

**Parent Handbook**



**Mission Statement**

The mission of Comprehensive Autism Partnership, Inc. is to give children with autism and other disabilities the best treatment possible based on proven methods and best practices in the field. This will include data-driven, individualized programs which focus on using Applied Behavior Analysis to ameliorate the child’s excesses and deficits, including reducing disruptive and self-injurious behaviors so they can access preferred reinforcement in the community, and by creating a partnership with the child’s family at home, in school and any other environment in which the child functions. Our programs are supervised by Board Certified Licensed Behavior Analysts and focus on direct in-home therapy, parent training, and social groups to help children function to the best of their ability in society.



Welcome to the CAP family. We look forward to working with you and your family to accomplish our mission – helping children find their voices and increase their skills so that they may access reinforcement in the community, home and school settings.

CAP, Inc. was originally founded in 2003 in Florida by Toni Haman, Susan Wallitsch and Julie Sauceda. It was started in order to provide quality therapy programs to children in need of services in Florida based on training from the Wisconsin Early Autism Project, a Lovaas replication site. It quickly expanded to the Northern Virginia/ Washington DC area to provide services to military children there. CAP now covers children in five different states. The company initially grew as Tricare expanded coverage for children in military families on the autism spectrum. We also lobbied the Virginia legislature to require private insurance to cover their members for this therapy. We are continually rewarded by the progress we witness in the children and their families. Our hope is to continue expanding quality ABA programs in any state where a client requires our service.

We are dedicated to teaching children, to training their families to be more effective teachers and to insure that everyone who works with our children use the best possible ABA methods currently available.



**What is ABA?**

Applied behavior analysis (ABA) is the use of techniques and principles to bring about meaningful and positive change in behavior.

Applied Behavior Analysis is the science that studies why people behave the way they do. ABA based therapy and treatment uses the basic principals of behavior analysis to change and improve the quality of lives of its consumers.

Board Certified Behavior Analysts measure outcomes to ensure goals are met. Goals are individualized and will look different depending on the needs of the consumer. Some goals may include:

* Learning to communicate effectively
* Reducing problematic behavior
* Coping with frustration
* Learning to learn
* Increasing independent daily living skills
* Increase executive functioning skills

ABA can be implemented in the home, workplace, or the community.

**What ABA isn’t**

ABA therapy is not respite care or babysitting. An ABA therapist is not with a child so that a parent or caregiver can have a “break”. ABA is not used to tutor clients academically. An RBT is obligated both by CAP and the certification board to implement ABA programs and protocols written by their Supervisor. RBT’s are mandated to report any attempts to alter an ABA program or deter an RBT from implementing an ABA program as it is written by the Supervisor.

**Parent Training Policy**

The long-term goal of **A**pplied **B**ehavior **A**nalysis 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. CAP, Inc. 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 which is a requirement to access services through CAP. 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.

**Session Availability Policy**

The current recommended hours for effective ABA treatment range between 25-40 hours per week for early intervention and 10-15 for school age children.

Your child will need to be available for a minimum of three sessions per week amounting to at least 6 hours of therapy to continue receiving services from CAP, Inc. Your child will remain eligible to attend our social skills groups with under 6 hours of therapy.

Human, financial resources and ethical considerations of our profession and our certification board as well as regulations from funding sources require ABA companies to show sustainable and effective treatment gains. At CAP, Inc., we do not feel this is possible in under 6 hours per week. We believe that a less intensive program does not allow us the opportunity to effectively do the job we are contracted and obligated to do.

While age and level of functioning can have an impact on the number of hours we recommend, less than three sessions per week simply does not allow for sustainable treatment gains. Depending on your child's needs and functioning level your supervisor may require a higher level of services than this minimum to be able to continue services.

As a parent, we understand that you will have to make decisions on what therapies or activities you feel are most important for your child, please feel free to contact us with any questions or concerns.

**The Process to Begin Applied Behavior Analysis Services**

Applied Behavior Analysis (ABA) is the basis for treatment programs at CAP, Inc. ABA can be used to both teach new skills and reduce or eliminate undesirable behaviors.

After an initial consultation by either by phone or in person, the next step in the process to obtain ABA services from CAP 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 services are authorized by your insurance provider. 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.

**Authorizations and Co-Pays**

We will work with you to secure an authorization from your primary insurance company. An authorization for our services must be in place when we begin working with your child. Before services start, it is your responsibility to understand the co-pay rules of your policy. We will bill your insurance every two weeks. Once we receive payment from your insurance, we will send an invoice directly to you for payment of your co-pay. It is crucial that all co-pays are paid in a timely manner. Billing for, and attempting to collect, co-pays is required by all insurers and is not optional.

At times we may request your help in communicating with the insurer or your physician if more documentation is needed for services to be authorized and continued. Please know that we have to pay your behavior technicians before we receive reimbursement from the insurance so timely responses are important.

It is your responsibility to let us know if anything about your insurance changes, if you have more than one insurance, or if your status, such as active duty vs. retirement, changes.

**Registered Behavior Technicians (RBT)**

RBT’s are paraprofessionals who have completed a minimum of 40 hours of academic coursework and have received on-the-job training in the direct application of applied behavior analysis.  They work under the ongoing supervision of a BCBA or a BCaBA.  They implement the interventions that have been designed by a BCBA or BCaBA.

**Behavior Technician Assignments**

We assign behavior technicians to your child based on many different parameters such as availability, experience, and location. Although it is important that the behavior tech develop a relationship with your child, at times it will be necessary to make changes in the staff. We will try to make these changes in a way that is as least disruptive as possible for your child and family. If you desire a change in staff you will need to discuss it with your supervisor. If frequent changes are requested, it may not be possible to maintain the same service level.

As behavior analysts, we have the responsibility to ensure that the skills your child has learned can be demonstrated with others, to include other CAP, Inc. technicians. We understand that attachments are developed when a technician has been assigned to your child for an extended period, and change can be scary. It has been our experience that children adapt quickly to new staff and treatment gains remain the same or increase.

In addition, technicians working at CAP, Inc. are encouraged to gain a broad experience across many different clients and to pursue certification as behavior analysts. When a technician becomes certified as a supervisor (BCBA or BCaBA), they no longer provide direct therapy.

**Behavior Technician and Parent Relations**

It is against the rules and ethics of our certification board for CAP employees to accept any gifts from clients or their families.

At CAP we like to promote a DRAMA-FREE environment so that the emphasis remains on providing the best services that we can for your child. However, because the technicians are working in your home it is harder to keep professional/personal boundary lines from being crossed. The following policies should help prevent problems.

* 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 Supervisor, Toni Haman.

**Work Area and Stimuli**

We will strive to be respectful of your privacy and your home while we are working with your child and to leave everything the way we find it or better. We ask that you ensure that our work space is useable when we are scheduled to arrive so that we can begin the session on time. We don’t expect a spotless environment, just that the space can be used, and also that all of our stimuli is in place. Unlike most other companies, we provide most of the items and reinforcers that we use with your child. We plan to reuse them with other children so we ask that you make sure your child and siblings do not play with them outside of therapy sessions. If items are damaged or lost we will need to charge a $50 replacement fee.

**Behavior Intervention Plans**

If your child requires a Behavior Intervention Plan to reduce maladaptive behaviors it is essential that you follow through with the plan designed by the supervisor. Deviation from the plan or inconsistency with it can increase a behavior which you would like to see decreased. Prior to implementing a Behavior Intervention Plan you may be required to sign a contract before the plan is implemented.

**Crisis Management**

CAP employees are trained in Safety Care, a crisis management program which works to de-escalate behaviors and, as a last resort, to physically manage them in dangerous situations. We can offer this training to caregivers if it is desired or needed. If your child’s behaviors are dangerous we may make this a requirement.

**Cancelling sessions**

**Parent cancellations**

If a scheduled therapy session needs to be canceled without 24 hour notice (due to illness, family emergency, etc.), please inform the behavior technician assigned to be at your home as soon as possible. It is the tech’s responsibility to notify the supervisor of all cancelations. The technician is not required to make up a session which is cancelled by the parent, but may do so if they desire.

Please note that we reserve the right to bill you directly for all late cancellations.

In the case that no one is home during a scheduled therapy session, our tech will wait for 15 minutes outside of your home, contact their Supervisor and then leave the premises.

Please be aware that multiple cancellations have a detrimental effect on the consistency of your child’s program and make it difficult to maintain behavior technician schedules. Your session is reserved for you.  We are rarely able to fill a cancelled session unless we know about the cancellation in advance.

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

**Behavior Tech cancellations**

If the behavior tech needs to cancel a session they will call/text/email the parents as soon as possible and let them know whether another tech is covering their session or arrange a time to make it up if possible. Technicians are also responsible for informing their supervisor of the cancellations.

**Vacations and Holidays**

There will be no therapy scheduled on Thanksgiving or Christmas Day. CAP’s clients and therapists have the option to observe all federal and/or religious holidays, if they choose to do so. Please be sure to communicate with your behavior technicians about their scheduling for holidays.

**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.

**Cancellation and Illness Policy Agreement**

If our employees come to your house, or are en route to your house when you cancel, we have to pay them for that session but we cannot bill your insurance for that time. We will have to start billing you for these late cancelled sessions. We consider a late cancel to be anything less than 24 hours for a non-emergency or illness related cancellation. For illness or emergency we need a one hour notice to avoid the charge. This will also apply to sessions that are ended early by the family without advance notice.

**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.**

**Comprehensive Autism Partnership, Inc. illness policy:**

To prevent the spread of illness, parents are required to cancel their sessions if their child has:

* A fever of 100 degrees or higher (without medication)
* Vomiting
* Diarrhea episodes of two or more
* Severe cold symptoms with green or yellow mucus
* Severe rash
* Any "flu like" symptoms

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Parent Printed Name Signature Date

**Damages to therapeutic items agreement**

Unlike most companies, we provide you with most of the items that we use during therapy with your child. We are happy to do this since we reuse them with other clients, but in the event the items are lost or damaged outside of the therapy sessions we will charge a flat fee of $50 to replace them.

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Parent Printed Name Signature Date

**INFORMED CONSENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to have my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

evaluated/treated through Comprehensive Autism Partnership, Inc. I understand that these services are based on an applied behavior analysis (ABA) model and will be provided by a professional trained in ABA.

I understand that CAP and its employees are mandated reporters and state laws may require that confidentiality be broken under certain circumstances, specifically, if I am judged by the behavior analyst to be of danger to myself and/or others, gravely disabled, or if there is suspected child abuse or neglect.

I also understand that CAP, Inc. specializes in the evaluation and treatment of Autism and problem behaviors, and that if CAP, Inc. is unable to meet my particular needs, I will be referred to an appropriate agency or individual. Concerns or complaints about services may be directed to Toni Haman, BCBA, Clinical Supervisor, 954-829-0790.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Save this copy for your records.

**INFORMED CONSENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to have my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witnessed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign and turn this copy in to your supervisor.

Comprehensive Autism Partnership, Inc 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 information on page 1.
* 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 Uses and Disclosures

## How do we typically use or share your health information?

We typically use or share your health information in the following ways.

**Treat you**

We can use your health information and share it with other professionals who are treating you.

*Example: A doctor treating you for an injury asks another doctor about your overall health condition.*

**Run our organization**

We can use and share your health information to run our practice, improve your care, and contact you when necessary.

*Example: We use health information about you to manage your treatment and services.*

**Bill for your services**

We can use and share your health information to bill and get payment from health plans or other entities.

*Example: We give information about you to your health insurance plan so it will pay for your services.*

## **How else can we use or share your health information?**

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: [www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html).

**Help with public health and safety issues**

We can share health information about you for certain situations such as:

* Preventing disease
* Helping with product recalls
* Reporting adverse reactions to medications
* Reporting suspected abuse, neglect, or domestic violence
* Preventing or reducing a serious threat to anyone’s health or safety

**Do research**

We can use or share your information for health research.

**Comply with the law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we’re complying with federal privacy law.

**Respond to organ and tissue donation requests**

We can share health information about you with organ procurement organizations.

**Work with a medical examiner or funeral director**

We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers’ compensation, law enforcement, and other government requests**

We can use or share health information about you:

* For workers’ compensation claims
* For law enforcement purposes or with a law enforcement official
* With health oversight agencies for activities authorized by law
* For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

# 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](http://www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html).

# **Changes to the Terms of this Notice**

# We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request.

This notice is in effect October 15, 2015. Address concerns to Toni Haman, BCBA, Clinical Supervisor, 954-829-0790



Comprehensive Autism Partnership, Inc Privacy Practices Notice

I have read and understand the privacy notice furnished to me by Comprehensive Autism Partnership, Inc.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign and turn this in to your supervisor.