

CLIENT HANDBOOK



Financial Responsibility Agreement

Florida ABA Therapy, LLC will ensure that all pre-authorization, assessment and progress reports are completed and submitted before the due dates to continue ongoing therapy.

Florida ABA Therapy, LLC is in a network with the following insurance companies: Tricare

The terms of this agreement will continue until either party provides written notice of termination request. Florida ABA Therapy and parents agree to provide each party a minimum of 30 days to assist in fading out services. Immediate discharge from will be provided by the company if they are unable to maintain safety of the client or other clients within the environment due to challenging behavior.

Invoices:

Florida ABA Therapy, LLC will invoice families at the beginning of each month. An itemized invoice will be emailed to parents including the date of service and type of service. A payment request will be sent to parents using Paypal. Payment is expected within 2 weeks to avoid cancellation of future sessions.

The parents/guardians remain responsible for the full payment of all services, including late sessions or no shows fees. We accept payment via paypal (Checking, Visa, MasterCard, Discover, or American Express).



Fees:

- Appointments must be canceled at least 24 hours in advance. If they are not canceled with 24 hours' notice, you will be charged a \$30.00 missed appointment fee. If there are emergency situations, such as illness, accident, death in family, etc. fees will not occur.
- If the client arrives more than 15 minutes late for session, a late fee will be waived 1x/month. If the client arrives late more than 1x/month, a late fee of \$15.00 will occur.

I agree to the terms of the above agreement.

Parent/Guardian Name: _____

Parent/Guardian Signature:

Date:



Nonviolent Physical Crisis Intervention Release

Florida ABA Therapy, LLC utilizes Nonviolent Crisis Intervention to all clients. We do not implement any form of physical restraint as part of our contract with Tricare. If a client requires physical restraint, Florida ABA Therapy, LLC will refer them to an inpatient facility which is allowed to perform these procedures as part of their contract with Tricare

Nonviolent Crisis Intervention's philosophy focuses on prevention strategies, functional communication skills, and reactive strategies which minimize escalation. When addressing problem behaviors, client's care, welfare, safety, and security will be our primary focus. If you have any questions or concerns regarding this policy, please contact Florida ABA Therapy, LLC at any time.

Florida ABA Therapy, LLC does offer a variety of prompting strategies to improve correct responding. We understand that all clients have a history of learning which may make them more or less receptive of physical prompting procedures. Parents will indicate what form of prompting procedures they are comfortable with.

Please initial below:

- I prefer my child's therapist help assist my child when physical redirection is needed
_____ (Please initial)



- I prefer my child’s therapist not assist when my child when physical redirection is needed
_____ (Please initial)

I have fully read, understand, and have inserted my initial next to my preference to the above in this Nonviolent Physical Crisis Intervention Release.

Client or Child’s Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____



Mandated Reporter Disclosure Form

All behavioral employees for the in-home program operated by Florida ABA Therapy, LLC are mandated reporters as deemed so by Florida state rules, regulations, and laws. This is a state law designed to protect children from injury and should not be viewed as means to harm parents and caretakers.

This form shall serve as a reminder to the family of this fact and shall also provide insight into what this disclosure means. This disclosure shall serve as part of the client education regarding the program, and the client information packet.

Being deemed a mandated reporter, the Behavior Therapist for the Florida ABA Therapy, LLC program is required by law to report any and all allegations, reports, and suspicions of child abuse, neglect, and maltreatment to the appropriate identified governing body.

Child Protective Services is the governing body identified in the state of Florida regarding cases of child abuse, neglect, and maltreatment, and the Behavior Therapist is required and shall, therefore, report the incidents mentioned above to the National Hotline for Child Protective Services.

Any report to Child Protective Services, where deemed necessary by them, shall constitute a separate case from the one managed by Florida ABA Therapy, LLC intensive in-home program. For this reason, it should



be noted that the Behavior employees shall only participate in CPS cases as required and requested by Child Protective Services. The intensive in-home program operated by Florida ABA Therapy, LLC shall play no part in decisions made by Child Protective Services and should be viewed as a separate organization from Child Protective Services.

Mandated Reporter Disclosure Receipt Form

I, _____, have read and received a copy of the Mandated Reporter Disclosure Form policy from the Behavioral employees of the intensive in-home program by Florida ABA Therapy, LLC.

Client or Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature:

Date:



Notice of Privacy Practices

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

Florida ABA Therapy, LLC must maintain the privacy of your health information and to provide you with this notice. You will be asked to sign a Release of Information Form. Once you have signed the Release of Information Form, Florida ABA Therapy, LLC employees may use or disclose your Protected Health Information (PHI) for purposes of diagnosis, treatment, obtaining payment, or to conduct healthcare operations. For example, to receive payment for our services, Florida ABA Therapy, LLC must provide information to the funding source being used.

Other permitted and required uses and disclosures that may be made without your consent, authorization, or opportunity to object:

Abuse or Neglect: If any Florida ABA Therapy, LLC member suspects abuse or neglect of a child or elder, he/she is mandated to make a report to the appropriate public authorities.



Danger: If a Florida ABA Therapy, LLC employee suspects that you are in imminent danger of harming yourself or someone else, he/she is mandated to make a report to the person at risk to the public authorities.

Legal Proceedings: Florida ABA Therapy, LLC employees may disclose Personal Health Information (PHI) in response to a court order or subpoena or certain other legal proceeding.

Other uses and disclosure of PHI and any disclosure of Case Notes will be made only with your written authorization. After such authorization is given, you may revoke that authorization at any time from future use. This notice may be amended as needed to comply with federal, state, and professional requirements.

Notice of Privacy Practices Receipt Form

I, _____, have read and received a copy of the Notice of Privacy Practices from the employees of Florida ABA Therapy, LLC.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



Authorization to Release Professional Information

Child/Client's name: _____ DOB: _____

I approve release of information to:

(agency/service provider, caretaker, teacher, etc.)

To:

- Release the following information to Florida ABA Therapy, LLC.
- The above agency and Florida ABA Therapy, LLC to exchange information with each other on an ongoing basis for the duration of the terms of this release. This release needs to be renewed annually unless terminated at an earlier time by written notification.

This information may be transmitted:

by mail by fax by phone by e-mail

This consent automatically expires 30 days after termination of services.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Employee Name: _____
Employee Signature: _____ Date: _____

Services in Applied Behavioral Analysis

Our team provides a range of services to help your child and your family. All programs are created from research-based strategies and developmentally appropriate curriculum. All services provided utilize the data collection and review procedures required for evidence-based ABA practices. The teaching of treatment goals is done in a one on one or group setting in a natural environment (NET) and Intensive Teaching (ITT) settings. There is an emphasis on Verbal Behavior. These services include:

Social Skills Training:

- One-On-One settings
- Play Dates - Facilitated Peer Play
- Social Groups - small groups customized for your child, his/her goals, with his/her peers, and in his/her community

Play Skills: Age-appropriate skills are taught

- Toy Play
- Pretend/Imaginative Play
- Cooperative Play

Communication Training: Strategies are used to increase appropriate communication. Strategies include:

- Mand Training (Requesting) American Sign Language (ASL)
- Picture Exchange Communication System (PECS)
- Assistive Technology
- Vocal Speech
- Conversational Language
- Commenting
- Turn Taking
- Staying on Topic
- Decrease echolalia (repetitive speech) and increase functional language by teaching replacement language.
- Decrease problematic behavior by teaching increasing functional language skills and teaching replacement language.

Functional Behavior Assessment: Functional Behavior Analysis (FBA) is an attempt to look beyond the obvious interpretation of behavior as "bad" and determine what function it may be serving for a child. Truly understanding why a child behaves the way he or she does is the first, best step to developing strategies to stop the behavior.

Behavior Intervention Plan: Behavior Intervention Plan (BIP) takes the observations made in an FBA and turns them into a concrete plan of action for managing a child's behavior. A BIP may include ways to change the environment to keep behavior from starting in the first place, provide positive reinforcement to promote good behavior, employ planned ignoring to avoid reinforcing bad behavior and provide supports needed.

Assessments: VB-MAPP, ABLLS-R, informal parent/ teacher interview & observation, social skills inventory, reinforcer inventory, sensory



integration checklist and other developmental checklists. Assessments are used to guide program development. They are NOT used to diagnose.

Toilet Training: We train parents how to provide a child-specific plan for toilet training. Toilet training can be challenging; we are here to support and encourage this process. We offer several packages of various intensity levels. Prices may differ from regular sessions.

- Rapid Toilet Training (3-day approach based on methods of Azzrin and Foxx)
- Schedule/Habit Training
- Sorenson & Kroger (Self Initiation Protocol)

Daily Living Skills: We train parents how to teach your child day-to-day self-help skills; for example, dressing, eating, grooming, household chores, etc.

Eating Skills: We train parents how to teach tolerance to a variety of different foods and textures which the child has either began to recently refuse (food compliance) or the child has always refused to eat (food acceptance).

Other: We also can assist in areas of concern within a variety of settings to include communities and schools.



Fading out services

Discharge will always be a primary focus of ABA services. Discharge and transition planning from one or all treatment programs will involve a gradual step down in services. Discharge from a comprehensive ABA treatment program occurs over several months. Treatment plans will be reviewed and evaluated, and discharge planning will begin when the child has achieved specific treatment goals, as measured by appropriate standardized protocols.

The process of fading will begin once the child's progress meets specific predetermined goals.

Parent Training: We also offer intensive one-on-one parent training. This consists of basic principles and techniques of ABA specific to your child's



current needs to increase your child's independence, daily living skills, and communication. We coach you through behavior problems, help you maintain consistency, help you learn strategies to improve compliance and following directions, deal with behavior, and help provide appropriate consequences. * This service is an integral part of therapy and it is critical that you participate. The amount of time spent in parent training depends on several factors which may include:

- How much 1:1 therapy they are receiving
- Barriers in daily living skills which Tricare requires parent training
- Barriers in generalizing skills taught in 1:1 therapy
- Intensity of challenging behavior

Parent Participation

Parents are integral to the success of each child. Florida ABA Therapy, LLC strives to include parents in all aspects of therapy from goal and objective development to treatment strategies and behavior management skills and all treatment plans provided utilize the data collection and review procedures required for evidence-based ABA practices. The consistency of programming across settings is our ultimate goal. The Florida ABA Therapy, LLC team members are available to train parents in the areas of behavior management and the application of intensive teaching procedures to enable parents to become part of the child's therapy team.

The level, intensity, and frequency of parent training will be included in your child's Individualized Treatment Plan (ITP).



Parent Commitment: To ensure effective implementation of the treatment plan/programming, Florida ABA Therapy, LLC requests the following commitments listed below as they are critical to your child's successful therapy

- Active participation in training regarding the child's programming and behavior reduction protocols.
- Consistency with the child's treatment plan and behavior reduction protocols.

Employee Descriptions

Executive Director: The Director oversees operational management, strategic planning, and clinical services. If parents have any concerns regarding their child's BCBA, please contact the Executive Director.

BCBA/BCaBA: The BCBA/BCaBA serves as the primary contact person for your family and the therapists assisting your child. The BCBA/BCaBA will ensure that all therapist assisting your child are well trained and that they implement your child's program as prescribed. If parents have any concerns regarding their child's programming, please reach out to your assigned BCBA or BCaBA.



RBT: Registered Behavior Therapist provide direct therapy to children and are actively supervised by a BCBA.

Everyone works together to make sure that your child is receiving the best possible program based on individual goals. Duties and responsibilities of team members may vary and are not limited to the roles as stated above.

There is no guarantee that the same therapist/BCBA will be assigned to your child's case for the entire time you receive services. To assist in generalization of skills, we recommend a client move to a different therapist every 6 months. During this 6 month period, Florida ABA Therapy, LLC will attempt to keep scheduling as consistent as possible. Extenuating circumstances that may cause a change in your child's schedule may include:

- Employee leaving the company
- Parent requesting a change in schedule that is not available with assigned therapist
- Receiving new intakes
- Placing similar age groups to occur at the same time and same day of the week to improve social skills.

I acknowledge that my child's therapist team may change overtime but I will be given future notice by Florida ABA Therapy LLC.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



Employee Name: _____

Employee Signature: _____

Date: _____

Parents' Interaction with Employees & Dual Relationships

The nature of our business can often be personal because we are all working so intensely with each other on a frequent basis. For this reason, we require that parents maintain a professional relationship with employees, but not a personal relationship. Within this professional relationship, we expect both parties to communicate respectfully to each other. If parents have concerns over their child's programming or therapist, they will direct this information to their BCBA as previously mentioned. Parents also acknowledge that any relationship outside the therapeutic one may lead to challenges in the relationship. If a dual relationship forms between parent and therapist, Florida ABA Therapy,



LLC will conduct a schedule change to remove the therapist from the child's caseload.

Dual relationships include, but are not limited to babysitting, acting as a nanny, bartering of services of goods, friendships, following each other on social media, sexual relationships, etc

Wellness Policy Statement of Understanding

To minimize the spread of illness, Florida ABA Therapy, LLC's wellness policy requires a session be canceled if the client or Florida ABA Therapy, LLC employee displays one or more of the following symptoms and guidelines listed below. (24-hour cancellation fees do not apply.)

- Vomiting/Diarrhea
- Temperature greater than 100.4 degrees
- Respiratory problems - severe coughing, rapid breathing, croup, or whooping sound after coughing



- Thick, discolored discharge from nose
- Contagious rash or infection of the skin (e.g., ringworm, poison ivy, impetigo)
- Evidence of lice, including nits
- Other communicable diseases - conjunctivitis (pink eye), influenza, measles, Covid, chicken pox, strep throat, etc.
- This excludes the common cold

The client or employee must be free of infection and other symptoms, without the aid of medication, for 24 hours before resuming scheduled sessions. If the client or employee becomes ill during a session, the session will be immediately canceled.

Parents acknowledge that if their child exhibits any of these above symptoms, they should contact the Office Manager at Florida ABA Therapy, LLC to cancel their child's session as soon as possible. If for any reason your child did not attend school due to an illness or was sent home early due to an illness, there should be no therapy session that day.

Gifts

Florida ABA Therapy LLC's employees may not accept any gifts of any kind.

A gift refers to the following:

- Money
- any item of value, service, loan, promise
- discount or rebate for which something of equal or greater value is not exchanged.



The term “gift” does not include:

- handmade items by and from children, such as a drawing or painting

Communication

Communication is a vital role for many several reasons. Our goal at Florida ABA Therapy, LLC is to respond to all emails, phone calls, or texts within 24 hours during regular business hours*. There may be times that we respond with a notification stating that we may need more time to respond.

Point of Contact	Reason
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admin@flabatherapy.com 850-860-4050	<ul style="list-style-type: none"> - Notify the team of an illness - Request schedule change - Ask questions about schedule - Notify team of dates/time your child is not available for reasons (i.e., dr. appt, vacation, etc.) - Ask questions or discuss concerns about your invoice, balance, etc.
april.groeneweg@flabatherapy.com	-Concerns regarding BCBA
hailey.gillam@flabatherapy.com ashly.krites@flabatherapy.com april.groeneweg@flabatherapy.com	-Concerns regarding child's programming or RBT

*Therapists are not allowed to give out their personal cell phones to parents. All communication should be directed towards Florida ABA Therapy, LLC's business email and business phone.

Cancellations and Missed Appointments

Keeping your scheduled appointments with us a vital part of the treatment process. When you make an appointment, you are asking a professional to hold a specific block of time for you. To efficiently serve you and others, Florida ABA Therapy, LLC requires a 24-hour notification policy for cancelling an appointment unless an emergency arises or illness.



In order to be respectful of the medical needs of our clients, Florida ABA Therapy, LLC kindly requests a call to our office promptly if you are unable to attend an appointment. This time will be reallocated to someone who needs to be seen for an urgent medical problem or someone who is on our waitlist for an appointment. This is how we can best serve the needs of all our clients. To cancel any appointment, please call our office at 850-860-4050.

Emergency cancellations are assessed by the Florida ABA Therapy, LLC employees, and fees may be waived when appropriate. If you must cancel a scheduled appointment, please do so at least 24 hours in advance. Examples of emergency cancellations may include:

- illness, death in the family, car trouble, etc.

Non examples of emergency cancellations may include:

- Another medical appointment that was made in advance, family vacation, etc.

To request a general schedule change, such as another medical appointment, vacations, etc, send an email to admin@flabatherapy.com If you are planning a vacation in which your child will be out of therapy for 1 week or more, you must provide Florida ABA Therapy LLC a 2 week notice. Florida ABA Therapy LLC reserves the right to place the client on the wait list if they are out for more than 2 weeks.

If two (2) or more appointments are missed consecutively and without proper notice before the scheduled appointment, Florida ABA Therapy, LLC respectfully reserves the right to place the client on the wait list.

I have read the late cancellation/missed appointment policy and understand the above.



I agree to the terms of the Cancellation and Missed Appointment Policy.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Drop off and Pick up Policy for Clinics

It is the policy and preferred practice of Florida ABA Therapy, LLC for a parent, guardian, or authorized individual be identified as authorized when escorting a minor client entering or exiting the clinic or other medical treatment facility. Parents, guardians, or authorized individuals may be required to use the appropriate sign-in/sign-out sheet while visiting the clinic or other medical treatment facility.

In the event that a minor client is allowed to be dropped-off or picked-up without the supervision of a parent, guardian, or authorized



individual Florida ABA Therapy, LLC requires proper written authorization from the legal guardian of the minor client. If proper written authorization is not on file with the clinic or other medical treatment facility the minor client will not be permitted to access the facility. Likewise, if a parent, guardian, or other individual is not listed as authorized with the clinic or medical treatment facility, the minor child will not be released.

Authorized Individuals:

Parent Notification Policy

Purpose:

To define the conditions under which parents will be notified of an incident involving other children that occurs during the clinic program. Due to the nature of services and the play-based format of the program, there may be contact between children that is within the normal range of play interaction. To establish what would be considered outside that



normal range and would warrant parent notification, the following policy has been created.

Policy:

Parents have a right to be informed about any issues involving the wellbeing of their child. We make every effort to have transparency with parents so that they can be comfortable and confident in their child's care while they are at {Company Name}. Parents will be notified by an employee within the same day of any contact occurring between their child and another if the contact meets any or all the following criterion:

You will be notified if your child experiences any of the following:

- Contact (bite, hit, kick, scratch, fall, etc.) that leaves a mark*
- Involvement in any incident that draws blood

You will not be notified immediately if your child:

- Falls
- Gets touched, pushed, or hit by another child not resulting in any physical mark or one of the conditions listed above.
- Is touched or otherwise contacted but does not experience any of the other conditions listed above.

I understand the conditions under which I will be notified concerning the health and welfare of my child.

Parent/Guardian Signature:

Date:



Aloha

Florida ABA Therapy, LLC utilizes Aloha as their scheduling software. Parents will receive an email from Aloha during their intake. The Office Manager will help parents set up their account after they receive their email. This software allows parents to view their child's schedule. Additionally, parents will receive a text message after 5pm the night before their scheduled appointments. This message will display the name FLABA. Please avoid blocking these messages. Unfortunately, the



text message will only show the start times of each session. However, Aloha will display the start and stop time if parents are confused.

Proposed Schedule

Monday	Tuesday	Wednesday	Thursday	Friday