

Caregivers Handbook
Applied Behavior Analysis
Services Summit Health Services
Inc.



833-747-4222

scheduling@summithealthservices.org

Parentsupport@summithealthservices.org

This handbook is intended for parents, guardians, and/or caregivers thereafter referred to as caregivers.

1 Attendance Policies and Procedures

Keeping good attendance is crucial to learning. As such, caregivers are asked to maintain scheduled services. If there is a session that must be missed for a doctor appointment, vacation, or other reasons please email the Scheduling Department (scheduling@summithealthservices.org) at least 48 hours in advance and as soon as possible in case of illness.

Make-up sessions or same day different session times may be available so please inquire with the Scheduling Department if you would like to re-schedule. We will attempt to coordinate with your child's therapists based on availability of both therapist and family.

Sessions cancelled within 24 hours of scheduled session times that are not an emergency will incur a \$50 fee billed directly to caregivers. Insurance will not reimburse this fee.

Sessions starting 15 minutes after session start time will incur a \$20 fee billed directly to caregivers. Insurance will not reimburse this fee. Further, your child's session will be CANCELLED if the session is not started after 15 minutes. Since the session will be cancelled within the 24-hour period, the \$50 cancellation fee will apply.

It is required for caregivers/guardian or someone 18 or older that has been verified by supervisor, to be present, not necessarily in the same room, with the client during therapy sessions. We require therapists to check in and check out with caregivers/guardians at the beginning and end of session to notify who has primary responsibility of the client.

If a therapist is unable to attend a scheduled session appointment due to illness or emergency within 24 hours, The Scheduling Department will send you a text. Outside of 24 hours, you will receive an email.

1.1 Session Schedule and Times

Consistency is an important part of ABA therapy. Once session days and times are set between therapist and clients a commitment by both parties will be applied. If there are multiple cancellations, administration reserves the right to suspend services. Additionally, requests for session day and time changes will be accommodated on a case-by-case scenario but cannot be guaranteed once an initial session schedule is set.

1.2 Illness/Attendance:

If your child is free from vomiting, diarrhea and fever for twenty-four (24) hours, he/she may resume service. If a child becomes ill during a scheduled session, the scheduled therapist will contact the caregivers and supervisor and may be required to end the session early.

1.3 Cancellation Policy

If 3 or more cancellations occur in one month without being excused (giving at least 48 hours' notice for prearranged vacations and appointments) the director will contact caregivers to determine if discontinuing services are necessary.

1.4 Withdrawal

Should it become necessary to withdraw your child from therapy, a 30-day written notice must be submitted to the Director. Exceptions will be made on a case-to-case basis. Summit Health Services Inc. reserves the right to terminate services at the sole discretion of the administrative staff.

2 HIPAA and Confidentiality

2.1 HIPAA (Health Insurance Portability and Accountability Act of 1996): Operating procedures are put in place to protect the privacy and health information of each child as required by HIPAA (Health Insurance Portability and Accountability Act of 1996). This act provides protection for a child's records and other identifiable health information, whether it's on paper, in computers or communicated orally. All caregivers are required to review, sign and receive a copy of regulations from the supervisor.

2.2 Confidentiality:

It is prohibited to contact a therapist, contractor, or employee through social networking to include Instagram, Facebook, etc.

All information disclosed to Summit Health Services Inc. is kept confidential and will not be

disseminated without written consent from caregivers.

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In order to receive services through Summit Health Services Inc. it is required that all client information remain confidential. This includes other clients you may encounter during your child's session, parent training, etc.

2.3 Abuse Reporting

Summit Health Services will contact local and state reporting agencies if there is any knowledge or known or suspected child neglect or abuse. Supervisors of Summit Health Services Inc. will immediately report the facts as known, either in person and by phone, to the State of Human Resources or local Police Department.

2.4 Non-Discrimination

Summit Health Services Inc. provides equal opportunity to all persons and does not discriminate on the basis of race, color, gender, religion, ancestry, national origin, sexual orientation, veteran status, age or disability in its educational programs, activities, admissions or employment practices as required by Title IX of the Education Amendments of 1972, Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Americans with Disabilities Act, other applicable statutes, and Center policy.

2.5 Request of Records

Caregivers and students over the age of 18 have the right to request and review records. Summit Health Services Inc. has within 30 days once a written request has been made to access information for their child/self.

3 Rights and Responsibilities

3.1 Central Reach

Summit Health Services Inc. uses the Central Reach program to record data, keep goals and

target data using iPads during sessions. This HIPAA compliant program is part of your child's behavioral records. Please contact your child's supervisor for access to this platform.

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3.2 Updating Caregiver Information

It is the caregiver's responsibility to ensure phone numbers, mailing addresses, and emergency contacts are up to date. If you have any questions, contact your child's supervisor or director.

3.3 Medical Information

Caregivers are required to inform supervisor/director of any health conditions, comorbid conditions, allergies, etc. in writing by using the form at the end of this manual prior to the start of services or as soon as new conditions arise.

3.4 Billing and Payment for Services

All clients must have an active authorization from their insurance company on file or signed contract if private pay. Services will be put on "hold" status if there is a lapse of authorization. It is the caregiver's responsibility to ensure authorization is current and valid. Caregivers must contact director immediately if there is a change in insurance status.

Deductibles or patient responsibility amounts are due within 30 days of invoice. Services will be discontinued for non-payment.

3.5 Therapy Services

To ensure successful therapy sessions, caregivers are expected to provide a clean, uncluttered, and organized workspace suitable for therapy needs of your child. Materials should be kept in organized storage and out of reach of children when therapy is not in session. Due to potential allergies of therapists and other children please keep pets out of therapy area, make sure area is vacuumed and cleaned before each therapy session.

3.6 Illicit Drug, Alcohol, and Tobacco Use

We ask that caregivers/guardians and those in the home refrain from illicit drug, alcohol, and tobacco use during their child's therapy sessions or caregivers training.

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3.7 Medications

Therapists are not allowed to administer medications.

4 Caregiver Expectations and Family Trainings

Caregivers are required to attend at least one caregivers training session per week. There may be more training available and is based on your child's insurance authorization. This is crucial for collaboration and continuity of care to best serve your child.

4.1 Caregiver Expectations

1. Child should be prepared for therapy at scheduled times. This includes having the child awake, fed, and changed prior to the therapist arriving with materials ready. It is the parent's responsibility to ensure child is prepared for session either in home or other settings.
2. A caregivers or caretaker must be in the home for the entire therapy session.
3. Therapists are not allowed to accept gifts, food, beverages, or money from clients without exception. Please do not offer any of the fore mention to therapists.
4. Caregivers should not engage in discrimination against employees of Summit Health Services based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, socioeconomic status, or any basis in accordance with the law.
5. Any issues with your child's therapy team, session, and other concerns should be addressed with the director.
6. Bullying of staff will not be tolerated. This includes but not limited to: blame without factual justification, cussing or disrespectful language, and harassment. This document serves as a 30-day notice in the event this behavior occurs, which will result in immediate termination of services after said incident.

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4.2 Caregiver Commitment and Understanding

I have read Summit Health Services Inc. Caregivers Handbook and hereby agree to follow all policies and procedures as stated. I have received explanations as needed or requested.

Parent Obligation and Consent for Services with SHS

- Parents will participate in weekly Parent Training/Consultation with supervisor for at least 1 hour.
- Parent's will return assessments for authorization for insurance purposes within 45 days and if not returned, services will be put ON HOLD.
 - Failure to return assessments by deadlines will put your child's sessions on HOLD until they are returned---assessments are a required by insurance for authorizations; delays in returning will impact availability to provide sessions
- Parent's will notify the Scheduling Department of cancellations as per the Parent Handbook
 - Pre-arranged appointments such as doctor or dentist that are non-emergent require more than 24 hour notifications
 - Sessions should only be cancelled within 24 hours for true emergencies as vomiting, diarrhea, accident requiring medical attention, etc.
 - Cancellations within 24-hour session time for non-emergencies will be billed \$50 (insurance will NOT pay for this fee)
- Parents are aware of all policies in the Parent Handbook and HIPPA policies

I have read and reviewed the Patient Privacy Act as part of the Health Insurance Portability Act of 1996 (HIPPA). I agree to adhere to the confidentiality procedures and agree not to disclose any information (child or caregivers' name or other identifiable information) obtained while attending at Summit Health Services Inc.

Caregivers/Guardian Signature: _____ **Date:** _____

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