OTP Services

Participant Enrollment Packet

Group Social Skills Services — Family Handbook & Agreement Forms

Version 1.0 • Effective August 30, 2025

This packet has two parts:

Part 1 — Participant & Family Handbook. Everything you need to know about our services: who we are, how groups work, scheduling, fees and billing, privacy, your rights, and how to raise a concern.

Part 2 — Agreement Forms. The documents you review and sign before services begin:

- Form A — Participant Information
- Form B — Consent to Participate in Group Social Skills Services
- Form C — Financial Agreement and Assignment of Benefits
- Form D — Acknowledgment of Receipt of the Notice of Privacy Practices (HIPAA)
- Form E — Participant Rights and Responsibilities
- Handbook Acknowledgment

Please read everything carefully — we will review it with you, answer your questions, and give you a copy. A signed copy of each form is retained in the participant record.

Welcome

Welcome to OTP Services! We are so glad your family is here. This handbook explains who we are, how our group social skills services work, and what you can expect from us — and what we will ask of you — while your child participates in our program. Please read it and keep it handy; if anything is unclear, ask us. We would rather answer a question twice than leave you wondering.

You will also receive our agreement packet (Forms A–E) at enrollment, which contains the documents you sign. This handbook explains things; the packet is where you agree to them. The two are meant to be read together.

About OTP Services

OTP Services provides applied behavior analysis (ABA) services delivered in a group social skills format. Our groups help children build skills like greeting and joining peers, sharing and turn-taking, holding conversations, managing frustration, and making friends — practiced with real peers, in real activities, where those skills matter.

Services are designed and overseen by Jill D. Forte, Ph.D., BCBA, our President and Chief Clinical Officer, and delivered by credentialed professionals, including Board Certified Behavior Analysts (BCBAs), a speech-language pathologist (SLP) group leader, and trained Behavior Technicians working under BCBA supervision. Every provider completes credential verification, background screening, and structured training before working with children.

Groups meet in community spaces, shared rooms, and sometimes family homes. Wherever we meet, the same standards for safety, privacy, and quality apply.

Our Guiding Principles

- Every child is an individual. Goals, plans, and progress measures are individualized — the group is the setting, never a substitute for individualized care.
- Evidence guides practice. Services follow recognized clinical guidelines and the BACB Ethics Code, and decisions are driven by data.
- Dignity and respect, always. For every participant, family, and staff member — in session and out.
- Families are partners. You participate in goal-setting, receive honest progress information, and are heard when you raise concerns.
- Honesty about fit. We recommend only services your child needs, and we refer out when another provider or level of care would serve your child better.
- Privacy is protected. Records and personal information are safeguarded, and group privacy expectations apply to everyone.
- We keep improving. Feedback, outcomes, and incidents are reviewed and acted on, and our policies are reviewed at least annually.

Getting Started

Who our program fits

Our groups serve children whose primary needs match what a group social skills program does well: building social communication, peer interaction, and self-regulation. At intake we review your child’s needs, age, and readiness for a small-group setting. If our program is not the right fit

— for example, if your child needs intensive one-to-one services — we will tell you honestly and help you find a provider who fits better. That is a promise, not a brush-off.

Diagnosis and funding

A diagnosis of autism is not required to participate. Families may enroll privately whenever the program is clinically appropriate for their child. When services will be funded by Medicaid or commercial insurance, the payor requires an autism spectrum disorder diagnosis (or another diagnosis your plan accepts for ABA services) from a qualified provider. We identify the funding path during intake, verify your benefits, and obtain any required authorization before services begin, so there are no surprises.

Enrollment steps

- Referral or inquiry — from you, your child's physician, or another provider.
- Intake conversation and screening — we review records, talk with you, and may briefly observe your child to confirm group readiness.
- Funding confirmation — insurance verification and authorization, or a private-pay agreement with rates disclosed in writing first.
- Agreement packet — Forms A–E reviewed with you, questions answered, and signed.
- Group placement — your child joins a group matched to their age and skill profile.

If there is a wait

Because groups are built around a good clinical match, sometimes a child must wait for the right group to have an opening or enough peers to begin. If that happens, we will tell you the specific reason, give you our best estimate of timing, update you at least monthly, and — if we cannot serve you soon — offer referrals to other qualified providers. You will never be charged while waiting, and you may leave the waitlist at any time.

What to Expect in Group Sessions

Each child in a group has their own individualized goals and plan — the group is the setting, not a one-size-fits-all program. Sessions are built around games, projects, and conversations engineered so that target skills get practiced and reinforced naturally by peers, with staff facilitating and collecting data throughout.

- Your child's plan is developed with your input and reviewed with you regularly — you will always know what we are working on and how it is going.
- Progress is measured with data at every session, and we will share progress updates and meet with you to review them.
- Some children also receive individual make-up sessions when group sessions are missed, as described in your financial agreement.
- Caregivers are partners: we may ask you to practice strategies at home, and we welcome your observations — you know your child best.

Scheduling, Attendance, and Cancellations

- Consistent attendance matters — in a group program, your child's peers are counting on them too.
- If you must miss a session, please give as much notice as possible, and at least 24 hours when you can.

- Missed group sessions may be addressed through individual make-up sessions as described in your signed financial agreement.
- If WE need to cancel — illness, weather, space issues — we will notify you as early as possible and arrange a make-up.
- Please do not bring your child when they are ill with fever, vomiting, or anything contagious; we will treat it as an excused absence and arrange a make-up where appropriate.

Fees, Insurance, and Billing

We believe families should understand costs before services start, not after.

- Our fee schedule is available to you in writing on request, before any commitment.
- If you use insurance: we verify your benefits and any authorization requirements before services begin and tell you what we learn, including your expected copay, coinsurance, or deductible. We submit claims on your behalf; your plan determines final coverage when it processes the claim. We will notify you promptly if an authorization lapses or is denied, and discuss options before continuing services.
- If you pay privately: your rates are itemized in the private-pay financial agreement — group sessions, packages, and individual make-up sessions — with the total amount due, and you sign before services begin. Self-pay families receive a good-faith estimate consistent with applicable requirements.
- You are responsible for the amounts described in your signed financial agreement, including copays, deductibles, and charges for non-covered services.
- If fees ever change, you will receive advance written notice and sign an updated agreement before new rates apply — never retroactively.
- Billing questions or disputed charges? Contact Dr. Forte directly. Itemized statements are available on request, and raising a billing question will never affect your child's services.

Privacy and Confidentiality

Your child's health information is protected by HIPAA. Our Notice of Privacy Practices, provided with your packet, describes how we use and protect information and your rights, including the right to access your child's records.

Privacy in a group setting

Group services have a privacy reality worth naming: you and other families will see each other's children. We protect every participant's records and information, our staff will never discuss one child with another child's family, and we ask every family to honor the same rule — what you observe in group stays in group. This mutual respect is part of your agreement with us (and everyone else's agreement with you).

Photos and media

We never use your child's name, image, or story in marketing or social media without your separate, signed authorization — and declining has no effect whatsoever on services. Our staff are likewise prohibited from posting about sessions or participants.

Your Rights and Responsibilities

Your full rights and responsibilities are stated in Form E of your packet, reviewed with you at intake. In brief, you have the right to be treated with dignity and respect; to services from qualified, credentialed providers; to informed consent and the right to refuse or withdraw at any time; to privacy and access to records; to participate in goal-setting and be informed of progress; to know fees before services begin; to be free from abuse, neglect, and discrimination; and to raise concerns without any retaliation. Your responsibilities include providing accurate information, supporting attendance, respecting other families' privacy, meeting your financial agreement, and telling us early when something concerns you.

Concerns and Grievances

If something is not right, we want to know. Raise any concern with your child's group leader, or directly with Jill D. Forte, Ph.D., BCBA — verbally or in writing. We will review it promptly and respond to you. Raising a concern will never result in retaliation or affect your child's services in any way. You may also contact your insurance payor, the applicable state agency, or our accreditation body at any time — the choice is always yours.

Health, Safety, and Emergencies

- Every space we use is checked against our safety standards, and staff are trained in emergency procedures, CPR/First Aid, and crisis prevention.
- In a medical emergency, staff call 911 first, then you. Keep your emergency contacts current with us.
- If your child has a behavior support plan, its procedures — including any crisis steps — are written, shared with you, and followed exactly.
- Any incident involving your child is reported to you, documented, and reviewed so we can prevent recurrence.
- Our staff are mandated reporters under Indiana law, required to report suspected child abuse or neglect to the Department of Child Services.

Staying in Touch

You will hear from us regularly — progress updates, schedule communications, and plan reviews — and you can always reach us with questions. Clinical questions go to your child's supervising clinician; billing and administrative questions go to Dr. Forte. Translation and alternative formats of our documents are available on request, at no cost.

Phone: 260-385-3540

Email: jill@otpservices.net

Website: www.otpservices.net

Participant Information

Form A — Participant Information

Participant

Full name

Date of birth | Age | Today's date

Home address

City | State | ZIP

Group / program name (if known)

Parent / Legal Guardian

Name | Relationship

Phone | Email

Insurance

Primary payor | Member ID

Group # | Subscriber name & DOB

Other

Primary physician / referral source

Emergency contact | Phone

Consent to Participate in Group Social Skills Services

Form B — Consent to Participate (Group Social Skills Services)

I consent to the participant named in this packet taking part in group social skills services provided by OTP Services. I understand the following about these services:

Nature of services

- Group social skills services are delivered in a small-group format and use applied behavior analysis (ABA) strategies to build social communication, peer interaction, self-regulation, and related skills.
- Groups are designed and supervised by a Board Certified Behavior Analyst (BCBA) and may be facilitated by qualified staff, including Registered Behavior Technicians (RBTs), under appropriate supervision.
- Sessions involve other participants. Group activities, role-play, modeling, and structured practice with peers are an essential part of the program.
- Groups may be held in the community or in space borrowed or shared from another organization, and by telehealth where clinically appropriate and authorized.

Benefits and risks

- The goal is to improve social skills and peer relationships in a supportive, structured group setting.
- As with any service, outcomes cannot be guaranteed, and group participation may at times involve frustration or social challenges as new skills are practiced.
- Group composition and placement are determined clinically to support each participant's goals and may be adjusted over time.

Group participation and conduct

- The participant will take part in group activities with peers and is expected to follow group expectations and safety guidelines.
- OTP Services may adjust group placement, or recommend individual support, if the group format is not meeting the participant's needs or affects the safety or progress of the group.

Privacy in a group setting

- Because services are delivered in a group, other participants and their families may see or hear information about my child. OTP Services asks all families to respect the privacy of other participants but cannot guarantee that other participants or families will maintain confidentiality.

Voluntary participation

- Participation is voluntary. I may ask questions, request changes, decline specific activities, or withdraw consent at any time without affecting the participant's right to other care.

Additional consents (please initial each that applies)

☐ I consent to OTP Services coordinating care with the participant's physicians, school, and other involved providers as clinically appropriate.

☐ I consent to observation or recording of group sessions for supervision, training, and quality improvement. I understand recordings may include other participants and will be handled as protected health information.

☐ I consent to telehealth delivery of group services when clinically appropriate and authorized by the payor.

☐ I consent to my child participating in group activities alongside peers.

I have read and understand this consent, I have had the opportunity to ask questions, and I voluntarily consent to participation.

Signature — Participant / parent / legal guardian (circle one) _____ Date _____

Printed name _____ Relationship to client _____

Signature — OTP Services clinician _____ Date _____

Printed name _____

Financial Agreement and Assignment of Benefits

Form C — Financial Agreement and Assignment of Benefits

Insurance and assignment of benefits

- I authorize OTP Services to bill my insurance payor for group social skills services provided and to release information necessary to process claims.
- I assign to OTP Services the insurance benefits payable for those services.
- I understand that services may require prior authorization, and that services delivered outside an active authorization may not be covered.

Financial responsibility

- I am responsible for any copays, coinsurance, deductibles, and charges for services not covered by my payor.
- I am responsible for verifying my benefits and for charges resulting from inaccurate insurance information.
- Self-pay rates and any group session or package fees, if applicable, will be provided in writing before services begin.

Attendance, cancellations, and missed sessions

- Because group sessions are scheduled in advance with a set group of peers, I will provide at least 24 hours' notice to cancel when possible.
- Missed group sessions generally cannot be rescheduled because of the group format, and any fee for a missed or late-cancelled session, where permitted by payor and law, is $_____ and is the participant's responsibility.
- Repeated absences may affect the participant's placement in the group.

Payment terms

- Balances are due upon receipt of a statement unless other arrangements are made in writing.
- Accepted payment methods and any policy for returned payments will be provided on request.

I have read, understand, and agree to this Financial Agreement and Assignment of Benefits.

_____ _____

Signature — Participant / parent / legal guardian (financially responsible party) | Date

_____ _____

Printed name | Relationship to client

Acknowledgment of Receipt of Notice of Privacy Practices

Form D — HIPAA Acknowledgment of Receipt

OTP Services is required by law to maintain the privacy of protected health information (PHI) and to provide a Notice of Privacy Practices that describes how PHI may be used and disclosed and how participants can access that information.

By signing below, I acknowledge that I have received a copy of the OTP Services Notice of Privacy Practices.

I also understand that, because services are provided in a group setting, OTP Services will protect my child's PHI but cannot guarantee that other participants or families will maintain the confidentiality of information they may observe during group sessions.

Communication preferences (optional)

I authorize OTP Services to share PHI, as needed for care and operations, with the following individuals:

Name _____ Relationship _____

Name _____ Relationship _____

Preferred method of contact: ☐ Phone ☐ Email ☐ Mail ☐ Text

Signature — Participant / parent / legal guardian _____ Date _____

Printed name _____ Relationship to client _____

For office use only

If an acknowledgment signature could not be obtained, describe the good-faith effort made and the reason:

Reason _____

Staff name _____ Date _____

Participant Rights and Responsibilities

Form E — Participant Rights and Responsibilities

Every participant and family at OTP Services has the rights and responsibilities below. We review them with you at intake, answer any questions, and provide a current copy, a translation, or an alternative format at any time on request.

Your Rights

- To be treated with dignity, respect, and consideration at all times.
- To receive individualized, evidence-based services delivered by qualified, credentialed providers.
- To receive the information needed to give informed consent before services begin, and to refuse or withdraw from services at any time without affecting the right to seek other care.
- To privacy and confidentiality of health information, as described in the Notice of Privacy Practices. Because services occur in a group, other participants and families may observe information during sessions; OTP Services asks all families to respect one another's privacy and protects each participant's records and protected health information.
- To access the participant's records as provided by law, and to request amendments.
- To participate in developing and reviewing the participant's goals and to be informed of progress.
- To know the credentials of the providers delivering services.
- To be informed of fees and financial responsibility before services begin.
- To be free from abuse, neglect, exploitation, and discrimination, and from any restrictive procedure not authorized in writing in an approved plan.
- To voice concerns or grievances, and to do so without retaliation or any effect on services.

Your Responsibilities

- Provide accurate and complete information, and tell us about changes to contact information, insurance, guardianship, or the participant's health.
- Support the participant's attendance and participation, and follow group expectations and safety guidelines.
- Give as much notice as possible, and at least 24 hours when possible, if a session must be cancelled.
- Respect the privacy of other participants and their families, and do not share information observed during group sessions.
- Treat staff, participants, and other families with respect.
- Meet the financial obligations described in the signed financial agreement.
- Raise questions or concerns early so we can address them.

Concerns and Grievances

If you have a concern about services, please raise it with your group leader or directly with the President, Jill D. Forte, Ph.D., BCBA, verbally or in writing. Concerns are reviewed promptly, you will receive a response, and raising a concern will never result in retaliation or affect the participant's services. You may also contact your insurance payor, the applicable state agency, or the organization's accreditation body at any time.

Acknowledgment of Receipt

I acknowledge that I have received and reviewed this statement of Participant Rights and Responsibilities, that it was explained to me, and that I had the opportunity to ask questions.

Participant name	Date
Signature — Parent / legal guardian	Relationship to participant
Printed name	
Signature — OTP Services representative	Date

Handbook Acknowledgment

Acknowledgment of Receipt — Participant & Family Handbook (Part 1 of this packet)

I acknowledge that I received the OTP Services Participant & Family Handbook, that I had the opportunity to ask questions, and that I understand it is informational and is read together with the signed agreement packet (Forms A–E).

Participant name

Date

Signature — Parent / legal guardian

Relationship to participant

Printed name

Retain the signed acknowledgment in the participant record. Handbook content is reviewed at least annually under Policy 1.05; families receive updated versions when content materially changes.