



INTRODUCTION TO CLINICAL SERVICES

Welcome to Quality Behavior Solutions!

This document has been created to familiarize families with our policies and provide a guide to procedures necessary for success! We are happy you have selected Quality Behavior Solutions (QBS) to support your family's behavioral journey.

POLICIES & PROCEDURES

Our Mission: To provide access to high quality services effective at improving the lives of those we work with. We believe access to effective services delivered by quality professionals is a right for all people. Our clinical teams share this vision, doing our part and touching the world through ABA.

Quality is our promise: We provide personalized behavioral health treatment designed to meet the comprehensive needs of each individual. Your child's clinical team will include on-going supervision by a Board Certified Behavior Analyst (BCBA) and Clinical Supervisor, with direct therapy from a qualified team of Register Behavior Technicians (RBT). Your child's progress is tracked each session, evaluated and shared with parents during supervision, parent education and/or routine team meetings.

Your child's support team

Position	Responsibilities	Contact Information	Email
Clinical Supervisor	Manages clinical services, teams and program		
Behavior Analyst	Oversees and directs clinical treatment and services		
Regional Clinical Administrator, AV	Coordinates schedule, team assignments, cancellations & make up sessions. Manages	(661) 220-5508 ext. 1	rcaav@qbssocal.com
Regional Clinical Administrator, SFV	insurance authorizations and changes in policies, and patient intake	(818) 991-7722 ext. 2	admin@qbssocal.com
Director of Clinical Operations	Manages all aspects of clinical patient services	Lauren Bishop (818) 991-7722 ext. 703	lbishop@qbssocal.com

Patient Name:
 Medical ID#:
 DOB:

Parent/caregiver/legal guardian Participation: Parents/Caregivers/Legal Guardians are required to be active participants in their child/dependent's services. QBS offers a variety of parent education models to ensure that we consider what is most effective and valuable for you as the parent and your child's clinical program. Parents are required to participate in parent education at least once per month. Our options include:

- Parent Education Groups
- One to one parent meetings
- In-clinic (onsite) parent participation with your child
- Participation via-video recording/modeling
- In-home or community training with your child

We understand that not all parents/caregivers are available and that there are exceptions that may occur, therefore requiring other family/caregivers to be involved. For those instances the assigned caregiver must meet the following criteria:

- Must be at least 18 years of age or older
- Must assume responsibility for the care and treatment of the patient during the intervention session(s) and participate in their program as required, including but not limited to, parent training sessions, data collection and homework exercises
- If an assigned caregiver, for personal familial circumstances, is the primary caregiver present/responsible for the patient and their services, the caregiver is to be defined as someone who plays a significant role in the patient's life
- Community Events/Outings: parent or caregiver is required to attend for the duration of all community outings and be an active participant for parent ed and generalization purposes
- Only caregivers noted on the patient's emergency form are authorized to pick the patient up from the clinic upon verification of the caregiver's identification
- Upon arrival for session, caregiver will remain in the parent waiting area and wait for the RBT to come escort the patient into session.

Parent Initials: _____

Session schedules and rescheduling procedure: Your child's authorization for therapy is considered a *prescription* and the number of hours assigned are designated to your child for him or her to reach the best possible outcomes from therapy. Our Regional Clinical Administrator works directly with parents to coordinate session schedules and make up sessions. It's important for your child's progress to maintain consistent therapy sessions. At QBS, we require patients to maintain attendance at 90% or above their prescribed hours; please note that excessive cancelations may result in a risk for termination of services.

Patient sessions are scheduled based on their individual recommendations of hours with the following time frames:

Patient Name:
Medical ID#:
DOB:

0-5 yrs old	6-8 yrs old
8:00am-4:00pm	4:00pm-6:00pm
8:00am-12:00pm	
12:00pm-4:00pm	

Further, in order to ensure QBS can provide the appropriate staffing in a timely manner for each patient, there is a maximum of 4 permanent schedule changes per year based on patient availability. Permanent schedule changes may take a minimum of two weeks to take effect.

Please contact your Regional Clinical Administrator with all questions regarding your child's schedule, cancellations, and make-ups. See contact information below:

Region	Email	Phone
Antelope Valley	rcaav@qbsocal.com	(661) 220-5508 ext. 1
San Fernando & Santa Clarita Valleys	admin@qbsocal.com	(818) 991-7722 ext. 2

Parent Initials: _____

Attendance Policies:

1) Cancellations: Parents agree to provide a 24-hour notice for any sessions requiring cancellation. This includes cancellation due to illness, schedule conflicts, etc. To cancel, contact your Regional Clinical Administrator (RCA). Although QBS requires 24-hour notice, we understand emergencies can occur, providing families a limited window to cancel services or make changes to scheduled appointments. In the case of an emergency, parents must notify the RCA 2 hours prior to their scheduled appointment. Vacations require a 2-week notice and vacations interrupting services for longer than 2 weeks will lose their assigned clinical team and will be re-staffed upon return. Please note that excessive cancellations may result in a risk for termination of services.

Parent Initials: _____

2) Tardiness: We understand matters occur, and at times running late is inevitable. Tardies do not have a grace period. Please ensure to communicate with your RCA before the start of your child's schedules session. Please note that excessive tardiness may result in a risk for termination of services. Three tardies within a 90-day period will equate to one no-show. Please reference our no-show policy below.

Parent Initials: _____

Patient Name:
 Medical ID#:
 DOB:

3) No-show Policy and Charges: Cancellations without notice are costly to the agency, therapy team, and puts the continuation of your child's services at risk. No-show appointments are classified as: patient not present within 15 minutes proceeding the pre-scheduled session time. This includes all therapeutic appointments (e.g., direct therapy, parent education, assessment appointments, etc.); arranged in-clinic, in-home, or in the community.

Two appointments classified as "no show" within a 90-day period, will result in written notification to parents and case manager of possible cancellation of services. A third no show within 90 days, will result in 30-day notice for termination of services. Quality Behavior Solutions also reserves the right to charge families \$75 per no show appointment (excluding Medi-Cal patients).

Parent Initials: _____

Clinic Sign Out Procedure: Parents are required to sign for sessions, daily. Parent signatures are verification that session occurred on that day and time. An iPad will be located at the front desk for parents to sign for their child's sessions. You can expect your child's RBT to meet you in the front lobby. Parents are responsible for providing their signature to verify session details either in person or via the parent portal in Measure PM. Appointments that occur outside of clinic sessions (e.g., Saturday generalization event) should be signed via the parent portal. Please arrive 10 minutes before the session end time to allow time to debrief you on session details and performance.

Parent Initials: _____

Generalization across team members: We understand that families may develop preferences to individual team member(s), however, we will not guarantee specific staff assignments under any circumstances. In fact, evidence indicates patient's retainment of learned skills is best when programs incorporate strong aspects of generalization and parent involvement. Our focus is to provide an evidence-based treatment environment, which resembles the diversity of the real world. This includes a regular rotation of professionals, interns, and interim RBT/BTs within the clinic and community. Our Regional Clinical Administrator will inform families of all scheduling assignments and changes.

Parent Initials: _____

Sick Policy: Please contact Quality Behavior Solutions, Inc. and cancel your appointment if the following contagious conditions are present in the patient or anyone living in the home:

- Lice or nits
- Pink eye
- Rash in combination with a fever or behavioral changes
- Cold sore that is oozing open and patient doesn't tolerate it being covered or touches frequently

Patient Name:
Medical ID#:
DOB:

- Colored mucus discharge from nose/mouth/eyes within the last 24 hours- accompanied with a fever. Colored mucus includes green/yellowish color but does not include clear.
- Eye infection- accompanied with a fever
- Fever (100 degrees and higher) within the last 24 hours
- Vomiting 2 or more times in the previous 24 hours- does not include if common behavior for patient or for a patient with a food program or food selectivity.
- Diarrhea- 2 or more instances or is accompanied with fever.
- Any illness preventing child from attending school.
- Any other contagious condition.

Parent Initials: _____

Vaccination Policy: Please be advised that Quality Behavior Solutions, Inc. requires all patients to be up to date on current vaccines per the California mandate.

**CALIFORNIA IMMUNIZATION REQUIREMENTS FOR
PRE-KINDERGARTEN**



(any private or public child care center, day nursery, nursery school, family day care home, or development center)

Doses required by age when admitted and at each age checkpoint after entry¹:

AGE WHEN ADMITTED	TOTAL NUMBER OF DOSES REQUIRED OF EACH IMMUNIZATION ^{2,3}			
2 through 3 months	1 Polio	1 DTaP	1 Hep B	1 Hib
4 through 5 months	2 Polio	2 DTaP	2 Hep B	2 Hib
6 through 14 months	2 Polio	3 DTaP	2 Hep B	2 Hib
15 through 17 months	3 Polio	3 DTaP	2 Hep B	1 Varicella
	On or after the 1st birthday:			1 Hib⁴ 1 MMR
18 months through 5 years	3 Polio	4 DTaP	3 Hep B	1 Varicella
	On or after the 1st birthday:			1 Hib⁴ 1 MMR

Parent Initials: _____

Video Surveillance: Our clinics are under video surveillance to ensure the safety of all patients and families.

Parent Initials: _____

Observed Holidays: Quality Behavior Solutions, Inc. honors the holidays listed in our annual holiday schedule. Although services are authorized 365 days per year, Quality Behavior Solutions, Inc. encourages their employees and patients to share these special days alongside their families. All Quality Behavior Solutions, Inc. offices are closed on our observed holidays. Religious holidays will not be considered an unexcused absence if taken place outside of QBS' holiday calendar.

Parent Initials: _____

Patient Name:
Medical ID#:
DOB:

Financial Responsibility: Patients are responsible for understanding their insurance policies and health benefits coverage. Patients receiving service coverage through their health insurance carrier are ultimately responsible for payment in full for all services rendered if your health insurance carrier denies payment. Quality Behavior Solutions will pursue payment for all services and work with carriers to resolve any collection issues. In the event balances are unpaid after 90 days due to lack of patient eligibility for services, parents will be invoiced and responsible to pay all unpaid balances.

Co-payments and deductibles: Patient's co-pays and deductibles are due at the time of service, however, as a courtesy Quality Behavior Solutions, Inc. will provide a monthly invoice as discussed in the Financial Responsibility form.

Changes in insurance benefits: Parents are responsible to inform Quality Behavior Solutions immediately about any changes related to the patient's health coverage for behavioral treatment (e.g., insurance company change, benefits coverage change). Delays in notifying us of policy changes can result in an interruption of service and parent responsibility to pay for treatment administered. Our intake specialists are trained to obtain new authorizations promptly and work to avoid any potential lapses in treatment. Please contact our Intake specialists at **(818) 991-7722 ext. 1 (AV), ext. 2 (VN), or ext. 3 (SF)** to report a change in insurance carrier.

Multiple Benefit Plans: Parents are responsible to inform Quality Behavior Solutions if they have multiple insurance plans for the patient (i.e. primary and secondary coverage). Having this information upfront allows our intake department to research all benefit eligibility extensively and reduce the possibility of costly errors in funding for our patients.

Parent Initials: _____

Patient Needs: Quality Behavior Solutions, Inc. requests if a patient is scheduled for a clinic-based session of 3 hours or longer, caregivers send the patient with snack(s)/lunch. Further, if a patient has any special dietary needs, caregivers are responsible to provide snacks for the patient to meet their dietary restrictions. QBS is NUT-FREE environment.

At QBS, we love to celebrate with our friends (birthdays, accomplishments, etc.) and may provide food or treats for the children. Please mark below if you allow your child to partake in the foods provided at these events. Examples include, but are not limited to, pizza, cake/cupcakes, etc.

Do you agree: **Yes** **No**

Caregivers are also responsible for providing their child with an extra pair of clothes, underwear/diapers, and wipes.

Parent Initials: _____

Patient Name:
Medical ID#:
DOB:

Naps during session: Unfortunately, naps cannot be part of treatment time at the clinic. In order to accommodate naps for our patients who might need them, sessions can be split into morning and afternoon sessions. This split will permit caregiver to pick up patient following their morning session and return patient, after their nap, to their afternoon session to complete the recommended treatment hours.

Parent Initials: _____

Exclusionary Criteria: Quality Behavior Solutions, Inc. ensures that all patients exercise their right to receive effective treatment. However, there are circumstances where services may result in termination. If there are concerns of any sort, Quality Behavior Solutions, Inc. will attempt to meet and reach a collaborative resolution. We reserve the right to refuse and/or terminate services if deemed appropriate. Examples of reasons for termination include but are not limited to the following:

- Lack of parent participation and/or follow through
- Tampering with patient data or asking clinicians to modify data
- The patient/parent/caregiver denies consent(s) required for treatment
- Unethical conduct of any sort
- The patient's home environment is deemed as unsafe, harassing, unsanitary or unwelcoming
- There is a suspicion of chemical dependency, illegal drug/alcohol use
- Factors limiting patient's access to treatment as prescribed via excessive cancellation, no shows, schedule changes, and/or dismissal of clinical team.

Parent Initials: _____

Crisis Prevention Certification: Clinical staff are trained and certified under Safety Care Training. With a focus on prevention, the core-training program equips staff with proven strategies for safely defusing anxious, hostile, or violent behavior at the earliest possible stage.

Parent Initials: _____

Emergency Protocol: An emergency contact information form is required to be filled out by the parents/caregivers/legal guardians at the inception of services. This form authorizes Quality Behavior Solutions, Inc. to contact the listed emergency contacts and/or release the patient to their care in the event of an emergency. If the caregiver becomes impaired not able to act as primary caregiver for their child, emergency procedure will include the following: contact persons listed on emergency form, call 911, contact supervisor.

If at any time an emergency or dangerous/harmful situation occurs with the patient, the following emergency protocol will be followed: if a behavior occurs that places the patient and/or others at risk for injury, or that will result in significant loss of quality of life, there may be a need for use of emergency physical management procedures. Additionally, should at any point the aforementioned procedures prove ineffective AND the individual is placing themselves or others in eminent danger, it may be necessary to call emergency support teams or 911.

Patient Name:

Medical ID#:

DOB:

Parent Initials: _____

Gift Policy: As a profession, we are required to adhere to the Behavior Analyst Certification Board (BACB)'s Professional Ethical and Compliance Code (BACB.com- Behavior Analyst Certification Board). Our code strictly prohibits entering into a dual relationship with our clients and their families. In order to prevent dual relationships, certain activities cannot be performed by our employees, including receiving or giving gifts to clients or client's family members with a monetary value of more than \$10. Specifically, "Behavior Analysts do not accept gifts from or give any gifts to clients because this constitutes a multiple relationship." This applies to all staff who work under the Behavior Analyst. The BACB's rationale for this requirement is that giving or accepting gifts could impair our objectivity or otherwise interfere with our ability to effectively perform our duties. We realize that this stance may seem very conservative. The BACB's rationale for such a conservative stance on giving and receiving gifts is that we work with clients and caregivers in a more extended and intensive manner than other professions and therefore, extra special care must be taken to protect our clients from any professional boundaries being crossed.

Parent Initials: _____

Photo/Video Release: The parent/caregiver grants Quality Behavior Solutions, Inc. authorization to use, reproduce and/or publish photographs and/or video that pertain to the patient without compensation, rights, or royalties related to the use of the photograph and/or video. I understand that the material may be used in various publications, including website entries, social media, recruitment materials, trainings, parent education, or other related endeavors. In the event that photographs and/or videos are used the materials will become property of Quality Behavior Solutions, Inc. and may not be returned. Parents/caregivers waive rights to inspect or approve the finished product, including written or electronic company, wherein likeness appears is waived. The authorization is continuous and may only be withdrawn by parent/caregiver specific rescission of this authorization.

Do you agree: **Yes** **No**

Parent Initials: _____

Patient Name:
Medical ID#:
DOB:



Welcome Letter Parent Signature Page

Patient Initials: _____ Health Insurance Plan: _____

I have reviewed these policies and procedures and they have been fully explained to me, and I fully understand my responsibilities in meeting and maintaining these policies and procedures.

Parent or Guardian Print Name (legally authorized representative) _____
Date

Parent or Guardian Signature (legally authorized representative) _____
Date

Clinician Signature, Title _____
Date

Patient Name:
Medical ID#:
DOB: