, or harassment towards any of our workforce members. Behavior that could be deemed a risk to staff's well-being is not tolerated in any way and may result in termination of services. This includes (but is not limited to):

- Engaging in any behavior at any time that jeopardizes the health and/or safety of CBS learners, staff, or interns.
- Verbally or physically aggressive behavior toward others.
- Being under the influence of alcohol or drugs.
- Use of tobacco products, cannabis products, or vapes of any kind on center property or in designated in-home therapy space/around staff.
- Inappropriate sexual/discriminatory harassment or other behavior that is deemed threatening.
- Engaging in any illegal activity to include but is not limited to sale, possession of, or taking of illicit controlled substances, vandalism, prostitution, theft, assault, etc.

If a staff member feels subjected to violence, harassment, or discrimination or feels un-safe in any way while working in a learner's home, they will leave the premises at once and immediately notify the Clinic Director who will investigate and determine the appropriateness of continuing services.

## Non-Discrimination

Children's Behavioral Services does not discriminate on the basis of disability in its programs, services, activities and employment practices. If you need auxiliary aids and services for effective communication (such as interpreter or translation services, an assistive listening device, or print material in digital format such as closed captioning) or a reasonable modification in programs, services or activities notify the Clinical Director as soon as possible so that arrangements can be made.

## Observations

Caregivers are encouraged to engage in regular observations of their child's sessions when possible. If the presence of the caregiver becomes detrimental to the therapy process, alternatives shall be discussed (such as observing through video conferencing).

Caregiver observations in-centers will be facilitated by a Program Supervisor to preserve the privacy of other learners, and to be a resource for the observer regarding the procedures as they are being implemented. Observations must not disturb the natural flow of therapy for any learner. Observations may also be limited in length due to the availability of a supervisor. Observation requests must be made in advance so that a Program Supervisor is available to support the observation.

## Confidentiality

Children’s Behavioral Services is bound by HIPAA regulations that require organizations to protect the sensitive health information of their clients. Protected Health Information (PHI) includes “any information, whether oral or recorded in any form or medium” that “relate(s) to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.”

Due to the nature of the services provided in the center, it is imperative that CBS staff keep sensitive information confidential. Any information about your child or family will be shared on a “need to know” basis only. Thus, CBS staff may not disclose the names or any other information regarding other learners who are also participating in the therapy program.

It is likely that other learners may be viewed during observations by parents and other authorized parties. Therefore, all caregivers and anyone else that may encounter learners are required to sign a confidentiality agreement that outlines their commitment to maintaining strict confidentiality with regards to observations or information regarding other learner’s needs, and programming or personal information including, but not limited to, names ages, diagnoses, and treatment goal targets.

## Emergency Procedures

### Accidents

In the case of minor accidents on site, all staff are required to have up to date CPR/First Aid Training.

CBS staff are required to complete a report whenever an incident or accident occurs. If the incident involved your child, you will be notified, and a copy of the report will be kept on file. If medical assistance was required, we will follow our emergency medical procedures.

## Medical Emergencies

When a medical emergency arises, every effort will be made to contact parents, guardians, or an emergency contact. If a parent/guardian or emergency contacts cannot be reached, the Director or designees will decide the next step, which may consist of calling 911. In extreme emergency situations the staff member may, at their discretion, call 911 before contacting the parent/guardian. An authorized representative from the center will accompany the child and remain with him/her until their caregiver arrives.

The emergency information form, filled out at the time of enrollment, serves as consent for your child to be transported by ambulance to a local medical facility to receive emergency care. CBS assumes no responsibility for the costs associated with emergency care.

## Fire Evacuation Procedures

Our center participates in routine fire evacuation and disaster drills. In the event of a fire alarm test or fire drill, an appropriate announcement will be made prior to the test/drill. If no announcement was made, you must assume the fire alarm was sounded for an actual emergency. All learners, staff, and visitors must stop what they are doing and quickly yet safely exit the building via the nearest emergency exit.

Fire Department (911) shall be called. The senior staff on duty shall coordinate with the fire, police, or other emergency preparedness personnel to determine when the building may be re-entered.

## Caregiver Expectations

### Caregiver Participation

Caregiver participation, including family education/training, is paramount in a learner's therapy and necessary to produce meaningful and lasting behavior change. CBS strives to include caregivers in all aspects of therapy from goal and objective development to treatment strategies and behavior support skills. Consistency of programming across settings is our ultimate goal. We encourage you to become well informed about your child's therapy sessions in order to continue providing learning opportunities for developmental interactions at home, between therapy visits. If you wish to attend therapy session(s) in our clinical centers, you must discuss and plan these visits with the Program Supervisor beforehand. This allows for more private and concise feedback on your child's development, progress, and program recommendations. It is also required that a parent, legal guardian, or designated responsible party over the age of 18 be always present during

home and community-based sessions.

The level, intensity, and frequency of caregiver participation will be discussed and mutually agreed upon at each treatment plan authorization review but shall be for a minimum of 2 hours monthly.

## Caregiver Commitment

To ensure effective implementation of the treatment plan/programming, CBS requests the following commitments:

- Agreement to 80% of prescribed hours. Following assessment, your ABA Supervisor will make a prescription of medically necessary therapy hours needed to deliver optimal learner outcomes. You must agree to 80% or higher of the prescribed hours, unless a variance is granted, to continue with treatment. Variances are made only with the approval of the regional director after examining the unique details of that learner's needs.
- Adherence to the learner's treatment plan and behavior reduction
- Immediate communication with your child's Program Supervisor if unsure how to implement a program/protocol, or if there is a concern that that program/protocol is not being implemented correctly or working effectively
- On-going participation in caregiver sessions per the agreed upon schedule and at a minimum of 2 times monthly
- Completion of between session assignments, as applicable
- protocols.

## Scheduling

Scheduling decisions, including number of hours per week and day, are made based on what is clinically appropriate and is discussed with you during the assessment and treatment review process.

While preferred family schedules are prioritized and may be accommodated, this is not always possible. We ask all parents/guardians to sign a participation agreement regarding each service schedule, committing to not missing/canceling more than a specified number of service hours during each authorization period. Continued services and/or preferred schedule cannot be guaranteed following continued missed sessions. All schedule changes require approval from the Supervisor responsible for monitoring treatment.



\*Your child's treatment team cannot change schedules without the Clinic Director's consent; when developing schedules, there are many matters considered and while CBS will attempt to honor schedule changes, this cannot be guaranteed.

Summer scheduling: Many families request additional utilization of hours during the summer. CBS makes every attempt to accommodate increased schedule requests.

Permanent Schedule Change Requests: All attempts to accommodate permanent schedule changes (i.e., move from daytime to afterschool) shall be made but are dependent on therapist and supervisor availability. Potential schedule changes should be communicated as early as possible to your Program Supervisor to allow for an orderly transition and minimal disruption of services.

## Attendance

Consistent attendance to scheduled sessions are essential to the success in treatment. If attendance falls below 80% of scheduled hours within a 30-day period, remedial actions as outlined in the parent participation agreement will be followed. Continued lack of attendance may impact schedules, technician/supervisor assignments, or continuation in the program at Children's Behavioral Services.

### *Tardiness, Late Cancellations, No Shows*

We understand that situations arise in which you must cancel your session or may be late. As there is a dedicated staff member assigned to your child, it is requested that cancellations or requests to re-schedule a session are made as soon as possible.

Planned absences or schedule changes (i.e. for vacation, doctors appointment, etc.), must be made at least a week in advance. For unplanned absences, a late cancellation is defined as a cancellation with less than two hours' notice.

Tardiness is defined as arriving to a scheduled appointment more than 15 minutes late. Exceptions may be made in cases of sudden illness or inclement weather. If for any reason (other than sudden illness) the learner needs to end session early, without prior notice, the remaining time qualifies as a late cancellation.

A no show is defined as failure to attend a scheduled session with no prior notification. Late Cancellations, tardiness and no-shows are subjected to remedial actions as outlined in the parent participation agreement.

### *Session Make-Ups*

It is the expectation that following any cancelled session, alternative times for a make-up session shall be given to the treatment team. Make-up sessions can include extending therapy time during a regular session or adding an additional day to your regularly scheduled sessions.

If a cancellation is made by the BT, all attempts will be made to offer a substitute during the regularly scheduled time. If a substitute is not available, a make-up session should be arranged.

Continual no shows or cancellations of appointments, tardiness, or failure to keep up accounts payable may result in termination of your treatment schedule, in accordance with the parent participation agreement.

### *Illness Exclusions*

CBS is committed to protecting our learners, families, staff, and interns. We reserve the right to cancel treatment for learners that may exhibit symptoms of a communicable or parasitic disease or infection. These may include, but are not limited to: diarrhea, vomiting, rash, chickenpox, bed bugs, fleas, pink eye, lice, scabies, ringworm, molluscum contagiosum, plantar warts, strep throat, measles, fever (100.4 or greater), severe cold/flu symptoms, respiratory problems such as severe coughing, rapid breathing, croup, or whooping sound after coughing, or any indication of an infection. Your child should be free of symptoms for 24 hours without the use of fever reducing medication before resuming service.

Please notify the scheduling number immediately if your child (or anyone else in your home) is diagnosed with a communicable or parasitic disease or infection and/or if the child may have unknowingly exposed others during treatment. Some diseases can be harmful to pregnant women and medically fragile clients. Depending on the situation, a doctors or exterminators note may be required prior to resuming services. The Clinic Director will be responsible for determining when services may resume.

### *Holidays*

The following holidays are observed by Children's Behavioral Services. Clinics are closed and services cancelled:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day

- Day after Thanksgiving
- Christmas Eve
- Christmas Day
- New Year's Eve

#### *Inclement Weather and Center Closures*

If an advanced notice of severe weather is announced which may jeopardize the safety of staff and learners, a decision may be made to close the center or delay opening and you will be notified via text message, phone call or email as soon as possible. Cancellations of sessions due to clinical call-off are not subject to the CBS attendance requirement.

## Communication

### Email and Text Communication

Caregivers are encouraged to reach out to the center during business hours, Monday – Friday, 8am to 5pm for any questions or concerns via telephone, text message, or email communications. Emails or messages sent to our team are typically answered within 48 business hours.

In case of an emergency, please dial 911. Children's Behavioral Services is a provider of behavioral therapy and should an emergent health need arise, your child's primary care provider should be consulted.

### Caregiver Notification and Emergencies

Due to the nature of services and the play-based format of the center programming, there may be contact between children that is within the normal range of play interaction. Caregivers have a right to be informed about any issues involving the well-being of their child that falls outside the expected range of contact among children. We make every effort to have transparency with caregivers so that they can be comfortable and confident in their child's care while they are at CBS.

Caregivers will be notified, and an incident report completed, by staff within the same day of any contact occurring between their child and another if the contact meets any or all the following criterion:

- Contact (bite, hit, kick, scratch, fall etc.) that leaves a mark\*
- Involvement in any incident that draws blood\*
- An incident resulting in any loss of consciousness\*

*\*If a bite breaks skin or loss of consciousness the caregiver notification will occur immediately*

Caregivers will not be notified immediately, but upon pick-up if your child:

- Falls down
- Gets touched, pushed, or hit by another child not resulting in any physical mark or one of the conditions listed above
- Is touched or otherwise contacted but does not experience any of the other conditions listed above.

## Coordination of Care

### Medications and Allergies

Please notify us of any medications your child is taking and/or any allergies (including food-related allergies) they have. If your child requires a medication to be delivered at clinic or an Epi Pen for allergies, the Medication Administration Authorization Policy will be followed. All medication administration in- home/community shall be administered by the designated adult. CBS staff will alert 911 per our policies for any medical emergencies on the premises.

### Photos and Video Use

At the initiation of treatment, you may be provided with a release for the use of photos and video for treatment. You have the right to change your mind on the use of visual media at any time. The use of photos or video in our center(s) is only authorized with prior, written approval from a Clinic Director.

It is our strong preference that CBS staff members are not recorded (via audio or video) by non-CBS staff. It is our expectation that learners (including parents/caregivers) adhere to all state and federal laws surrounding recording with or without consent. CBS staff will not review any audio or video footage provided. If a parent/guardian is interested in obtaining footage for clinical guidance or implementation, requests can be made to the Clinic Director.

## Your Rights

### Individual Rights

It is important for every individual to know his or her rights, as provided by CBS policy as well as state and federal law. These are your rights if you are receiving services; no one can take them away from you. A person receiving services shall be entitled to the following rights without limitation:

**Right to be Treated with Respect:** Each learner has the right to be treated with dignity, respect, and consideration. The personal dignity of

each learner is recognized and respected in all care and treatment provided. Furthermore, each learner has the right to be free from: abuse; neglect; exploitation; coercion; humiliation; manipulation; any treatment that involves the denial of food, the opportunity to sleep, the opportunity to use the toilet; and free of restraint or seclusion, of any form, used as a means of coercion, discipline, convenience, or retaliation. Restraint or seclusion may only be used if there is imminent risk of physical harm to self or others.

**Right to Access of Care:** Each qualified learner has a right to impartial access to service. Children’s Behavioral Services does not discriminate upon the basis of actual or perceived race, color, religion, creed, national origin, citizenship status, gender, sexual orientation, gender identity or expression (including transgender status), age, ancestry, marital status, disability, veteran status, genetic information, or source of payment.

**Right to Privacy:** Every learner has the right to expect that all treatment/service records or information will be kept confidential and in compliance with agency policy including the right not to be fingerprinted, photographed, or recorded with general consent, except as authorized and as required by law. The learner or authorized health care representative will maintain access to individualized health care records. A full explanation of client’s privacy rights may be found in our Notice of Client’s Privacy Rights policy.

**Right to Participate:** The essence of the treatment plan is learner/family directed; thus, each learner and / or authorized health care representative is strongly encouraged to participate in the development, evaluation, and alteration of the plan. Each learner may review, upon written request, their own record during the agency’s hours of operation or at a time agreed upon by the Clinic Director. A non-harassment culture allows for learners and authorized representatives to voice concerns, ideas, or grievances without fear of negative impact on the service provided.

**Right to Individualized Treatment:** Each learner has the right to receive individualized treatment which includes:

- Quality ABA services regardless of the source of financial support;
- Services provided in the least restrictive environment possible, as approved by the payer.
- An individualized treatment plan which is reviewed regularly that supports and respects the learner’s individuality, choices, strengths, and abilities.

- Services provided by an interdisciplinary team which includes collaboration with other service providers of the caregiver's choice.
- Each learner or authorized health care representative has the right to responsive and regular communication by a predetermined mode and frequency.
- Caregivers and learner family members have the right to receive training related to the learner's ABA therapy and programming efforts.

**Right to Informed Consent:** Each learner has the right to give informed consent to treatment and refuse or withdraw consent to treatment. Each learner shall receive an explanation of the proposed treatment in terms and language easily understood, including the intended outcome, the nature of the proposed treatment, procedures involved in the proposed treatment, risk or side effects from the proposed treatment, and alternatives to the proposed treatment. Learners may refuse to participate in research or experimental treatment. Each learner has the right to be informed of all fees that they are required to pay and of the agency's refund policies and procedures before receiving service.

**Right to Assent Withdrawal:** In addition to the right to give and withdraw informed consent, each learner has the right to withdraw assent during any part of treatment. Assent is defined as willingness or agreement to participate in treatment and can be given and withdrawn from session to session and within a session. Children's Behavioral Services staff will be trained in assessing assent and assent withdraw.

**Right to a Second Opinion:** If at any time during service it is believed by the learner or authorized health care representative that a care-related conflict exists between a team member and learner or family member, a review of the plan may be requested by the Clinic Director. If the agency is unable to provide a behavioral health service that the learner requests or that is indicated in the learner's treatment plan, the learner has the right to receive a referral to another agency.

**Right to Competent Skillful Team Members:** Every learner has the right to be served by competent skillful team members dedicated to the learner's programming needs and proficiency development. Children's Behavioral Services's team members work within the scope of company and industry defined expectations and under the supervision guidelines established by the Behavior Analyst Certification Board (BACB). Requests for a change in a team member associated with clinical programming efforts or scheduling conflicts with school or other therapies will be received and explored by the Clinic Director.

**Right to Express Grievances:** Learners have a right to have grievances considered by an agency or appropriate outside agency in a fair, timely, and impartial manner; to seek, speak to, and be assisted by legal counsel of the learner's choice, at their expense; and to be free from any retaliation from submitting a grievance.

**Right to Continuity of Care:** Every learner has the right to maintain continuity of care. If a change in service provider is necessary (e.g. relocation, change in payer source, or family choice), we will support a transfer of documentation and information to afford a seamless transition.

All Children's Behavioral Services employees comply with the BACB Ethics Code for Behavior Analysts. Please see link here: <https://www.bacb.com/wp-content/uploads/2022/01/Ethics-Code-for-Behavior-Analysts-230119-a.pdf>

At the time of enrollment and whenever changes are made to the description of individual rights, we shall provide a written description of the learner's rights and how to exercise them. A representative of CBS shall read and explain the description of rights to people who require assistance because they are unable to read or understand the written description.

### **Violation of Individual Rights**

All CBS staff are mandated reporters as deemed so by state rules, regulations, and/or laws. It is mandatory for CBS staff to report *any* suspicion of physical, emotional, sexual, or neglectful behaviors toward a child, as required by law. Staff will inform the Child Protective Services (CPS) and any other required agencies. It is the responsibility of CPS to contact the family directly.

If a learner receiving services has complaints of abuse, neglect or violation or limitation of rights, the learner, their parent, guardian, or authorized representative may contact the center to speak with the Clinic Director or set an appointment with the Clinic Director.

If you believe you have been physically or verbally abused or neglected, you may file a complaint with the person in charge of your services or another CBS representative. An investigation of your complaint will be initiated immediately.

### **Privacy Rights Notice**

This notice of privacy policy is an important part of the privacy regulations created as a result of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. This notice describes how



health information about you or your legal dependent (as a client of the Children's Behavioral Services) may be used and disclosed, and how you may gain access to your individually identifiable health information.

### Our commitment to Your Privacy

Children's Behavioral Services is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy policy that we maintain in Children's Behavioral Services concerning your PHI. By federal and state law, we must follow the terms of the Notice of Client's Privacy Rights ("Notice") that we have in effect at the time.

We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI;
- Your privacy rights in your PHI; and
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by Children's Behavioral Services. We reserve the right to revise or amend this Notice of Privacy policy. Any revision or amendment to this notice will be effective for all your records that Children's Behavioral Services has created or maintained in the past, and for any of your records that we may create or maintain in the future. Children's Behavioral Services will always post a copy of our current Notice in our offices in a visible location, and you may request a copy of our most current Notice at any time.

### If You Have Any Questions

If you have any questions regarding this policy or your rights, contact our Privacy and Security Officer at:

***Children's Behavioral Services, 2240 County Road 1270,  
Willow Springs, MO 65793***

### How we may use and disclose your PHI

**Treatment.** Children's Behavioral Services may use your PHI to treat you. We might use your PHI in order to write an authorization for you. Children's Behavioral Services may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may

disclose your PHI to others who may assist in your care, such as your spouse, children, or parents. Finally, we may also disclose your PHI to other healthcare providers for purposes related to your treatment.

**Payment.** Children’s Behavioral Services may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such service costs, such as family members. Also, we may use your PHI to bill you directly for service and items. We may disclose your PHI to other healthcare providers and entities to assist in their billing and collection efforts.

**Healthcare Operations.** Children’s Behavioral Services may use and disclose your PHI to operate our business. As examples of the way in which we may use and disclose your information for operations, Children’s Behavioral Services may use your PHI to evaluate the quality of care you receive from us, or to conduct cost- management and business planning activities for Children’s Behavioral Services. We may disclose your PHI to other healthcare providers and entities to assist in their healthcare operations.

**Appointment Reminders.** Children’s Behavioral Services may use and disclose your PHI to contact you and remind you of an appointment.

**Treatment Options.** Children’s Behavioral Services may use and disclose your PHI to inform you of potential treatment options or alternatives.

**Health-Related Benefits and Services.** Children’s Behavioral Services may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.

**Release of Information to Family/Friends.** Children’s Behavioral Services may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatricians' office for treatment of a cold. In this example, the babysitter may have access to this child's health information.

**Disclosures Required by Law.** Children’s Behavioral Services will use and disclose your PHI when we are required to do so by federal, state, or local law.

### Use and disclosure of your PHI in special circumstances

The following categories describe unique scenarios in which we may use or disclose your PHI:

**Public Health Risks.** Children’s Behavioral Services may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of:

- Maintaining vital records, such as births and deaths;
- Reporting child abuse or neglect;
- Notifying a person regarding potential exposure to a communicable disease;
- Notifying a person regarding a potential risk for spreading or contracting a disease or condition;
- Reporting reactions to treatments or problems with products or devices;
- Notifying individuals if a product or device they may be using has been recalled;
- Notifying appropriate governmental agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult client (including domestic violence); however, we will only disclose information if the client agrees or we are required or authorized by law to disclose this information; or
- Notifying your employer under limited circumstances related primarily to workplace injury or illness or health surveillance.

**Health Oversight Activities.** Children’s Behavioral Services may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the healthcare system in general.

**Lawsuits and Similar Proceedings.** Children’s Behavioral Services may use and disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party is requesting.

**Law Enforcement.** We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person’s agreement;
- Concerning a death we believe has resulted from criminal conduct;

- Regarding criminal conduct at our offices;
- In response to a warrant, summons, court order, subpoena, or similar legal process;
- To identify/locate a suspect, material witness, fugitive, or missing person; and
- In an emergency, to report a crime (including the location of victim[s] of the crime, or the description, identity, or location of the perpetrator).

**Deceased Clients.** Children’s Behavioral Services may release PHI to a health examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information for funeral directors to perform their jobs.

**Organ and Tissue Donation.** Children’s Behavioral Services may release your PHI to organizations that handle organ, eye, or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor

**Research.** Children’s Behavioral Services may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain written authorization to use your PHI for research purposes except when the Children’s Behavioral Services has determined that the waiver of your authorization satisfies the following:

- (1) The use or disclosure involves no more than a minimal risk to your privacy based on the following:
  - a. An adequate plan to protect the identifiers from improper use and disclosure;
  - b. An adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health research justification for retaining the identifiers or such retention is otherwise required by law); and
  - c. Adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted.
- (2) The research could not practicably be conducted without the waiver;
- (3) The research could not practically be conducted without access to and use of the PHI.

**Serious Threats to Health or Safety.** Children’s Behavioral Services

may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

**Military.** Children’s Behavioral Services may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

**National Security.** Children’s Behavioral Services may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials to protect the President, other officials, or foreign heads of state, or to conduct investigations.

**Inmates.** Children’s Behavioral Services may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary:

- (1) for the institution to provide healthcare services to you;
- (2) for the safety and security of the institution; and/or
- (3) to protect your health and safety or the health and safety of other individuals.

**Workers' Compensation.** Children’s Behavioral Services may release your PHI for workers' compensation and similar programs.

### *Your rights regarding your PHI*

You have the following rights regarding the PHI that we maintain about you:

**Confidential Communication.** You have the right to request that Children’s Behavioral Services communicate with you about your health and related issues in a particular manner, or at a certain location. For instance, you may ask that we contact you at home, rather than work. To request a type of confidential communication, you must make a written request to the Privacy and Security Officer at Children’s Behavioral Services, 2240 County Road 1270, Willow Springs, MO 65793 specifying the requested method of contact and/or the location where you wish to be contacted. We will accommodate reasonable requests. You do not need to give a reason for your request.

**Requesting Restrictions.** You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or healthcare operations.

Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your

care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. To request a restriction in our use or disclosure of your PHI, you must make your request in writing to us at Children's Behavioral Services, 2240 County Road 1270, Willow Springs, MO 65793.

*Your request must describe in a clear and concise fashion:*

- The information you wish restricted;
- Whether you are requesting to limit use, disclosure, or both;
- To whom you want the limit(s) to apply.

**Inspection and Copies.** You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including client health records and billing records, but not including psychotherapy notes. You must submit your request in writing to Children's Behavioral Services, 2240 County Road 1270, Willow Springs, MO 65793, in order to inspect and/or obtain a copy of your PHI. Children's Behavioral Services may charge a fee for the cost of copying, mailing, labor, and supplies associated with your request. Children's Behavioral Services may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct reviews.

**Amendment.** You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for Children's Behavioral Services. To request an amendment, your request must be made in writing and submitted to Children's Behavioral Services, 2240 County Road 1270, Willow Springs, MO 65793. You must provide us with a reason that supports your request for amendment. Children's Behavioral Services will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion (1) accurate and correct; (2) not part of the PHI kept by or for Children's Behavioral Services; (3) not part of the PHI that you would be permitted to inspect and copy; or (4) not created by Children's Behavioral Services, unless the individual or entity that created the information is not available to amend the information.

**Accounting of Disclosures.** All our clients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures Children's Behavioral Services has made of your PHI. To obtain an accounting of disclosures, you must



submit your request in writing to: Children's Behavioral Services, 2240 County Road 1270, Willow Springs, MO 65793. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six years from the date of disclosure and may not include dates before January 1, 2018. The first list you request within a 12-month period is free of charge, but Children's Behavioral Services may charge you for additional lists within the same 12-month period. Children's Behavioral Services will notify you of other costs involved with additional requests, and you may withdraw your request before you incur any cost.

**Right to a Paper Copy of This Notice.** You are entitled to receive a paper copy of our notice of privacy policy. You may ask us to give you a copy of this notice at any time. To obtain a paper copy of this notice, contact Children's Behavioral Services, 2240 County Road 1270, Willow Springs, MO 65793.

**Right to File a Complaint.** If you believe your privacy rights have been violated, you may file a complaint with Children's Behavioral Services or with the Secretary of the Department of Health and Human Services. To submit a complaint with Children's Behavioral Services, contact the Privacy and Security Officer Children's Behavioral Services, 2240 County Road 1270, Willow Springs, MO 65793. Complaints should be submitted in writing. You will not be penalized for filing a complaint.

*Right to Provide an Authorization for Other Uses and Disclosures.*

Children's Behavioral Services will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note we are required to retain records of your care. If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy and Security Officer at Children's Behavioral Services, 2240 County Road 1270, Willow Springs, MO 65793.

## Code of Ethics

All CBS practitioners must abide by a comprehensive ethics code. This code provides a set of professional practice guidelines. Those guidelines impact the ways in which a practitioner can interact with your family. For example, per the code, CBS staff are unable to accept gifts, including holiday gifts that you may typically give to a teacher or other therapist. Additionally, CBS staff are unable to engage in dual relationships. This means that CBS staff may not be friends or family of the clients we serve, including participating in events outside of therapy (i.e. attending birthday parties), babysitting, acting



as a nanny, or exchanging goods or services. The code also specifies ways in which practitioners must respect the personal privacy of clients. For example, if you see your practitioner in the community, he/she is unable to say hello to you unless you initiate the interaction.

These are just a few examples of the ways in which the code impacts the practitioner/client relationship.

The complete code can be found here:

<https://www.bacb.com/ethics/ethics-code/>

# Table of Contents

<b>WHO ARE WE?</b> .....	<b>2</b>
OUR VISION .....	2
OUR COMMITMENT.....	2
<b>WHAT IS ABA?</b> .....	<b>2</b>
THE BASICS OF APPLIED BEHAVIOR ANALYSIS (ABA) .....	2
HOW DOES ABA WORK? .....	3
COMMON AREAS TARGETED FOR SUPPORT .....	4
<b>SERVICES</b> .....	<b>4</b>
WHAT TO EXPECT.....	<b>ERROR! BOOKMARK NOT DEFINED.</b>
POTENTIAL BENEFITS AND RISKS OF TREATMENT .....	4
ASSESSMENTS AND OUTCOME MEASUREMENTS .....	5
DISCHARGE/TERMINATION OF SERVICES .....	6
<b>SESSIONS</b> .....	<b>6</b>
WHO DOES WHAT? .....	6
LOCATIONS .....	<b>ERROR! BOOKMARK NOT DEFINED.</b>
<i>Clinic</i> .....	8
<i>Telehealth</i> .....	8
<b>POLICIES</b> .....	<b>8</b>
BILLING AND INSURANCE .....	8
CLINIC POLICIES .....	10
<i>Clinical and Outdoor Spaces</i> .....	10
<i>Pick-Up Procedures</i> .....	10
<i>Observations</i> .....	12
<i>Confidentiality</i> .....	13
CAREGIVER EXPECTATIONS .....	14
<i>Scheduling</i> .....	15
<i>Attendance</i> .....	16
Tardiness, Late Cancellations, No Shows.....	16
Session Make-Ups .....	17
Holidays.....	17
Inclement Weather and Center Closures .....	18
COMMUNICATION .....	18
<i>Email and Text Communication</i> .....	18
<i>Caregiver Notification and Emergencies</i> .....	18
<i>Coordination of Care</i> .....	19
<i>Medications and Allergies</i> .....	19
<i>Photos and Video Use</i> .....	19
<b>YOUR RIGHTS</b> .....	<b>19</b>
INDIVIDUAL RIGHTS .....	19
PRIVACY RIGHTS .....	22
CODE OF ETHICS .....	29