# **Declaration of Professional Practices and Service Agreement**

**Innovation Behavior Services** 

#### Welcome

Thank you for choosing Innovation Behavior Services. We want your experience with ABA services to feel clear, supportive, and predictable. This agreement explains how our services work and what you can expect from us. Please reach out anytime with questions. We are here to help.

#### What ABA Is

Applied Behavior Analysis, or ABA, is a science that helps us understand why behavior happens and how learning takes place. ABA focuses on teaching functional skills and reducing behaviors that may interfere with daily life. It is often used with people who have Autism or developmental disabilities, but it can support anyone who needs help building new skills.

#### **Your Treatment Team**

Your Board Certified Behavior Analyst, or BCBA, leads treatment. Your BCBA will:

- Complete assessments
- Develop, update, and monitor your treatment plan
- Review data and track progress
- Coach caregivers and family members
- Supervise Behavior Technicians (BTs/RBTs) when technicians are assigned

A Behavior Technician, if part of your team, provides most of the direct teaching and follows the BCBA's written plan.

BCBA services may be provided in person or by telehealth. Some BCBA tasks, such as data review and treatment planning, happen outside of scheduled sessions so the BCBA can give you accurate, thoughtful recommendations.

#### **Your Treatment Plan**

Your treatment plan guides the work we do together. It includes:

- Goals
- Teaching strategies

- Recommended service hours
- How progress will be reviewed

You can request changes to goals, but some goals must be built in steps. Your BCBA may recommend waiting until other skills are learned first. All changes must be safe, clinically appropriate, and supported by assessment.

We want you to feel like a full partner in the treatment process, so please talk with us anytime you have concerns or questions.

# **Therapeutic Consultation and Caregiver Training**

Therapeutic Consultation is a highly effective way to support long-lasting behavior change. During these sessions, your BCBA teaches you strategies that you can use throughout your day. When caregivers use these strategies consistently, many children make strong progress even without technician hours.

Many families prefer this approach because:

- It builds skills that last long-term
- It works well with busy schedules
- It supports learning in everyday routines
- It often leads to steady progress

Sessions with a BCBA usually last 1 to 2 hours. The frequency depends on the client's needs and your family's schedule. Together, you and your BCBA will create a schedule that makes sense.

Therapeutic Consultation can be used alone or combined with technician services.

#### **Telehealth Services**

Telehealth ABA services are also effective. Studies show that families can make progress similar to that achieved with in-person services when they show up for sessions and use the strategies their BCBA teaches. Telehealth also allows your BCBA to observe your natural home routines and provide real-time guidance.

We will support you with the technology and answer any questions. After reviewing your case, if we determine that telehealth is not a good fit or may not be effective, we will let you know right away so we can discuss other options.

# **Availability Requirements**

To assign technician services, families must be available for at least 10 hours per week. This is the minimum needed for tiered ABA therapy to support meaningful progress.

If your schedule does not allow this, we can continue to support you through Therapeutic Consultation and caregiver training, which are flexible and effective options.

#### **Attendance and Cancellations**

Consistent attendance helps your child learn. We understand that things come up, so please cancel early when needed.

- We may adjust services if more than 10 percent of sessions are missed in 90 days.
- Sessions canceled with less than 24 hours' notice may result in a fee, since insurance does not cover missed sessions.
- A responsible adult must remain on-site, awake, and available during all in-home sessions.

If a technician arrives and the client is unavailable, they will wait 10 minutes before marking the session as missed.

We will work with you to create a schedule that supports your child while still fitting your family's needs.

# **Environment and Safety**

We want sessions to be productive and safe for everyone. Please tell us about anything that may affect learning or staff safety.

Examples include:

- Loose or aggressive pets
- Loud or distracting environments
- Unsafe areas of the home
- Illness
- Family members in crisis

We may pause or adjust services if the environment becomes unsafe or prevents meaningful learning.

During sessions, you may be asked to reduce distractions such as loud devices or pets jumping on the staff.

Our staff members are professionals and deserve a safe work environment. If you have concerns about any staff member, please let us know promptly so we can address it.

Staff cannot transport clients, siblings, or guests. Staff also cannot provide childcare or emergency supervision.

# **Medication and Health Updates**

Please tell us about:

- Medication changes
- Supplements
- Health concerns
- New diagnoses
- Significant changes in behavior

This helps us keep treatment safe and effective.

### **Professional Boundaries**

We follow the Behavior Analyst Certification Board Ethics Code and all state and federal laws. This means:

- We protect your privacy
- We do not accept gifts or food
- We do not attend personal events unless part of a treatment plan
- We cannot provide childcare or emergency help
- We avoid texting protected and private information, so your data stays secure

We are mandated reporters. If we reasonably suspect abuse or neglect, we must make a report.

If you have concerns that cannot be resolved with your BCBA, you may contact our leadership team or the BACB for support.

#### **Communication**

Please allow up to two business days for responses to messages or calls.

If you are experiencing an emergency, call 911 or go to the nearest emergency room if it is safe to do so.

If you are experiencing a mental health crisis, call or text 988 for help.

Scheduling changes must go through our scheduling department at **scheduling@innovationaba.com**.

#### **Agency Closures**

We close on major holidays and during severe weather.

# Fees, Billing, and Insurance

We bill your primary and secondary insurance when possible. You are responsible for:

- Copays
- Deductibles
- Coinsurance
- Missed session fees
- Services not covered by insurance

Please let us know about insurance changes before they occur. Loss of coverage or non-payment may cause services to pause or stop.

# No Surprises Act: Your Right to a Good Faith Estimate

You have the right to receive a Good Faith Estimate of expected costs. This is especially helpful if:

- You do not have insurance
- Your insurance does not cover a service
- You choose not to use insurance
- You are paying privately

Your estimate will be provided in writing before services begin or anytime you request it. It is not a bill.

If your bill is at least 400 dollars more than your estimate, you may dispute the charge.

To request an estimate, call 833-521-5230 or email info@innovationaba.com.

#### **Ending Services**

Services may end if:

- The client no longer needs ABA
- The client is not benefiting from treatment
- Continuing services could cause harm
- Barriers to treatment cannot reasonably be resolved
- The environment is unsafe
- The legal guardian requests discontinuation
- There is non-payment of outstanding balances

We will support a smooth transition whenever possible and offer recommendations for next steps.

# **Acknowledgment and Signature**

By signing below, I confirm that I have read and understand this Declaration of Professional Practices and General Service Agreement. I give permission to Innovation Behavior Services for the assessment and development of a treatment plan for the person named below. I have the legal authority to make healthcare decisions for the person named below. I agree to participate in treatment and understand that I may ask questions at any time.

Focus Person's Name and Date of Birth:	
Focus Person or Legal Guardian Signature: _	
Printed Name:	Date: