



Pediatric Therapy Studio

PARENT HANDBOOK

APPLIED BEHAVIOR ANALYSIS



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MISSION STATEMENT

Pediatric Therapy Studio is an organization committed to the treatment of children using empirically validated methods and strategies in order to assist each child in reaching his or her greatest potential and improving their quality of life. At Pediatric Therapy Studio, we cherish every child as an individual. In addition to behavioral and educational programming, we focus on the needs of the family and its fundamental role in the success of our behavioral and educational programming.

We are dedicated to providing each family with customized support and training using the principles and techniques of applied behavior analysis (ABA) while following the ethical guidelines set forth by the Behavior Analysis Certification Board (BACB), the Association of Behavior Analysis International (ABAI) and the Association of Professional Behavior Analyst (APBA).

CLIENT RIGHTS

All clients receiving services from Pediatric Therapy Studio are guaranteed the following rights:

1. To be treated with consideration, respect, and full recognition of dignity and individuality;
2. To be protected from abuse, neglect, and exploitation;
3. To receive services regardless of race, national origin, gender, age, religion, or disability;
4. To be informed about the care to be provided, to be involved in care planning, and not to receive any service without informed consent and agreement;
5. To expect confidentiality of all agency records except in the case of court order, emergencies, or as otherwise required or permitted by law;
6. Not to be required to make public statements acknowledging gratitude to the licensee for services provided;
7. Not to have identifiable photographs taken and/or used without written permission;
8. To be informed of the agency's grievance procedure;
9. To file a grievance without fear of retaliation and to have it addressed timely through a formal grievance procedure.

CLIENT RESPONSIBILITIES

All clients receiving services from Pediatric Therapy Studio have the following responsibilities:

1. To promptly inform the personal support services agency if you will be away from home when services are scheduled
2. To report any changes in your health or living conditions which concern your care
3. To cooperate with caregivers and ask questions if you do not understand any questions or information given to you
4. To provide a safe home environment so that services can be safely delivered to you

ACCESS TO CARE

Patients are given reasonable access to care without regard to race, creed, color, national origin, ancestry, religion, sex, sexual orientation, marital status, age, newborn status, handicap or source of payment provided that the medical care needed is within the scope of services provided at Pediatric Therapy Studio.

INFORMED CONSENT

All services provided by Pediatric Therapy Studio are confidential. Prior to Clinical Intake, parents or guardians will have to sign our Informed Consent Agreement that details parents consent for both assessment and therapy.

Additionally, Pediatric Therapy Studio is required to obtain informed written consent from parents or guardians before releasing any information except where required by legislation or directed by the courts.

Examples of such exceptions may include reporting suspicion of child abuse or a child in need of protection, informing someone in a position of authority if a client is in imminent danger of harming themselves or others, or providing information as directed by the courts through subpoena, search warrant, or other legal order.

POLICY ON BACKUP SERVICES AND AFTERHOUR CARE

If a clinician is unable to provide treatment due to illness, time off, or other matters, Pediatric Therapy Studio will first attempt to do a “make up” session with the client in the soonest time frame, and if that is not possible, the agency will attempt to provide an alternate therapist to the client.

Pediatric Therapy Studio is open 8:00 am to 6:30 pm Monday to Friday. If there is any emergency or need to contact someone at Pediatric Therapy Studio after or before operation hours, the individual may contact Pediatric Therapy Studio at (571) 766-8455.

SERVICES & DISCHARGE POLICY

Pediatric Therapy Studio offers a full service ABA program. To determine the program needed for a client we initially complete an assessment to determine whether a client would benefit from our services.

After it has been determined that our services are needed, a BCBA is appointed as the team leader and develops a treatment plan based on the findings of the assessment. The treatment plan includes general and specific goals with time frames for completion.

The treatment plan also includes a scheduled reassessment generally six months from the time the treatment plan is developed. The treatment plan is then implemented by the BCBA who supervises Behavior Technicians on proper implantation of the treatment plan.

As needed, the program is adjusted by a BCBA to accommodate the client's progress. If the treatment plan is over challenging the plan will be modified with lower intensity goals. As the client advances through the program more challenging goals can be added to the plan.

If after adjusting the treatment plan and following the updated plan we may determine our services is not the proper treatment for the client. If such a determination is made, we will follow our discharge and referral protocol.

Once the client has attained the level of development similar to a typical developing child, the client will be put on a maintenance program until the BCBA determines services will no longer benefit the client. Being a sudden stop in services can be detrimental to the skills acquired, the discharge from services is done over a long period of time to achieve a smooth transition.

PARENT TRAINING POLICY

The long-term goal of Pediatric Therapy Studio is to produce socially significant long-term behavior change that continues when a therapist is not present or an ABA program ends. Research has shown and it is now considered best practice to include a parent-training component in all behavior change programs, to include skill acquisition and behavior reduction programming.

All insurance plans require a parent-training component be implemented with all ABA programs. Pediatric Therapy Studio agrees that parent training is an essential part of your child's success. The strategies learned with a therapist in sessions must be practiced outside of therapy when no therapist is present to obtain meaningful change. Your child's program will include a parent-training component that is a requirement to access services through Pediatric Therapy Studio.

Parent training goals will be developed by parents and supervisors and will include training and goal measurement. Behavior technicians can assist with parent training as part of your child's program implementation. Examples of parent training goals can include but are not limited to; demonstrating behavior reduction techniques which have been taught and modeled previously and generalizing skill acquisition targets such as eliciting language or social responses.

Failure to follow parent-training goals will result in a reduction of hours or termination of services.

BEHAVIOR TECHNICIAN & PARENT RELATIONS POLICY:

- Refrain from developing a personal relationship with behavior technicians outside of therapy.
- Refrain from engaging in social media contacts.
- It isn't appropriate to employ the behavior techs in any other capacity with your family, such as child care.
- Establish house rules that are important to you at the outset of the program: things such as shoes off, which bathroom may be used etc. Because we are working in your home it is necessary for us to be able to use a bathroom at all times.
- Treat the behavior technician with the same level of respect that you would like to receive from them.
- Behavior technicians are required to report concerns to their supervisors expressed to them by the child's family.
- If you have a concern about a behavior technician on your case, speak to your supervisor rather than another behavior technician.
- If you have a question regarding your child's program or behavior, please direct it to your supervisor since the technicians on your case may not be qualified to answer it.
- Please feel free to sit in on therapy sessions and to read the program book on a regular basis.
- If you have a complaint about your child's supervisor please contact the Clinical Director, Phaedra Almajid.

SAFETY PLAN POLICY

A safety crisis plan must be developed after the first use of any reactive strategy or when the personal history of the individual indicates there is a likelihood that reactive strategies may be needed in the future, or where the individual's support team plans to use reactive strategies.

1. If reactive strategies are considered likely and necessary, the team shall be proactive and consider the need for more specialized support strategies in the Behavior Treatment Plan.
2. Procedures identified must be those identified as least restrictive and within safety parameters of the safety assessment. These will be used as a last resort after implementation of proactive, positive approaches.
3. If a safety crisis plan includes physical restraint or time-out, specific criteria and procedures are identified.
4. The plan must include the informed consent of the person, their parent or guardian.
5. The safety crisis plan will be considered a part of the Behavior Treatment Plan.
6. Safety crisis plans shall be part of any Behavior Support Plans.
7. Use of physical restraint and the name of the approved or nationally recognized crisis management program must be included in the individual's Safety Crisis Plan (as required in RSMo 630.175.1).

WHAT IS PORTIA INTERNATIONAL SOFTWARE?

Portia INTERNATIONAL is therapy-first software that combines curriculum, electronic medical records and data collection. Portia™'s Generalization at Home Report is an easy report to give to parents at the end of each week. The Portia™ Curriculum includes "How to Generalize at Home" and will list all of the mastered targets in the selected time period.

Portia helps parents be involved and continue care at home.

HOW DO I COMMUNICATE WITH MY THERAPIST/TECHNICIANS?

Emailing and Text Message:

Parents sometimes ask to use email and text messaging as a form of communication. Parents should be aware that these forms of communication, though convenient, may not always be technically secure. All efforts will be made to maintain confidentiality via email communication (e.g., only using initials to refer to clients in email communication).

Pediatric Therapy ABA clinicians use an encrypted, HIPAA-compliant email service to communicate with parents, using Portia International Software.

Pediatric Therapy Studio policy prohibits the communication of PHI (protected health information) in email.

WHAT IS ABA?

Applied Behavior Analysis (ABA) is a research based, scientific method that began with the work of B.F. Skinner. The science measures observable behavior. It looks at what occurs before a behavior (antecedent) and what happens after a behavior (consequence). In addition, the methods of ABA are applied by breaking down skills into simple steps and teaching each step in succession. Skills are taught with the use of prompting to assist learning. A correct response is followed by positive reinforcement which increases the likelihood that a behavior or response will occur more often in the future.

Pediatric Therapy Studio uses **Errorless Learning** in order to decrease frustration, and make teaching and learning a fun activity. Applied Behavior Analysis (ABA) is the study of the functional relationship between one's behaviors and their environment. Data is collected on the stimuli that elicits, increases, decreases, or maintains the child's behavior. The data is analyzed and a treatment plan or an individualized ABA program is implemented. As the child's treatment progresses, data is collected and analyzed again to determine treatment effectiveness. The goal of a behavior analyst is to utilize behavioral contingencies to help the child learn more functional skills that can replace undesirable behaviors and improve quality of life.

Pediatric Therapy Studio seeks to produce significant results enabling the child to adapt to their environment thus preparing them for a brighter future. ABA based intervention is validated for Autism Spectrum Disorder (ASD), but is also applicable to children with other developmental disabilities. It is a set of principles and guidelines upon which educational programs are based and should not be used synonymously with a specific program.

An ABA program targets specific developmental areas such as:

- Attending skills
- Imitative skills
- Fine motor and gross motor skills
- Language skills
- Conversation skills
- Functional play
- Functional skills/self-help skills
- Social skills
- Theory of Mind/Social Cognition
- Toileting skills
- Problem behaviors

Other names encountered within the field of ABA are: Verbal Behavior (VB), Discrete Trial Teaching (DTT), Natural Environment Teaching (NET), Pivotal Response Teaching (PRT) and Fluency-based instruction. Each uses a specific method of instruction and are all based on the principles of ABA.

TYPICAL ABA PROGRAM COMPONENTS

Treatment components should generally be drawn from the following areas (ordered alphabetically):

- adaptive and self-care skills
- attending and social referencing
- cognitive functioning
- community participation
- coping and tolerance skills
- emotional development
- family relationships
- language and communication
- play and leisure skills
- pre-academic skills
- reduction of interfering or inappropriate behaviors
- safety skills
- self-advocacy and independence
- self-management
- social relationships
- vocational skills

HOW DOES ABA WORK?

ABA:

1. Provides age-appropriate learning objectives.
2. Provides one-on-one therapy, initially administered in the home or center and then generalized to other settings, including the school.
3. Involves an intensive treatment program, between 20 and 40 hours of therapy per week.
4. Requires a commitment to a minimum of 2 to 4 years continuous service for each child.
5. Provides continual support to parents throughout all the time the child works with Pediatric Therapy Studio.

It also supports the child, family, teachers and school administration during the period as the child's transition to school. ABA therapists provide individual behavior therapy in the child's home, at the clinic, or shadowing at the child's school, in coordination with school administrators.

Our ABA therapists received comprehensive training in behavioral theory, reinforcement, the application of discrete trial training, the nuances of prompting and fading prompts, behavior management, generalization, maintenance of acquired skills, and interactive play with peer groups and social development.

In addition, continuous refresher training courses and research on new techniques shall be provided to therapists so that they are able to maintain a desired level of quality of service.

The philosophy of ABA is Determinism: the laws of behavior govern all behavior and therefore there is a reason for all behavior. We can predict and control behavior when we discover the variables governing a particular behavior.

HOW EFFECTIVE IS ABA?

The effectiveness of ABA-based intervention has been well documented. Children who receive early and intensive behavioral treatment have been shown to make substantial, sustained gains in IQ, language, academic performance, and adaptive behavior as well as some measures of social behavior, and their outcomes have been significantly better than those of children who did not receive such services. ABA therapy is the oldest and most research supported treatment method for children with Autism.

HOW MANY HOURS OF ABA THERAPY DOES MY CHILD NEED?

Pediatric Therapy Studio cannot predetermine the number of hours that your child may require from an ABA program. After the initial assessment, the BCBA or BCaBA will be able to make the recommendation as to how many hours are appropriate to meet the specific needs of the child.

WHAT IS THE PROCESS FOR MY CHILD TO BEGIN TO RECEIVE ABA THERAPY?

After an initial consultation by either by phone or in person, the next step in the process to obtain ABA services is obtaining an authorization from your insurance provider for an evaluation/assessment.

During the evaluation, we discuss your child's behavior, strengths and weakness, look at current reports from schools, doctors or other providers. We will conduct assessments through observation and checklists that you will fill out. A preliminary treatment plan is written and submitted to your insurer to authorize services.

Treatment will not begin until your insurance provider authorizes services. Before services begin, a therapy schedule based on your child's needs and the availability of behavior technicians in your area will be determined.

The treatment plan developed will be continuously revised in consultation with you as your child gains skills, demonstrates different behaviors or requires different methods for learning. Each program is individualized to your child and your family, and will not look like another child's program. Your treatment plan may contain skills, which may appear too easy for your child to ensure that they are successful.

CAN A CLINICAL PSYCHOLOGIST EVALUATE MY CHILD FOR ABA SERVICES?

The APAPO Board approved the following “Statement on Behavior Analysis and Behavior Analysts”:

Psychologists have a long history of developing and implementing effective services, including behavior analysis, for individuals with autism spectrum disorders and their families. Licensed psychologists with competence in behavior analysis are qualified to independently provide and to supervise the provision of behavior analytic services. Therefore, qualified licensed psychologists should be allowed to provide behavior analysis and to call the services they provide "behavior analysis" or "applied behavior analysis" without obtaining additional credentials or licensure. Other professionals who provide behavior analysis should be required by law or regulation to demonstrate education, training and supervision appropriate to a defined scope of practice and to the needs of the jurisdiction.

WHAT IS THE PURPOSE OF SUPERVISION?

The purpose of Supervision is to improve and maintain the behavior-analytic, professional, and ethical repertoires of the RBT and facilitate the delivery of high-quality services to his/her clients. Effective behavior-analytic supervision includes

- Development of performance expectations
- Observation, behavioral skills training, and delivery of performance feedback
- Modeling technical, professional, and ethical behavior
- Guiding behavioral case conceptualization, problem-solving, and decision-making repertoires
- Review of written materials (e.g., behavior programs, data sheets, reports)
- Oversight and evaluation of the effects of behavioral service delivery
- Ongoing evaluation of the effects of supervision

WHAT ASSESSMENTS WILL MY CHILD RECEIVE?

Assessments are ongoing. In addition to 1:1 sessions, Pediatric Therapy Studio provides client advocacy, IEP goal development consulting, consultation and integration of goals from other professionals (i.e. OT, PT, SLP), family training and social skill groups as part of wrap around scope of service for complete client care.

Assessment	Reassessment Schedule	Comments
VB-MAPP (Milestones and Barriers)	Initial assessment and then a follow-up every six months.	You will receive a letter notifying you of the reassessment and you will also be asked to complete the parent component of the assessment. Once complete you will receive the results of the assessment and an updated treatment plan that your BCBA will review with you.
Vineland	Initial assessment if your child tests out of the VBMAPP Assessment or if insurance requires additional information. A follow-up assessment required every six months.	You will receive a letter notifying you of the reassessment and you will also be asked to complete the parent component of the assessment. Once complete you will receive the results of the assessment and an updated treatment plan that your BCBA will review with you.
Activities of Functional Living (AFLS)	Once your child’s treatment team determines it is appropriate this assessment can be added to your child’s treatment plan. Most of the assessment is completed in the form of parent questionnaire’s and interviews. Some components of the assessment require observation of skills in	The assessment, skills tracking system, and curriculum guide that are essential for independence and participation in the wide range of family, school, community, and work environments.

	question.	
Questions About Behavior Function	These questionnaires are completed annually and as needed when new behaviors occur.	Families and/or the child's treatment team complete these questionnaires. They are used as a component of the behavior support plan.
Functional Assessment Interview	This interview is completed during the initial assessment with your masters' level clinician and updated annually or as needed.	This interview is given by BCBA to the parents and/or legal guardians. This information is used for the behavior support plan.
Treatment Plan	The Treatment Plan is written after the initial assessment and then updated every six months or as required by your insurance company	Using a combination of the VB-MAPP (Milestones and Barriers), the Vineland-II, and/or AFLS, your child's treatment plan is written. This treatment plan guides your child's individualized programming.
Behavior Support Plan	The Behavior Support Plan is written with 45 days of the initial assessment by your child's BCBA. It is a live document in that it is updated on an as-needed basis. Annually, the plan is reviewed and sequenced objectives are updated.	Most insurance companies require a completed behavior support plan in order to obtain a service authorization. In this situation we create the behavior support plan directly after the initial assessment and alter it as we get to know our client and understand their behavior better. For waiver- funded clients, the state requires this document within 45 days of the initial assessment.
Catlyst Data Collection	Parents/Guardians will be trained on the Catalyst ABA Data tracking program. This will take place during the Intake assessment meeting. The Assistant Director will train the parents/guardians on how to navigate the Catalyst program	Parents/Guardians are able to check the data taken at the ABA center daily. Data is uploaded within 24 hours of the last session. Parents/Guardians can monitor progress that the client is making during their ABA sessions. Catalyst training is mandatory and must be completed before the start of services

<p>Quarterly Reports</p>	<p>The Virginia Medicaid program requires quarterly reports.</p>	<p>Progress on your child’s treatment plan can be reviewed daily in Catalyst and can be discussed during any Bridge to Home visit/training. If you have any questions regarding progress don’t hesitate to talk to your BCBA.</p>
<p>Behavior Tracking Procedures.</p>	<p>Monthly your BCBA will request behavior data from the home setting on the determined targeted behaviors. We combine the data from the home setting and from data collected during your child’s ABA session to track the success of designed interventions. For waiver funded families it is required that this information be provided quarterly to the state.</p>	<p>If data is not provided consistently from home it will be difficult to determine if the selected interventions are effective. If we see that the behavior is not consistently decreasing, your BCBA will discuss modifications to the behavior support plan during a Bridge to Home visit/training.</p>
<p>Quarterly Meetings/Annual Meetings</p>	<p>For waiver- funded families, your case manager will schedule this meeting. However, it is very important that Pediatric Therapy Studio is involved in that meeting. Waiver families also have an annual meeting that occurs once a year to discuss budget and service changes.</p>	<p>The intent of the quarterly is to review progress, answer questions, retrain on behavior support plans, and/or make alterations to current interventions. This is a great time to bring up any new or additional challenges you might be facing at home.</p>

WHO WILL PROVIDE THE THERAPY TO MY CHILD?

Our clinical curriculum is tailored to each child's needs and is derived from our initial assessment of skills and challenging behaviors in need of change. While some children require more attention in some developmental areas than others, we maintain a balanced treatment approach across all levels of a child's functioning.

A Registered Behavior Technician (RBT) will provide 1-on-1 ABA Therapy to your child at your home or school. A Board Certified Behavior Analyst (BCBA) will oversee treatment implementation by the RBT and work closely with you to ensure best outcomes.

HOW DO YOU ASSESS MY CHILD'S PROGRESS?

The data and information collected during therapy sessions is used by your child's BCBA to continually assess your child's progress and tailor the therapy accordingly. The information about your child's progress is always available to you, and we will show you what it means.

HOW DO YOU KEEP PARENTS INFORMED?

You will be given an access account to Portia International software whereby you can read your child's notes, treatment goals, and data collection. You and your team of therapists from Pediatric Therapy Studio will meet monthly to review your child's progress and discuss questions or concerns.

WHY IS FAMILY INVOLVEMENT SO IMPORTANT?

The significance of parents participating in their child's behavioral treatment was recently published by the *Journal of the American Medical Association*. This was the largest clinical trial on children with autism evaluating the use of caregivers as the primary interventionists for their children.

Specifically, the parents received not only an explanation of the principles of ABA, but were directly trained on how to implement strategies. The results showed a dramatic reduction in disruptive behavior and noncompliance. This crucial component and huge benefit to the family is only gained when parents are present in their child's ABA therapy.

Parents and caregivers feel empowered when they learn behavior strategies and studies have shown that receiving this important training leads to an overall decrease in their stress. We ensure that parents are optimally prepared with skills to make a difference in their child's life.

If you are interested in reading the above-mentioned article, please ask your BCBA or Rbt to provide you with your own copy to read.

WHY SHOULD PARENTS GET TRAINING?

Parents are integral to the success of each child. Pediatric Therapy Studio strives to include parents in all aspects of therapy from goal and objective development to treatment strategies and behavior management skills. Consistency of programming across settings is our ultimate aim.

Pediatric Therapy Studio is committed in training parents in the areas of behavior management and the application of discrete trial training in the hopes that parents will also become part of the child's therapy team. We will use the regular team meetings as a time to share information, raise questions and concerns, and plan intervention strategies. You can expect your child to show progress in the areas of his/her goals over time and we will monitor the progress with regular data collection.

Our aim is to help your child to realize his or her full potential, and find ways to interact with, participate in school/social opportunities and thrive in the world.

IS PARENT TRAINING OPTIONAL OR MANDATORY?

Parent training is mandatory. We understand that parents have busy schedules, but it is a required and mandated criteria for your child to receive ABA therapy. Since your child spends the majority of their time with you, it is advantageous for parents to be trained in ABA techniques and involved in the process in order to “maximize their child’s learning rate and skill development” (Hailstone, 2014).

In a 1998 study that examined the effectiveness of an in-home program for children with ASD, Ozonoff & Cathcart (1998) found that children who received consistent parental teaching in the home in combination with a structured early intervention program displayed increased cognitive and developmental skills.

Furthermore, parental involvement is important because it helps ensure that the behaviors learned generalize into the home environment and elsewhere (Dillenburger, Keenan, Doherty, Byrne, & Gallagher, 2010).

Based on the research, it’s clear that if you want your ABA therapy to be as effective as possible you the parent or guardian must be on board.

HOW MUCH PARENT TRAINING IS MANDATED?

You, the parent or guardian, play a crucial role your child's success. However, as Bennett (2012) stated, "there is no right amount of parental involvement because every family has different needs." Ultimately, there should be a balance between those parents who are over-involved in their child's treatment and those who are under-involved.

One participant in Bennett's (2012) study described this "balance" as somewhere "between feeling that your child has this diagnosis that you need to fix and that you need to make them better and have a balance of enjoying your child for who they are because there's much in autistic children and much about them that is absolutely delightful and that typical children might not be doing, that could be channeled as a strength or could be something that you really enjoy about your kid." Another participant described optimal balance as "being able to understand their child's diagnosis, being able to work with people in the school district, or the people here in our program to be all on the same page and working on the same things" (Bennett, 2012).

WHAT IS A PARENT-IMPLEMENTED PROGRAM?

In parent-implemented intervention, parents use intervention practices with their child to teach positive skills and/or reduce interfering behaviors in the home or community. Parents collaborate with practitioners to develop goals and a corresponding intervention plan. Parents learn how to implement the intervention through a structured training program.

A number of outcomes can result from parent-implemented intervention. While the focus will probably be on improving child behaviors, focus can include improving the function of the family as a whole. With parent-implemented intervention, additional goals may be created for the parents and/or other family members. Such goals may improve the quality of family relationships and interactions and increase the ability for family members to adapt to spontaneous situations.

For the child with ASD, parent-implemented intervention can be used to increase communication skills and reduce problem behavior. In the area of communication, parent-implemented intervention has been used to increase social communication skills, initiations, conversation skills, spontaneous language, use of augmentative and alternative communication, joint attention, language during play, and functional communication. In the area of behavior, parent-implemented intervention has been used to reduce aggression and disruptive behaviors.

Parent-implemented intervention is a system that consists of six essential steps:

1. determine the needs of the family;
2. outline goals;
3. develop the intervention plan;
4. train parents;
5. implement the intervention; and
6. monitor progress.

Each step contains specific practices and procedures designed to successfully guide parents and practitioners.

Our behavior technicians assist with parent training as part of your child's program implementation. Examples of parent training goals can include but are not limited to; demonstrating behavior reduction techniques which have been taught and modeled previously and generalizing skill acquisition targets such as eliciting language or social responses. Failure to follow parent-training goals may result in a reduction of hours or termination of services.

WILL ABA HELP ME HANDLE MY CHILD'S BEHAVIORS?

Your BCBA should explain to you exactly what behavioral techniques will be used in the ABA intervention. **The explanation must be clear enough that, with some guidance, you can do the ABA intervention on your own.** Look for specific details on what is being done to change behaviors.

Furthermore, your BCBA should teach you not just what to do, but why you're doing it. ABA interventions in the real-world improve parenting or teaching skills by helping you to better understand what triggers behaviors and how to use consequences to learn new behaviors, strengthen existing behaviors, or change interfering behaviors.

Important changes: Your BCBA, BCaBA and behavior technicians work with you to make changes that are big enough, and important enough, to be worth the effort. When the intervention plan is written, make sure that you've been asked about what's important, and how much change is needed to be really helpful. ABA interventions are effective when they make a real difference.

Durability: Your child's team should explain how the ABA intervention can be used to make changes last, even after the intervention is finished. Durability includes not just lasting changes, but ones that show up in different situations. **Graphics:** Psychologists should provide you with graphs that help you understand the ways the ABA interventions make a difference. The graphs usually show behaviors going up (or down) when the ABA strategies have been implemented. Be sure the psychologist explains terms like "baseline," "A-B-A design," etc. so that you can make sense of the graphs.

Evidence-based: Finally, your team members should review with you studies in the past that show how the ABA plan is based on scientific evidence. You should have confidence that science is the basis to believe that the ABA interventions have a strong likelihood of working.

WHAT IS ACCLIMATION TO THERAPY?

During therapy session, the child will be required to work and comply with instructions that s/he may at times not want to participate in. In these instances, the child may tantrum, scream and/or become aggressive. This response is typical of a child who has never been required to comply with such requests. Some children take several weeks before they adjust to his therapy format and cooperate. During the adaptation phase, the child will still be required to participate in the therapy sessions.

WHAT ARE YOUR METHODS OF ABA?

At Pediatric Therapy Studio we use a wide variety of behavior analytic teaching methods such as:

- Discrete Trial Training
- Incidental Teaching
- Verbal Behavior
- Skill-Streaming
- Social Stories
- Chaining
- Total Task presentation
- Prompt hierarchies
- Shaping
- Token Economies
- Antecedent Control
- Reinforcement
- Video Modeling
- Peer Social Skills Groups
- Peer Modeling
- Errorless Learning Techniques
- Pivotal response training
- Fading

WHAT BEHAVIORAL TECHNIQUES DO YOU USE?

Procedures such as time-out, over-correction extinction, and physical prompting procedures may be used as a consequence to inappropriate behaviors, to teach the child attending skills, and to increase the child's compliance. These procedures will only be implemented if less restrictive measures have not been effective. These procedures will not be implemented without the approval of the parent/guardian.

All necessary measures should be taken to avoid injury to the therapist or child from self-injurious behavior, aggression or tantruming. Any injury to the child or therapist should be reported to the BCBA Supervisor within 24 hours so as to determine whether the current behavioral plan is sufficient to address the child's behavioral concerns.

Pediatric Therapy Studio Policy prohibits restraint of a child.

WHAT REINFORCEMENTS/REWARDS WILL BE USED?

In order to help the child differentiate appropriate and inappropriate response and behaviors, rewards will be used. Which rewards will be used will depend on the child's individual preference. Some examples of common rewards include, food (crackers, candy, juice) toys, (bubbles, tops, wind-up toys), music and breaks. If the child correctly responds to an instruction that s/he has not previously performed, the child will receive a significant reward; either an immediate break, a treat, or a toy to play with at the table. Initially the child will be rewarded for all correct responses. Over time, the child will earn greater rewards for demonstrating new and harder skills than for mastered/known skills.

Parent/Guardian may be asked to withhold specific toys or treats upon the request of the Behavior Specialist. Requests for withholding food, or drink items will not be made on the child's meal items, but rather on items that would be considered a treat. If this type of program is implemented, the parent/guardian will be asked to sign a list of items that parent/guardian agrees can be used as reinforcers and that will be used only during treatment. Reinforcement is a key component to your child's program.

WHAT ARE COMMUNITY OUTINGS?

Your BCBA may also recommend community outings; and the frequency at which community outings should occur. The community outings are not intended for personal shopping trips or errands. Please note that a parent or guardian must provide transportation for the child and accompany them on all community outings.

DO YOU COLLABORATE WITH OTHER PROFESSIONALS?

Your team of behavior specialists will make every effort to collaborate with all professionals involved in working with your child. It is the parent/guardian's responsibility to inform the BCBA and Behavior technicians of all professionals currently working with the child, as well as to keep us informed of any new professionals who provide the child with therapeutic services in the future. Additionally, a signed release of information will be required in order to correspond with all professionals outside of your child's Pediatric Therapy Studio team.

We ask parents to complete a Service Coordination form (Appendix G) to allow us to know what services your child is receiving; and to help make appropriate referrals.

Parents need to complete and sign the Virginia Authorization form to allow us to talk to other professionals that help in the care of your child (Appendix E).

CAN THE THERAPIST/TECHNICIAN TRANSPORT MY CHILD?

Pediatric Therapy Studio therapists/technicians are not permitted to transport clients. The Parent /Guardian and/or aide must remain in the home at all times when ABA Services are provided, and accompany children on community outings.

WHAT IS QUALITY CONTROL?

Parent/guardian has the right to inform (in writing) the Behavior Specialist of any concerns that s/he has regarding staff performance. The Behavior Specialist will make every attempt to ensure that all staff members working with the child have adequate training. Overlapping sessions for the purposes of staff training may occur at the request of the parent/guardian and upon the availability of the Behavior Specialist.

IS ABA ONLY FOR CHILDREN WITH AUTISM?

No, ABA is not only for individuals with autism. It is often associated with autistic individuals, as years of research and evidence exist to show its effectiveness in helping this specific population. However, ABA may help any child, regardless of their diagnosis. It addresses specific behaviors, not the diagnosis, and incorporates an individualized program to target those behaviors.

WILL INSURANCE COVER ABA THERAPY?

State and federal employee health plans

Under the Virginia Autism Law, state employees have autism coverage. Please contact your plan administrator to determine whether you have coverage.

Tricare

If you have Tricare insurance and your child with a diagnosed autism spectrum disorder is registered in the Extended Care Health Option (ECHO) program, ABA services by an approved provider are covered. Visit the Tricare website and/or contact the Case Management Provider for your area for more information.

Medicaid

Children with Medicaid may have coverage for ABA services through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program since it is a medically-necessary treatment. The Virginia EPSDT program provides intensive behavioral therapy services, including ABA, for children up to age 21 on Medicaid / FAMIS plus.

ATTENDANCE POLICIES

Please note: If more than 20% of scheduled sessions are missed, we reserve the right to dis-enroll the child from the program and offer the slot to someone else.

Please refer to our Cancellation Form for more information.

CLINIC HOLIDAYS

Pediatric Therapy Studio does not follow a school schedule. The clinic will be closed on the following days: • New Year's Day • Good Friday • Memorial Day • Independence Day • Labor Day • Thanksgiving Day • Day after Thanksgiving • Christmas Day

INCLEMENT WEATHER

Snow, sleet, heavy rains and flooding can all create hazardous road conditions in this area. Depending on your location you may or may not be affected by inclement weather. If your behavior technicians feel safe and comfortable going to your house during times of inclement weather, they may do so. If they do not feel safe, they will cancel your session and attempt to reschedule for an alternate day if possible.

LEGAL RIGHTS OF PARENTS/CUSTODY

When a child's biological parents are separated, divorced, or never married, Pediatric Therapy Studio requires that legal documentation is kept in the client's confidential file regarding custody agreements and parental rights (specifically regarding access to the child's medical information and parent rights to make medical decisions).

Please note, these records will be kept separate from your child's clinical record and will not be shared with other agencies or individuals unless it is deemed necessary and you have given consent for this to occur. If you have any questions or concerns regarding this policy and how it may relate to your case at Pediatric Therapy Studio, please let us know and we will be happy to speak with you further.

HOW DO I FILE A COMPLAINT IF I FEEL MY RIGHTS HAVE BEEN VIOLATED?

GRIEVANCE POLICY: The grievance policy is in place to ensure fair hearing of complaints and quick resolution of problems regarding services provided, without fear of reprisal on the part of persons receiving services, their families, etc.

GRIEVANCE PROCEDURE: If an individual being served or the individual's family feels that his/her rights have been violated, the individual or someone acting on his/her behalf may call the Program Manager and/or the Clinical Director to make an appointment to come in to fill out the grievance form, make an appointment for the administrator to go to the individual's home so that someone can fill out the grievance form, or so that a grievance form can be mailed to someone to be filled out. Grievance forms must be submitted in writing.

Once the Program Manager receives the grievance form, the grievance will be investigated and a decision made as to the disposition. If the individual who filed the grievance is not satisfied with the results of the grievance investigation, he/she may file a complaint with the Department of Human Services or the Department of Mental Health.

You may also file a complaint with the U.S. Secretary of Health and Human Services. We respect your right to file a complaint with us or with the U.S. Secretary of Health and Human Services. If you complain, we will take your complaint as constructive criticism and will not retaliate against you.

The Virginia Office of Licensing only investigates allegations of regulatory noncompliance that violate DBHDS licensing regulations (12 VAC 35-105). To file a complaint regarding an alleged DBHDS licensing violation, you may submit the completed complaint form found at <http://www.dbhds.virginia.gov/professionals-and-service-providers/licensing> or call the Office of Licensing at (804) 225-3409.

FRAUD & ABUSE:

If you suspect that Medicaid/Commercial Insurance fraud or abuse, neglect or exploitation has occurred in a Medicaid facility or has been committed by someone working for a Medicaid provider, immediately report the incident to the Medicaid Fraud Control Unit (MFCU) at 1-800-371-0824.

If you have a complaint about the treatment or services provided by a DBHDS licensed provider, please contact the Office of Human Rights. If you are a TTY User, please use the TTY Relay (711) to contact the Human Rights Office. You may also communicate with the PAIMI or DD Programs at the disAbility Law Center of Virginia. Their toll-free number is 1-800-552-3962.

APPENDIX A:

Privacy Practices Notice

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

Your Rights:

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.

Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.

- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We'll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

File a complaint if you feel your rights are violated

- You can complain if you feel we have violated your rights by contacting us using the Grievance Form in the Appendix
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/.
- We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see:

www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

APPENDIX B:

Mental Health Emergencies please contact:

FAIRFAX COUNTY/FALLS CHURCH:

Woodburn Center For Community Mental Health
3340 Woodburn Rd, Annandale, VA 22003
Phone: (703) 573-0523

PRINCE WILLIAM COUNTY:

Prince William County Mental Health
5941 Donald Curtis Dr, Woodbridge, VA 22191
Phone: (703) 792-4900

MANNASS COUNTY:

Manassas Mental Health Services
7969 Ashton Ave, Manassas, VA 20109
Phone: (703) 792-7800

APPENDIX C:

INSURANCE COMPLAINT INFORMATION:

Aetna Better Health of Virginia

If you think someone has committed Medicaid fraud or abuse, call Medicaid's Fraud and Abuse Hotline at **1-800-372-2970**. Everything you say is private.

Anthem Health Keepers Plus

Call Member Services at 1-855-817-5787 (TTY 711) Monday through Friday from 8 a.m. to 8 p.m. Eastern time. You can also send a grievance in writing:

Mail to:

Complaints, Appeals and Grievances
HealthKeepers, Inc.

Mailstop: OH0205-A537
4361 Irwin Simpson Road
Mason, OH 45040

Fax to: 1-888-458-1406

Optima Health

Contact Special Investigations Unit

SHP's Fraud & Abuse Hotline: 757-687-6326 or 1-866-826-5277

Email: compliancealert@sentara.com

U.S. Mail:

Optima Health c/o Special Investigations Unit
4417 Corporation Lane
Virginia Beach, VA 23462

United Health Care

Internal Complaints

To make an internal complaint, call Member Services at the number below. You can also write your complaint and send it to us. If you put your complaint in writing, we will respond to your complaint in writing. You can file a complaint in writing, by mailing or faxing it to us at:

Grievance and Appeals
P.O. Box 31364
Salt Lake City, UT 84131-0364

External Complaints

You Can File a Complaint with the CCC Plus Helpline

You can make a complaint about UnitedHealthcare Community Plan to the CC Plus Helpline.

Contact the CCC Plus Helpline at [1-844-374-9159](tel:1-844-374-9159) or TDD [1-800-817-6608](tel:1-800-817-6608).

You Can File a Complaint with the Office for Civil Rights

You can make a complaint to the Department of Health and Human Services' Office for Civil Rights if you think you have not been treated fairly. For example, you can make a complaint about disability access or language assistance. You can also visit <http://www.hhs.gov/ocr>*Opens in a new window* for more information.

ADDITIONAL INFORMATION:

You may contact the local Office for Civil Rights office at:

Office of Civil Rights- Region III
Department of Health and Human Services
150 S Independence Mall West Suite 372
Public Ledger Building
Philadelphia, PA 19106

[1-800-368-1019](tel:1-800-368-1019)

Fax: [215-861-4431](tel:215-861-4431)

TDD: [1-800-537-7697](tel:1-800-537-7697)

You Can File a Complaint with the Office of the State Long-Term Care Ombudsman

APPENDIX D:



GRIEVANCE/COMPLAINT

A) PERSON OR ENTITY FILING THE COMPLAINT:

First Name _____ Middle Initial _____ Last Name _____
Organization, Title (If an Entity) _____
Street Address _____
City _____ State _____ Zip _____
Work Number _____ Extension _____ Alternate Number _____
Email Address _____

GRIEVANCE ADDENDUM:

Classification: [] Quality of Care [] Quality of Service [] Complaint
Category: (check all that apply) [] Access to Services [] Attitude [] Billing/Cost [] Cleanliness
[] Clinical Quality [] Property [] Communication [] Coordination of Care [] Delay
[] Miscellaneous [] Noise [] Policy/Procedure [] Privacy/Confidentiality

B) INFORMATION ABOUT THE ENTITY YOU ARE FILING A COMPLAINT ABOUT:

Pediatric Therapy Studio dba Great Beginning VA and
Name of Individual (if applicable)

C) PROVIDE COMMENTS ABOUT YOUR SPECIFIC COMPLAINT(S) BELOW:

Multiple horizontal lines for providing comments.

Signature _____ Date _____

ADMINISTRATIVE USE ONLY
Received By: _____ Date: _____
Follow-Up: _____
Resolution: _____

APPENDIX E: VIRGINIA AUTHORIZATION TO EXCHANGE INFORMATION

COMMONWEALTH OF VIRGINIA UNIFORM AUTHORIZATION TO USE AND EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have specific information to provide services and benefits. By signing this form, I allow agencies to use and exchange certain information about me, including information in an electronic database, so it will be easier for them to work together efficiently to provide or coordinate these services or benefits.

I, _____, am signing this form for
(FULL PRINTED NAME OF AUTHORIZING PERSON OR PERSONS)

(FULL PRINTED NAME OF INDIVIDUAL)

(INDIVIDUAL'S ADDRESS) (INDIVIDUAL'S BIRTH DATE) (INDIVIDUAL'S SSN - OPTIONAL)

My relationship to the individual is: Self Parent Power of Attorney Guardian
 Other Legally Authorized Representative

I want the following confidential information about the individual to be exchanged:

<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>	<input type="checkbox"/> Assessment Information	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>	<input type="checkbox"/> Medical Diagnosis	<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>	<input type="checkbox"/> Educational Records
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Financial Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Mental Health Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Psychiatric Records
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Benefits/Services Needed, Planned, and/or Received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Medical Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Criminal Justice Records
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Substance Abuse Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Psychological Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Employment Records
		Other Information (write in): _____						<input type="checkbox"/> All of the Above

I want _____
(NAME AND ADDRESS OF REFERRING AGENCY AND STAFF CONTACT PERSON)

and the following entities to be able to use and exchange this information among themselves:

<input type="checkbox"/> <i>Yes</i>	<input type="checkbox"/> <i>No</i>	Identify By Name	
<input type="checkbox"/>	<input type="checkbox"/>	No Wrong Door Tools/SeniorNavigator	_____ Area Agencies on Aging
<input type="checkbox"/>	<input type="checkbox"/>	Dept. of Medical Assistance Services	_____ Centers for Independent Living
<input type="checkbox"/>	<input type="checkbox"/>	DMHMRSAS	_____ Community Services Boards
<input type="checkbox"/>	<input type="checkbox"/>	DRS Local/Regional	_____ Dept. of Social Services
<input type="checkbox"/>	<input type="checkbox"/>	Dept. Blind and Visually Impaired	_____ Home Health Agencies
<input type="checkbox"/>	<input type="checkbox"/>	Dept. Deaf and Hard of Hearing	_____ Hospices
		Other: _____	_____ Hospitals
			_____ Local Health Departments
			_____ Nursing Facilities
			_____ Physicians

I want this information to be exchanged ONLY for the following purpose(s):

Service Coordination and Treatment Planning Eligibility Determination
 Other: _____

I want this information to be shared by the following means: (check all that apply)

Written Information In Meetings or By Phone Computerized Data Fax

I want to share additional information received after this authorization is signed: Yes No

This authorization is effective: _____
(DATE)

This authorization is good until: My service case is closed. Other: _____

For No Wrong Door this authorization is valid for one year from date of signature, unless the individual or his authorized representative specify an expiration date, event or condition that will occur prior to one year from the date of signature.

I can withdraw this authorization at any time by telling the referring agency. The listed agencies must stop sharing information after they know my authorization has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information. I want all agencies to accept a copy of this form as valid authorization to share information. **If I do not sign this form, information will not be shared and I will have to contact each agency individually to give information about me that is needed.** However, I understand that treatment and services cannot be conditioned upon whether I sign this authorization. There is a potential for information disclosed pursuant to this authorization to be re-disclosed by the recipient and not be subject to the HIPAA Privacy Rule.

Signature(s): _____ Date: _____
(AUTHORIZING PERSON OR PERSONS)

Person Explaining Form: _____
(Name) (Address) (Phone Number)

Witness (If Required): _____
(Signature) (Address) (Phone Number)

Approved by the Attorney General's Office 3/10/08

**COMMONWEALTH OF VIRGINIA
UNIFORM AUTHORIZATION TO USE AND EXCHANGE INFORMATION**

Full Printed Name of Individual: _____

FOR AGENCY USE ONLY

AUTHORIZATION HAS BEEN:

- Revoked in entirety
- Partially revoked as follows:

NOTIFICATION THAT AUTHORIZATION WAS REVOKED WAS BY:

- Letter (Attach Copy)
- Telephone
- In Person

DATE REQUEST RECEIVED: _____

AGENCY REPRESENTATIVE RECEIVING REQUEST:

(AGENCY REPRESENTATIVES FULL NAME AND TITLE)

(AGENCY ADDRESS) *(PHONE NUMBER)*

Approved by the Attorney General's Office 3/10/08

APPENDIX F: INCIDENT FORM



Incident Report

Pediatric Therapy Studio
2106-G Gallows Road
Vienna, VA 22182
(571) 766-8455

Date of Incident: _____ Time: _____ AM/PM

Name of person(s) involved in
Incident: _____

Address: _____

Phone Number: _____

Date of Birth: _____ Sex: _____

Was illness or injury involved?: (If yes please describe below)

Description of Incident: (Please include names of individuals involved, nature of the incident, if injury or illness provide name of physician/hospital used, names and addresses of witnesses, and narrative of what occurred.)

(Print Name)

(Signature)

(Date)

APPENDIX G: SERVICE COORDINATION FORM



Service Coordination

Pediatric Therapy Studio
 2106-G Gallows Road
 Vienna, VA 22182
 (571) 766-8455

Child's Name: _____

Date: _____

If your child is receiving any of the following, indicate the number of hours of service per day and the frequency of the service.

Service	Number of Hours	Frequency
Special Education Services		
Child Welfare- Targeted Case Management (CW-TCM)		
Community Alternatives for Disabled Individuals (CADI) Waiver		
Personal Care Assistant (PCA)		
Mental Health- Targeted Case Management (MH-TCM)		
Recreational Therapy		
Psychiatrist		
Physical Therapy		
Speech Therapy		
Occupational Therapy		
Collaborative/Wraparound Services		
Family Psychotherapy Services		
Other (explain)		

**If your family is currently not receiving Psychotherapy Services, is this something you are interested in? Please circle below.

Yes No

(If no, please list reason(s) why. Circle all that apply.) **Not needed at this time**
Busy Schedule Have tried in the past but not effective

 (Child's Name)

 (Parent/Guardian Signature)

 (Date)

REFERENCES:

- Bennett, A. (2012) "Parental Involvement in Early Intervention Programs for Children with Autism" Master of Social Work Clinical Research Papers.
http://sophia.stkate.edu/cgi/viewcontent.cgi?article=1113&context=msw_papers
- Benson, P., Karlof, K., & Siperstein, G. (2008). Maternal involvement in the education of young children with autism spectrum disorder. *Autism*, 12(47), 47-63, doi: 10.1177/1362361307085269
- Brereton, A., V. & J. Tonge., B. J., (2005). Pre-Schoolers with Autism. An Education and Skills training Programme for Parents. Jessica Kingsley Publishers, London, UK. Feldman, M. A., & Werner, S. E. (2002). Collateral effects of behavioural parent training on families of children with developmental disabilities and behavior disorders. *Behavioral Interventions*, 17, 75-83 Parents Play Key Role in Autism Treatment <http://www.Disabledworld.com/health/neurology/autism/autismtreatment.php>; Chicago Children's Clinic, 1 June 2010
- Dillenburger, K., Keenan, M., Gallagher, S., & McElhinney, M. (2002). Autism: Intervention and parental empowerment. *Child Care in Practice*, 8(3), 216-219. doi:10.1080/1357527022000040426
- Hailstone, P. (2014). "Parent Involvement in ABA/IBI: How, Why, & What For?" http://www.abia.net.au/images/HowWhyWhatfor-AAABArticle_Jan2014.pdf
- Lecavalier, I., Leone, S., Wiltz, J. (2006). The impact of behaviour problems on caregiver stress in young people with autism spectrum disorder. *Journal of Intellectual Disability Research*, 50(3), 172-183. doi:10.1111/j.1365-2788.2005.00732.x
- National Institute of Mental Health (2004). Autism spectrum disorders (pervasive developmental disorders). Retrieved from <http://www.nimh.nih.gov/publica/autism.cfm>
- Ozonoff, S., & Cathcart, K. (1998). Effectiveness of a home program Intervention for young children with autism. *Journal of Autism and Developmental Disorders*, (1), 25-32. doi:10.1023/A:1026006818310
- Summers, J. & Hall, E., (2008). Impact of an Instructional Manual on the Implementation of ABA Teaching Procedures by Parents of Children with Angelman Syndrome. *Journal on Developmental Disabilities*, Vol. 14(2).