



Handbook of In-Home Clinical Services Policies

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ABA INSIGHT, LLC MISSION STATEMENT

ABA Insight, LLC's mission is to empower, equip families and inspire success. Insight will collaborate with other professionals, families and clients to create an effective and meaningful treatment program that results in socially significant changes and improves individuals' quality of life!

PURPOSE

Our purpose is to serve the needs of individuals in our community with developmental challenges, including Autism, ADD/ADHD and other behavioral or social delays. At ABA Insight we specialize in applied behavior analytic principles. Our goal is to create optimal treatment programs that are individualized per the needs of each person. With our expertise in ABA and your love and knowledge of your child we can provide a holistic comprehensive program that fosters growth in communication and appropriate social behavior.

SCOPE

Our staff will provide developmentally appropriate curriculum, experiences and activities, as well as therapeutic intervention. ABA Insight is staffed by highly trained professionals. Staff and Administration will provide a program that:

- Promotes cognitive, emotional and physical development.
- Maximizes the independence and enhances the function and potential of young children.
- Provides individualized, quality services to children and their families.
- Provides a family-centered program to ensure that each family's priorities, concerns, and cultures are addressed and incorporated into their child's daily activities.
- Provides a naturalistic environment where each child's overall development is enhanced and enriched.
- Includes children as active participants in their learning experience.
- Maintains and increases the expertise of staff and quality services by providing opportunities for ongoing professional development.

In order to accomplish these goals, we will provide a program that enthusiastically:

- Promotes regular communication with parents.
- Promotes specially trained staff and assistants.
- Promotes frequent, positive and warm interactions among adults and children.
- Provides planned learning activities and material appropriate to each child's developmental age.

ABA INSIGHT SERVICE PHILOSOPHY

We strive to provide high-quality programs and services that are:

- Evidence-based
- Supervised and/or provided by licensed/certified personnel in respective fields
- Individualized
- Person-Centered
- Inclusive
- Collaborative in nature

ABA Insight maintains that:

- A patient will make greater progress if the caregiver(s) participate in the treatment sessions and home-programming activities.
- Services should be offered in a person-centered manner in the least restrictive environment.
- Our services should help all patients develop a positive self-image, independence and self-control in a fun, engaging environment.
- Each patient and family is unique and services should be sensitive and respectful of the family's culture, values, beliefs, education, and life experiences.
- Open, honest communication leads to better outcomes.
- We should serve as a resource to families and other professionals serving individuals with special needs.

CORE VALUES OF INSIGHT

ABA Insight provides a program supervised by Board Certified Behavior Analysts (BCBA), thus giving the ability to

work on language and socialization throughout the child's day at the center. These two skill areas are the most important targets in early learning. Our goal is to impact preschool-aged children to produce significant and lasting behavior change to better the lives of those diagnosed with autism spectrum disorder and other developmental challenges. Young children with an autism spectrum disorder have deficits in their ability to communicate, socialize and generalize learned behavior into the natural environment. With the acquisition of these skills, they can begin to acquire new skills with much less systematic intervention and in a more natural environment.

It is also nationally recommended "best practice" that parents and other caregivers be involved in their child's intervention goals and procedures, and that implementation is carried over into their other daily settings, such as home and various parts of their community. Parents and the treatment staff may also choose to have an additional set of goals that are targeted specifically in these other environments.

Studies are increasingly showing that by combining the treatment provided by professionals that is supported and extended by the family-unit and paraprofessionals involved that children with autism spectrum disorders and other developmental challenges are more likely to see true progress in attaining the target goals and retaining learned skills.

PATIENT/FAMILY BILL OF RIGHTS

The human rights of patients and families shall be respected throughout the time they are served at our center. All persons, regardless of age, sex, race, religious background, ethnic affiliation, orientation or disability are equal in value and shall be treated accordingly. This organization promotes rights that include, but are not limited to:

- For the patient, the right to:
 - Confidentiality and privacy-unless your guardian agrees in writing, you will not be photographed, finger printed or recorded
 - Interactions that are sensitive to his/her culture
 - Freedom from physical and psychological abuse and neglect
 - Freedom from unnecessary restraint-This right will not be limited as long as it does to cause harm to yourself, others, or property
 - Participation in individual planning, decision making, and implementation
 - Personal dignity
 - Personal safety
 - Perform tasks that don't infringe on their physical, mental, or emotional well-being
 - Provision of services in the most appropriate, least restrictive environment
 - Accept or refuse services
 - Services will be provided suited to the condition of the individual. This relates but is not limited to: the patient/family's right of choice of provider, acknowledgement of IPOS goals/objectives, incorporating information gathered during the Initial Skills Assessment, and subsequent treatment.
 - Decline to participate in research
 - Internal and external grievance procedures
 - Offer complaints and receive timely, appropriate responses
 - Receive information in an understandable manner on the results of evaluations, examinations, and treatments
 - Religious freedom & spiritual treatment. You will not be forced to attend a religious event, nor listen to or watch religious programs on radio or TV
- For the family/primary caregiver, the right to:
 - Accept or refuse services
 - Confidentiality and privacy
 - Interactions that are sensitive to his/her culture
 - Decline to participate in research
 - Internal and external grievance procedures
 - Voice complaints and receive timely, responsive responses
 - Participate in individual planning, decision making and implementation

- Personal dignity
- Personal safety
- Receive information in an understandable manner on the results of evaluations, examinations and treatments. We are required to contact the local Community Mental Health to provide language assistance to a consumer, at the level necessary, at no cost to the individual.
- Religious freedom
- Inspect and review the records pertaining to their child

Any allegation that the rights of one of our patients has been violated will be reported to one, or all of the following: local office of Recipient Rights(CMH clients only), It will also be investigated immediately by the Director of Clinical Services and Supervisory staff member, with written reports of the results and recommendations forwarded to the patient and the Owner of ABA Insight, LLC.

In addition to ABA Insight’s investigation, you should make a report to your local Recipient Rights office (CMH clients), the Behavioral Health Center of Excellence (BHCOE), and the Behavior Analysis Certification Board (BACB). Forms and contact information are available in our lobby.

If you are dissatisfied with the results of the investigation, you have the right to appeal.

SERVICES OFFERED

Applied Behavior Analysis

Applied Behavior Analysis is the science of human behavior. The best definition available is still the one written about in 1968 by Baer, Wolf, & Risley:

“Applied Behavior Analysis is the process of systematically applying interventions based upon the principles of learning theory to improve socially significant behaviors to a meaningful degree, *and to demonstrate that the interventions employed are responsible for the improvement in behavior* “

Key Features of Applied Behavior Analysis

- The child’s behavior is assessed through observations that focus on exactly what the child does, when he or she does it, at what rate, and what happens before (antecedents) and what happens after (consequences).
- Skills that the child does not demonstrate are taught by breaking skills down into small steps.
- Instruction emphasizes teaching a child how to learn – to listen, to watch, to imitate.
- As the child progresses, guidance is systematically reduced so that the child is responding independently; prompts are faded out.
- As steps are acquired, the child is taught to combine them in complex ways and to practice in multiple environments with multiple people.
- Problem behavior is not reinforced. The child is not allowed to escape from learning and is redirected to engage in appropriate behavior.
- The child’s responses are recorded during every lesson. These data are used to determine if he or she is progressing at an acceptable rate. If not, program modification will be considered and implemented.
- The behavior technician’s and parent’s behavior is also observed continuously at first and then less frequently and as needed to ensure that procedures are being applied correctly and safely.
- The information adds to our knowledge about the effectiveness of procedures and how to avoid and overcome problems that may arise in practice.

Styles of ABA Teaching:

- Incidental teaching Or Natural Environment Training
 - Incidental teaching is a systematic protocol of instruction that is delivered in the context of the natural stimulus conditions of everyday environments (Hart & Risley, 1968, 1974, 1975). Despite the title for this form of teaching, incidental teaching requires an extreme amount of skill and

planning for it to be effective. The environment must be arranged to attract children to desired toys and activities. The same principles of learning underlie both incidental teaching and direct instruction formats (as in the Lovaas, 1987 study). Research has also shown that children are better able to transfer their language to new settings and people following instruction with incidental teaching (McGee, Krantz, & McClannahan, 1983).

- **Direct Instruction Teaching**
Many opportunities or trials are given repeatedly in structured teaching situations to teach each step:
 - Therapist gives a clear instruction; provides assistance in following the instruction (for example “prompt” by demonstration of physical guidance), and uses materials that are at the person’s learning level.
 - patient emits a correct response.
 - Therapist delivers a positively reinforcing event (which is basically a consequence for that particular behavior that will strengthen that behavior and increase the likelihood of it occurring more frequently).

Both Incidental Teaching and Direct Instruction are intensive, are delivered in the natural environment, and require highly skilled staff and a low behavior technician to child ratio. Direct instruction can also be performed in an environment with minimal distractions typically to aid in the acquisition of early learning skills. Both forms of teaching are geared toward generalization of skills and intensity of repetition to ensure adequate skill acquisition.

Parent Training

Parent Training

Parents are crucial to the success of their child’s behavioral therapy because they help ensure the behaviors learned generalize into the home environment and elsewhere (Dillenburger, Keenan, Doherty, Byrne, & Gallagher, 2010). Research consistently shows that “parental involvement is the one invariable factor and an integral part of the success of early intervention programs for children with autism” (Ozonoff & Cathcart, 1998). Specifically, parental programs teach you the practical strategies you need to handle problem behaviors, leading to an increased understanding of your child, which leads to better relationships (Hailstone, 2014). Also, as a result of training, parents feel empowered and more in control of their family and home environment (Dillenburger, et al., 2002).

Given we know how important parent participation is for quality therapeutic outcomes, we are asking that all of our families commit to a minimum of one hour of parent support per calendar month. Our clinical team understands that each family will have unique circumstances that may make this a challenging request; or some families may want more parent support per month. No matter the case, we are here to support your participation in these meetings. It is our goal for your loved one to experience the best possible therapeutic outcomes and we sincerely believe parent meetings are crucial to meeting this goal. Therefore, beginning January 1st 2020, **ABA Insight will require parents to complete a minimum of 1 Parent Training appointment per month. If a parent misses 2 consecutive sessions, a team meeting will be held to problem-solve barriers and identify solutions.**

Additionally, we provide eLearning opportunities. Your Analyst will review pertinent opportunities to you. Although, many wonderful opportunities exist at this site

https://health.ucdavis.edu/mindinstitute/centers/cedd/cedd_adept.html

LEAST RESTRICTIVE TREATMENT

It is ABA Insight’s policy to exhaust and explore all positive teaching strategies for an individual’s treatment, before the consideration of an empirically validated correction strategy. Additionally, Program Behavior Analysts are required to discuss this consideration with the owner. The Owner will require a written formal proposal before considering approving such strategies. This proposal is to include, but not limited to: (1) Positive teaching strategies previously used and related treatment outcome data, (2) the proposed alternative correction strategy and supporting literature, and (3) a detailed plan of how the correction strategy will be faded.

Additionally, if the client is a CMH client, the Program Behavior Analyst will need to follow CMH policy for Least Restrictive Treatment, which ABA Insight is bound to by contract. The CMH policy may require presenting a treatment plan to the CMH Behavior Treatment Committee (BTC). For all clients, ABA Insight will adhere to the BACB’s ethical

guideline for Least Restrictive Treatment.

LICENSING AND ACCREDITATION

The State of Michigan does not currently have licensing regulations applicable to centers providing services to children with Autism and does not currently license BCBA's or BCaBA's. The Michigan population of individuals diagnosed with Autism Spectrum Disorder or other related behavioral challenges are severely underserved. Therefore, in 2012 and 2013 the State of Michigan passed legislation mandating all state regulated-private insurance health plans to cover diagnosis and medically necessary treatments for all covered children with ASD through 21 years of age. (MCL §550.3406s as amended 2012) ABA services must be provided under the supervision of a board certified behavior analyst (BCBA) or a board certified assistant behavior analyst (BCaBA).

Mental health services in Michigan are monitored and audited by the Department of Mental Health and their local Community Mental Health organizations. The contact information for the Michigan Department of Mental Health: www.michigan.gov/autism

SERVICE DELIVERY MODEL

ABA Insight is owned and operated by Angie Fuqua M.A. BCBA. Angie oversees and supervises the assessments and treatment developed by the **Qualified Clinician**. Qualified Clinicians directly manage the implementation of the treatment programs delivered by the **Behavior Technician**.

Qualified Clinician Responsibility:

- Assessment
- Develop the Treatment Plan
- Develop the data collection system
- Oversee the treatment integrity and provide direction on implementation of the plan.
- Regularly review the data with the staff and family, interpret the results and modify the plan accordingly.
- Supervise by observing and having team meetings with the staff and the family.
- Consult with the family regarding any concerns related to treatment, behavior modification or staff.

Behavior Technician Expectations:

The Behavior Technician provides one-to-one applied behavior analysis treatment in your home or community as prescribed by ABA Insight Qualified Clinician. Treatment is based on a behavioral consultation assessment and is required prior to the start of direct intervention. The Behavior Technician assigned to your case will receive direct training and supervision by the Qualified Clinician and other supervisors at ABA Insight. Behavior Technicians are held to all ABA Insight policies and procedures.

Behavior Technician Responsibility:

- **The Behavior Technician will follow the treatment plan developed by the Qualified Clinician to implement the one-to-one treatment.**
- Behavior Technicians are not consultants on behavior programming and/or behavior modification.
- Behavior Technicians will not accept any other duties assigned by the family outside of the treatment plan including but not limited to; working with additional children, additional staff, cleaning, babysitting, meal preparation, going out into the community.
- Behavior Technicians will be responsible for providing direct service only during the scheduled time.
- The treatment environment must be left in the same condition as received.
- Behavior Technicians must document on the progress note and inform the family of any concerns or additional needs including reinforcers.
- Behavior Technicians will be required to sign in and out for therapies by requesting family members or family representatives' initials for verification.

Family Responsibility:

In order for any child or adult to acquire specific skills, exhibit less problem behavior, and experience generalization to the home or community environment, active parent and family participation is absolutely necessary.

- **The family will follow the treatment plan as requested by the Qualified Clinician.**
- Family Representatives that are caring for the patient at any given time during therapy will be considered “in charge” and can make decisions or direct therapy implementation.
- The family or family representative at the time will provide a safe and appropriate environment for the therapy.
- All materials per the treatment plan will be provided by the family (unless arrangements have been made).
- Attend and actively participate in periodic meetings with staff.
- Work with staff to establish and maintain reasonable expectations for their child.
- Implement specific strategies when guided by staff to do so.
- The family will communicate all concerns (therapy, staff or child) immediately to the Qualified Clinician Coordinator and will refrain from discussing these concerns with the Behavior Technician.
- The family will refrain from assigning duties to the Behavior Technician implementing programming that are not included in the treatment plan.
- The family will refrain from seeking consultation advice from Behavior Technician regarding behaviors, concerns about programming, and/or treatment rationale.
- The family will seek consultation from the Qualified Clinician for the above concerns to help with consistent and effective communication between team members and the treatment integrity.
- The family will avoid calling the Behavior Intervention Specialists to discuss the program, schedule or concerns. Calls should be directed to the Qualified Clinician or Clinical Director.
- Families must complete all required documentation.
- Families will be cognizant of the schedule and respectful of the Behavior Technician’s time as they will not be paid for additional time not on the schedule.

Parents who do not meet these expectations will almost certainly experience a child with a limited repertoire of skills, which are not functional for everyday living, and which do not occur at home or elsewhere in the community. With their child, there will also be a significant risk of continuing or beginning to exhibit problem behavior.

STAFFING

All members of the ABA Insight team will have access to the patients’ records. Members of the team include:

- Clinical Director of ABA Insight
- Qualified Clinicians (BCBA, BCaBA, QBHP)
- Behavior Technicians
- Billing
- Administrative Assistants

The staff is trained in behavior analytic techniques and required to pass a series of competency checklists evaluating teaching performance, professionalism, organizational skills, and analytical skills on a regular basis.

Our staff are not allowed to engage in 3rd party employment arrangements. Please respect our technician’s privacy and ethics by not contacting them directly at home or during school hours to engage in any employment or volunteer arrangements such as babysitting or respite services.

Additionally, other Insight, LLC staff members review patient information and have access to the patients’ records as necessary. Please let us know if you have any questions prior to signing the consent form.

On a monthly basis, the staff of the ABA Insight meets to review and discuss patient cases within individual programs. The purpose of these meetings is to allow an opportunity for all of the service providers within these programs to collaborate on specific cases and seek feedback from other professionals that have expertise in other service areas.

For questions about:

- The patient’s treatment plan (e.g. frequency of treatment, progress, goals, or the need for additional evaluations at Insight), please talk to your child’s treating Qualified Clinician
- The patient’s center schedule, please talk to the child’s Qualified Clinician

- Financial arrangements, please direct questions to the company owner
- The program structure, exceptions to policies outlined in this manual, conflicts you are unable to resolve with staff members, please talk to the Clinical Director

HOURS OF OPERATION

ABA Insight operates year-round, open Monday through Saturday from approximately 8:30 AM to 6:30 PM. When providing treatment in the home, a family member, caregiver, etc. 18yrs or older, is required to be present. We will be closed on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving (Thursday and Friday), and Christmas Day.

Staff Development:

ABA Insight will also be closed for approximately 6 additional staff training days each year. Parents will receive prior notice of the dates.

ADMISSION CRITERIA

- *Diagnosis:*
 - Any Developmental Disability or Autism Spectrum Disorder
- *Medical Status:*
 - Information about medical status will be obtained from the patient and/or physician;
 - patients must be medically stable to be able to attend and participate in a safe and effective manner;
 - Information about past and current prescription medication/ supplements, including frequency and dosage must be provided and patient/ family must inform Program supervisor of any changes or updates in medication;
 - Information about past and current over the counter medication/ supplements, including frequency and dosage must be provided and patient/ family must inform Program supervisor of any changes or updates in medication;
 - If there are concerns about the patient's medical stability for safe and effective treatment, a letter from the patient's physician will be required stating that the patient is able to attend and fully participate in treatment;
 - Proof of current immunization is required.
- *Parent/Family Involvement:*
 - Patients admitted to the center must have active involvement by their parents, families, or caregivers in order to maximize the benefits of the program, to prepare for discharge, and to carry out any home program given during and/or after the active phase of treatment;
 - Families may be required to observe/participate in treatment in order to establish home programming;
- *Financial Arrangements:*
 - Patients will receive contracts for appropriate arrangements for payment before being admitted to treatment.
- *Documentation:*
 - Prior to starting treatment, patients must provide the following:
 - Proof of current immunizations, or affidavit of the reason why these cannot be given;
 - Consent to treat and release information;
 - Information about the patient's current medical status, including the name of the patient's primary care physician;
 - Authorization for medical treatment;
 - Arrangements for payment of services including any third-party reimbursement and any self-pay arrangements.

ENROLLMENT IN THE ABA PROGRAM

Inquiries and referrals are accepted over the phone at ABA Insight. Parents are welcome to schedule an appointment with the Clinical Director to visit the program. The initial enrollment form needs to be returned to

apply for placement. Enrollment forms include:

- Admissions form, including emergency contacts, pick-up authorization and consent to treat
- Marketing, Photograph and Video releases
- Child health appraisal application (to include allergy information, immunization records, and physician's statement of health)
- Confidentiality and Privacy Notices
- Acknowledgement of receipt of policy manual

NO child will be admitted to the program without these forms on file. All information must be current and recorded on the appropriate form. These forms must be completed and updated annually.

WAITING LIST

Children are enrolled on a first come, first available space basis, as spaces open in the program.

PROGRAM AGE REQUIREMENTS AND TRANSITIONS

ABA Insight provides services to children of varying ages and are placed in groups according to age/developmental level.

INTENSITY OF SERVICES

The intensity and duration of services will be based on the level of the recipient's impairments in the area of developmental norms and the severity of maladaptive behavior. This is specifically targeting behaviors and skill deficits that prevent the recipient from performing activities of daily living related to self-care, effective communication, or safety.

- Comprehensive Interventions: Services range from 21-40 hours per week. Services are provided in this manner when assessment reveals the need for intervention for multiple targets across most or all developmental domains.
- Focused Interventions: Services are provided up to 20 hours per week and are directed to a more limited set of problem behaviors or skill deficits.

TRANSITION/DISCHARGE CRITERIA AND PLANNING

Preparations for discharge occur throughout treatment as the goal of starting treatment is to help the patient become more functional in his or her natural environment and to help the caregiver care for the patient at home and in the community.

Throughout the patient's time in the program, progress will be assessed through analysis of the data collected by the patient's treatment team. The program supervisor will document and discuss these assessments monthly through the monthly progress reports. These assessments of progress will be used to determine progress toward functional goals and to adjust the treatment program as needed. The patient will be discharged when:

- He/she ages out of the program.
- He/she achieves goals set and there are no new goals to set.
- He/she functions in the normal range for age with no deficits to target.
- He/she has attendance that is not in compliance with Insight attendance policy.
- He/she has a medical condition that is unstable, or has changed such that treatment is not safe or appropriate.
- He/she is transferred to another program or service provider.
- He/she requests discharge for any reason.
- He/she does not comply with financial agreements made with Insight and declines to work with Insight in good faith to resolve the problem.

Additionally, discharge may be considered when:

- A child has not made measurable progress toward meeting goals identified on the ABA treatment plan after successive progress review periods and repeated modifications to the treatment plan.
- ABA Treatment Plan gains do not generalize over time and do not transfer to the larger community

setting after successive progress review periods and repeated modifications to the treatment plan.

- An individual can no longer participate in ABA Therapy due to, but not limited to, medical problems, family problems, or other factors that may inhibit participation.

Patients are usually discharged voluntarily, that is, with their understanding and agreement with the reason for discharge and the plan. However, there may be situations in which a patient is discharged involuntarily if the treatment team, with due diligence, determines that continued treatment is unwarranted or unsafe, or if the patient fails to comply with the terms of the treatment agreement.

Should discharge occur, parents/legal guardians will be provided with a list of referrals to pursue services elsewhere, should they feel continued therapy is necessary and to support child in attaining needed supports.

NOTICE OF WITHDRAWAL

ABA Insight prefers written notice of intent to withdraw from the program 30 days before the patient's last day of attendance. This allows staff members to complete final assessments, compile data, prepare final documents and develop recommendations to aide in the patient's transition to the next placement. Without written, 30-days-notice, these documents cannot be prepared accurately and therefore, Insight may be unable to provide them to parents.

COMMUNICATION BETWEEN HOME AND ABA INSIGHT STAFF

Insight strives to serve each patient effectively and efficiently.

ABA Insight will provide you with a brief recap of the patient's day. Parents and behavior technicians can share information about the child.

In order to effectively communicate with you, while protecting your information at the same time, we will send all email correspondence that contains any protected health information to you via encrypted email.

FAMILY PARTICIPATION AND OBSERVATION

Parents are required to participate in their child's program activities. Children enjoy sharing with their parents the activities of the sessions. In order for any child or adult to acquire specific skills, exhibit less problem behavior, and experience generalization to the home or community environment, active parent and family participation is absolutely necessary. Parents are viewed as active participants in their child's program.

ATTENDANCE POLICY AND PROCEDURE

It is ABA Insight's primary goal to provide quality and consistent services to its clients. To do so, we must adhere to the schedule agreed upon by the treatment team. There can be a variety of reasons why lack of adherence can occur:

- Staff cancellations
- Client cancellations
- Client tardiness
- Client leaving early

Our agency recognizes that extraneous circumstances occur that result in disruptions to the regular schedule, and we are sympathetic. Given this, client adherence to the schedule is expected to be at 85% or above.

If a client falls below 85% in a given month, a team meeting will be held where the guardian is advised and acknowledges, that if attendance remains below 85% the next month, or any month thereafter, a second meeting will be held, where services will either be:

- Reduced
- Put on hold (until a long-term solution to the variable causing schedule adherence is identified).
- Terminated (12-day notice will be provided).

Additionally, if a client is late on **3** or more occasions within a 4-week period, the session start time will be moved to 30 minutes later than the original start time. Late being defined as 15 minutes or more. If a client continues to be late, a team meeting will be held to further problem solve or discuss possible termination.

LATE PICK UP OF A PATIENT

If you are going to be late, please call and let the staff know. There is no staff member scheduled beyond your child's session. If late pickup occurs regularly, your child's session will end earlier, and service termination may be considered.

INFORMATION ON HEALTH CHECKS

Health Care checks will be conducted on any patient staff believes may be sick or exhibits signs or symptoms of illness. Please communicate changes in your child's sleeping, eating or drinking patterns, any concerns you identify about your child, any cuts/bruises or injuries received since staff last saw them and any follow-up care needed. We are also looking to make sure all the children are healthy to engage in services for the day.

Health Checks may involve staff gently feeling the patient's cheek, forehead or neck, checking to see if the patient is unusually warm, cold or clammy; visually observing the patient's arms, legs, chest and back, checking for changes in skin color, bruising, swelling, cuts, sores or rashes; and observed for severe coughing, discharge from eyes or nose and for any signs of breathing difficulty.

Staff will discuss with parents if any findings cause concern or if the child's session should be cancelled for the day. Please refer to the Health Requirements section of the handbook for further information on when children should not participate in session for the day.

If you have any questions or concerns about this process please talk to our Clinical Director of the ABA Insight.

GUIDELINES TO ATTENDANCE/ HEALTH POLICIES

Illness:

The goal of the illness policy is to enable all the children enrolled in ABA Insight program to participate as healthy individuals. This ensures the health and safety of all children and adults. To that end, any child exhibiting the following symptoms during a 24-hour period **prior** to a scheduled session should reschedule the session until all symptoms have been relieved for 24 hours. A note from the child's doctor may be required if more than 3 sessions have been cancelled. A doctor's release is required to return following a communicable disease.

Exclusion is necessary when: a) the illness prevents the child from participating comfortably in program activities; b) the illness results in a greater care need than the child care staff can provide without compromising their health & safety; or c) the child has any of the following conditions:

- **Fever** of 100 ° F or higher.
- **Runny nose** that is yellow or green in color and not allergy related.
- **Cough** with yellow-green phlegm or persistent in nature.
- **Cold symptoms** (e.g. runny nose, cough, persistent congestion): the child will be excluded for a runny nose and/or cough that are not discounted as allergy related and the discharge or phlegm is yellow or green in color indicating an infection. The child will be excluded until symptom free. In some cases, the child may only return with a doctor's written clearance.
- **Rashes** on the body, except diaper rash or poison ivy. The child will be excluded until a health care provider determines that the symptoms do not indicate a communicable disease.
- **Diarrhea** (loose, watery, foul smelling bowel movements): the child will be excluded UNTIL DIARRHEA FREE for 24-hours following last movement.
- **Vomiting**: the child will be excluded after two or more episodes of vomiting. He/she may return after the 24-hour vomiting period is resolved, or in some cases when a health care provider determines the illness to be non-communicable and the child is not in danger of dehydration.
- **Conjunctivitis** (pink eye): the child will be excluded from school until a health care provider has seen him/her and treatment has been initiated for 24-hours. The child may only return with a doctor's written clearance.

- **Impetigo:** the child will be excluded from school until a health care provider has seen him/her and treatment has been initiated for 24-hours. The child may only return with a doctor's written clearance.
- **Strep Throat:** the child will be excluded from the facility until 48-hours after treatment has started. He/she may return after treatment has been initiated and he/she has been fever free for at least 24-hours.
- **Lice:** the child will be excluded from the facility. He/she may return 24-hours after treatment has been initiated. An examination by a healthcare provider must be completed to ensure he/she is nit free.
- **Chicken Pox:** the child will be excluded from the facility. The child may only return with a doctor's written clearance.
- **Ringworm:** the child can be included with ringworm; however, the child will be excluded for ringworm of the scalp and may return only after being seen by a healthcare provider with treatment initiated. He/she will need to return with a doctor's clearance indicating diagnosis and treatment prescribed. Ringworm on the body will not lead to exclusion provided the ringworm remains covered at all times while at school and an over the counter anti-fungal has been initiated. If the condition doesn't improve, you may be required to have the child seen by his health care provider and return with the doctor's clearance.

If a child becomes ill with any of the above symptoms during a session the session will be rescheduled.

Please let staff know if your child has been exposed to or is diagnosed with chickenpox, rubella (German measles), roseola, fifth disease, lice, or any other common childhood illnesses. In case of contagious illnesses, **parents are required to reschedule sessions until you obtain a written statement from the child's doctor that the child is free of contagious illness.** When considered necessary, ABA Insight may require additional medical information, examination and/or medical tests prior to considering the child's continued participation.

INCLEMENT WEATHER

The Area Manager may determine it is proper to consider a delayed, early dismissal, or reschedule of services during inclement weather. This will not necessarily occur if schools are closed. All communication regarding inclement weather will be communicated to families by the Qualified Clinician or Area Manager.

CONFIDENTIALITY

All information received and/or obtained through Insight Center is confidential. No one is permitted to share any information obtained at the Insight with any person(s) outside of Center staff. Anyone who has knowledge of any person(s) who has violated this confidentiality agreement is required to report that to the BCBA immediately. Any willful misrepresentation or failure to comply and follow any policy and procedures at any time is cause for denial or dismissal of service.

Your child's information is kept in a secure, locked location and monitored to ensure the preservation of confidentiality. Insight Center will only release patient information upon receipt of an original, duly signed and facially valid Release of Information form or a facially valid subpoena.

Patient information may be shared internally with Insight staff for training, development or business purposes. This information will only be shared on a need-to-know basis and in a secure manner. This means, patient's names will not be used via text message or unsecure email or voicemail.

HIPPA Breach Policy

HIPAA's Breach Notification Rule requires ABA Insight to notify patients when their unsecured protected health information (PHI) is impermissibly used or disclosed—or "breached,"—in a way that compromises the privacy and security of the PHI.

Upon discovery that a breach of PHI has occurred, ABA Insight has an obligation to notify the relevant parties "without unreasonable delay" or up to 60 calendar days, following the date of discovery, even if upon discovery ABA Insight was unsure as to whether PHI had been compromised. ABA Insight is required to maintain a log of the compromised PHI and notify the Department of Health and Human Services, within 60 days after the end of the calendar via the HHS website.

COLLABORATION

ABA Insight facilitates and encourages communication and collaboration with other service providers and individuals in the patient's life throughout enrollment in the program. This is necessary to ensure that efforts are coordinated across all environments to aid in the patient's success. This also aids in eliminating duplication of effort and ensures an adequate transition plan is in place for when the patient leaves the program. In order to collaborate with other providers and individuals, Insight requires the primary caregiver to complete a Personal Health Information (PHI) release form so that the staff can communicate with individuals outside of the Center. These release forms are valid for one year from completion, unless revoked sooner. You will be notified in advance of any such collaboration with outside or 3rd party service providers or professionals. Insight may be required to provide patient information to governmental or contracting agencies, including insurance companies, Community Mental Health Organizations, upon request.

ALTERNATIVE TREATMENT POLICY

It is our policy at ABA Insight to provide only empirical and data supported (evidence-based) treatments to the children we serve. If you, as a parent/guardian, decide to participate in alternative treatments in conjunction with your behavioral program we require full disclosure of other therapies, medications, and procedures. We also request that no more than one treatment intervention begin or discontinue within 3 months of each other in order to determine the effectiveness of each treatment. As with all behavioral programs, we reserve the right to deny or refuse a patient participation at ABA Insight if any alternative therapies are being implemented while participating in the ABA Insight program. This will be discussed at monthly meetings prior to any changes.

MANDATED REPORTING OF SUSPECTED CHILD ABUSE AND NEGLECT

Michigan Child Protection Law requires caregivers to report suspected child abuse or neglect to the make an immediate verbal report to DHS upon suspecting child abuse and neglect, followed by a written report within 72 hours. Failure to report suspected abuse or neglect is a crime. Employers are prohibited from retaliating against caregivers who make reports in good faith. Insights' employees will follow the law should a situation arise that causes them to suspect abuse or neglect.

PHOTOGRAPHS/VIDEOTAPING

ABA Insight may collect video data of patients. These videos may be used to track and monitor progress for each patient, and track and monitor center operations. ABA Insight may take photographs of patients and staff. Such videos and photographs may be used for Insight marketing purposes. In no instance shall any patient or staff be identified, videoed or photographed in any manner that would be considered a breach of their individual right to privacy or that would other embarrass or subject them to ridicule. Employees may not use personal cell phones or cameras for purposes of photographing or videoing on Insight premises.

Photographing and videotaping by non-Insight employees are not permitted in any Insight facility for reasons of patient privacy and confidentiality. The only exception to this policy is during special class events, such as class parties, graduations and field trips where parents may wish to take pictures of their child. **Parents giving permission for their child to attend these events are also giving permission for their child to be photographed.**

CURRICULUM

ABA Insight bases its programs on The Complete ABA Curriculum by Julie Knapp, BACB "best-practices" model, and a variety of developmentally appropriate practices to help shape appropriate curriculum and overall program design.

PROFESSIONALISM

Insight is committed to creating a safe, respectful environment that is patient-centered and based on Person-Centered practices. Relationships between Insight staff members and patients are intended to set limits and clearly define a safe, therapeutic connection, putting the needs, goals and program of patient first.

Professional boundaries will be maintained at all times between staff members and patients so that appropriate services are provided. Without professional boundaries it becomes difficult to remain objective in programming decisions and patients may not receive appropriate treatment. These boundaries will be maintained during treatment and after discharge.

Dual relationships are not allowed with current or former patients. Dual relationships occur when a therapist has some form of interaction with a patient outside of the treatment environment. Any personal information revealed will be relevant to the patient's treatment.

Staff members may only be contacted through Insight phone numbers, emails or in person at Insight. If a family needs to contact an Insight staff member during enrollment or after discharge, they must use the main Insight contact information.

SOCIAL MEDIA AND ENCOUNTERS OUTSIDE OF INSIGHT

Insight staff members are prohibited from engaging in any social media relationship with current or former patients and/or families. This is to ensure privacy as well as to respect the professional boundaries of the relationship between Insight and the patients' family. Limited interaction is allowed via Insights' social media sites. Insight reserves the right to limit or remove any information, posting, links or comments made on Insights' social media sites at Insights' sole discretion.

To respect the privacy of Insight patients, Insight staff will not approach patients outside of the Insight program if encountered in a public setting. Families are more than welcome to approach the staff member if desired but staff members will not initiate the interaction. Staff members are limited and restricted in their ability to interact outside of Insight with patients and will maintain and interact professionally and in the best interests of Insight at all times.

DISCIPLINE AND GUIDANCE PRACTICES

Most problems are avoided by keeping the children engaged in activities that are appropriately challenging and interesting, as well as by maintaining a predictable structure upon which the children can rely. Insight has clearly established and consistently reinforced rules regarding appropriate behavior. These rules are intended to ensure the child's safety and the safety of others within the center and the center, as well as to promote social development and relationships both with peers and adults. Such rules may include taking turns, using words to express needs and wants, walking in the center and using materials safely and respecting the space and property of others.

The goal of discipline is to instill the principle that each child is responsible for its own behavior. At no time will any physical punishment such as restraint, forced compliance, or punishment related to deprivation of food, medications or use of bathrooms be allowed. ABA best practices and the BACB provide clear guidelines as to allowable and clinically appropriate methods of behavior modification.

If a child's behavior is such that she/he consistently displays hostile or aggressive behavior that is dangerous to self or others, and cannot be effectively managed, staff will develop an effective plan of action with the family.

PATIENT PERSONAL PROPERTY

Personally owned devices such as communication boards, iPads, iPods, specialized games, toys, money can be used for valid therapeutic purposes as well as for rewards. Insight reserves the right to refuse the use of such belongings during sessions if it is determined that it will interfere with the program. Patients may use such toys/devices prior to or after session times.

PATIENT ACCESS TO COMMUNICATION (MAIL, PHONE, VISITORS) & ENTERTAINMENT, INFORMATION, & NEWS

If there is a need to limit a client's mail, phone, or visits this will be done only to the extent which is documented in the client's Individual Plan of Service.

TRANSPORTATION

INSIGHT Staff provides transportation for patients who can demonstrate extreme need, hardship and eligibility for Medicaid transportation waiver or benefit. Insight is committed to removing barriers for patients to access care.

ANIMALS/PETS

ABA Insight reserves the right to ask that pets are restrained during sessions in order to ensure the safety of staff and limit potential disruptions to therapeutic activities.

ALLERGIES

Parents/guardians are responsible for notifying staff, in writing, of any allergies or other medical conditions upon enrollment or as the parents become aware of them.

FAMILY PLANNING

ABA Insight will provides referral assistance for family planning and health information services can be made available upon request of the recipient or their legal representative.

PROCEDURES AND CHARGES FOR OBTAINING COPIES OF MEDICAL RECORDS

Patients or their parents/legal guardians may receive one copy of medical records free of charge on request and with appropriate consent for release as required by law. Additional copies will be provided on request; a fee for staff time will be charged for these additional copies. Additionally, for medical records stored off-site, a retrieval fee will be charged. These fees must be received before copies will be made.

This same fee schedule applies to all records released to other sources with these exceptions: necessary records will be sent to managing physicians without charge as needed for proper medical care; necessary records will be sent to schools or other therapeutic programs as needed to ensure proper coordination of services, free of charge. Some agencies will have a fee contract for records, such as the Social Security Administration, which will be used in place of this fee schedule. Records may be sent to third party payers without charge as part of the billing process, and with proper consent.

All patient records or information, in any form, released to anyone for any purpose, must be requested with proper written consent for release of records if, when, and as required by law, regardless of whether there is a fee for the service or not. This pertains to individual identifying information or records, not to data or case scenarios which do not or could not identify as individual patient, such that that used for statistical data, for general marketing purposes, etc.

With consent, records will be pulled and copied in a timely manner, depending on the source of the record (such as active chart, inactive stored chart, or microfilm), and the number of pages to be copied.

Only Insight staff may pull and copy records, and all records sent must be recorded in the patient's chart, to include the date, which records were released and to whom they were released. patients have the right to request and be told which records were released, and to whom.

Publicity:

Throughout the year Insight may request that patients and families take part in group activities, including publicity photos or open house sessions. It is the patient/family's sole decision whether they will or will not participate. patients/families will be asked to sign a release indicating if they wish to participate or not.

This may be changed or revoked at any time, at the sole discretion of the patient/family. The extent and quality of services provided to a patient/family will not be affected by that patient/family's decision to participate or not. Participation is completely voluntary and will not adversely affect a patient's participation or admission to the Insight program.

CONFLICT RESOLUTION

Please note that failure to comply with any Insight policies may result in termination of services. Individuals concerned with the actions resulting from our policies can contact the Owner to request an appeal.

Insight abides by the principle that problems should be resolved in a timely, non-confrontational manner. If a concern or incident arises, the Program Coordinator or Clinical Director will contact parents verbally, in writing, by e-mail or phone. Staff expects parental support in development and implementation of a plan to solve the concern. Any patient complaint should be submitted to the staff or Insight Clinical Director in writing on the Resolution Form included in this manual. All concerns should be handled and resolved as soon as possible to avoid unnecessary delay in services, disruption to other Insight patients or misunderstanding.

Mediation: If the dispute cannot be handled internally to the satisfaction of Insight or the patient and the patient's parent or guardian, then the Resolution form will be submitted in writing to non-binding mediation with the parties providing short supplemental description of attempts to resolve the matter, describing the specific issue and desired resolution.

Arbitration: If mediation fails to resolve the issue then the parties agree to submit the matter to binding arbitration pursuant to the Arbitration agreement notice included in this manual.

If a concern regards a broader issue than a child, a center incident, staff directly, or is generally program related, the Clinical Director should be contacted.

Misunderstanding may occur if the problem is not first investigated at the source. Personal issues are not appropriate items with which to approach other staff members or parents. To appropriately resolve concerns, please communicate with the Clinical Director.

Notice of Privacy Practices (NPP)

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY

Our Commitment to your Privacy

Our practice is dedicated to maintaining the privacy of your personal health information. We are also required by law to do this. These laws are complicated, and we must provide you with this important information. This pamphlet is a shorter version of the full, legally required NPP which you also received, so refer to it for more information. We can't cover all possible situations so please talk to our Privacy Officer (see the end of this pamphlet) about any questions or problems.

We will use the information about your health, which we get from you or from others to provide you with treatment, to arrange payment for our services or for some other business activities, which are called, in the law, health care operations. After you have read this NPP we will ask you to sign a **Consent Form** to let us use and share your information. If you do not consent and sign this form, we cannot treat you.

If you or we want to use or disclose (send, share, release) your information for any other purposes we will discuss this with you and ask you to sign an **Authorization** to allow this.

Your health information is kept private and yet there are some times when the law requires us to share it, such as:

1. When there is a serious threat to your health and safety or the health and safety of another individual or the public. We will only share information with a person or organization that is able to help prevent or reduce the threat.
2. Some lawsuits and legal or court proceedings.
3. If a law enforcement official requires us to do so.
4. For Workers Compensation and similar benefit programs.

YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

1. You can ask us to communicate with you about your health and related issues in a particular way or at a certain place. For example, you can ask us to call you at home, and not at work, to schedule or cancel an appointment. We will try our best to do as you ask.
2. You have the right to ask us to limit what we tell certain individuals involved in your care or the payment for your care, such as family members and friends. While we don't have to agree to your request, if we do agree, we will keep our agreement except if it is against the law, or in an emergency, or when the information is necessary to treat you.
3. You have the right to look at the health information we have about you such as your medical and billing records. You can even get a copy of these records but we may charge you. Contact our Privacy Officer to arrange how to see your records.
4. If you believe the information in your records is incorrect or incomplete, you can ask us to make some changes to your health information. You have to make this request in writing and send it to our Privacy Officer. You must tell us the reasons you want to make the changes.
5. You have the right to a copy of this notice. If we change this NPP we will post it on our web site and you can always get a copy of the NPP from the Privacy Officer.
6. You have the right to file a complaint if you believe your rights have been violated. You can file a complaint with our Privacy Officer and with the Secretary of the Department of Health and Human Services. All complaints must be in writing. Filing a complaint will not change the health care we provide to you in any way.

ADMISSIONS PROCEDURES AND FORMS

Each child participating in the program is required to complete the application process prior to his/her admission to the program. There are three components to our application process as followed:

- An enrollment application package
 - Completion and submission of all the following forms:
 - Enrollment application
 - Current IEP (if available)
 - Program summary, data, or information from other therapies previously or currently provided (if applicable)
 - Medical & developmental history
 - Consent forms
 - Confidentiality agreement
 - Copy of front and back of insurance card

- Intake Interview
 - Each applicant will have the opportunity to visit the site and meet with the BCBA prior to enrollment to allow for initial assessments. Parents will have the opportunity to complete all necessary paperwork and ask questions.

- Center admission
 - Center admission form
 - Immunization records or Affidavit
 - Doctor's statement of health
 - Video and Marketing Release
 - Receipt of handbook acknowledgement

After acceptance there will be a brief transition time for the child. This involves the child making visits to:

- Establish rapport with the staff
- Get acquainted with the center and centers
- The BCBA and Program Manager will assess the child's skills
- The BCBA, Program Manager, and parents will establish program goals, short-term and long-term
- Parent training sessions will be scheduled

Application Checklist:

- Enrollment Application
- Patient Rights Acknowledgment
- Diagnosing Physicians' Assessments and referral (if available)
- A copy of current IEP (if applicable)
- A copy of current home program data, or summary of other therapies (if applicable)
- A copy of available medical history
- A copy of developmental history
- Consent form to participate
- Video and Marketing Release
- HIPAA Confidentiality form
- Video Samples of parent/child interaction (upon request)

Resolution Request

This form may be copied and used as needed.

Patient Name:

Date:

I, the undersigned, request that Insight consider and discuss the following with me at your earliest opportunity. No final decision of the Clinical Director concerning the denial of admission or denial of re-admission to the program may be resolved using this form. This form is intended to be used to facilitate the expeditious and amicable resolution of disagreement, concerns or other issues raised internally. This form is considered private and confidential and may only be released or disclosed upon written consent of all parties.

Please circle all areas or topic that apply - I am concerned about. . . .

SERVICES STAFF SAFETY PERSONAL FACILITIES PROGRAM

Please give a short specific description of what you would like to discuss:

What would be your ideal resolution or outcome?

In your own words, how can Insight best help or respond?

I affirm that this is true and correct to the best of my belief as described.

Signature	Date
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