

Information Related to Scheduling and Sessions

Coastal Behavior Consulting currently provides in home ABA services as well as clinic based services in 1-3 hour blocks of time. The research is clear that longer sessions result in greater retention and this makes scheduling more convenient for all parties. Our goal is to work collaboratively with all parties that are part of the child's life, so please communicate with your CBC team to notify them if current scheduling is causing stress on your family or needs to be adjusted. We will do everything we can to work with you and your family.

Present Authorized Adult

A parent/legal guardian, teacher, facility director or manager, respite worker (ex: an individual who is responsible for supervision over the setting where services are provided) must be on the premises for all in home services for the duration of the session. The person must be a legal adult.

Sick and Vacation Policy

Except in cases of emergency, 12 hour notice is required for all cancelled appointments. Payment for the appointment may be required for missed appointments not cancelled according to this policy and that happen more than 3 times in a one month period. Insurance carriers are not responsible for miss-appointment fees.

BCBA's and supervisors are responsible for coordinating their own schedules and the schedules of Tutors. They will report anytime scheduled sessions will be cancelled or rescheduled due to the needs of the provider (i.e. vacation, sick time) to the Managing Director via email and notify their client's parent/guardian.

We request that families give us at least 2 weeks notice on significant changes in their schedules in order to facilitate consistency in service delivery.

Therapy Session

The universal standard for therapy, be it the insurance standards or the professional standards of various organizations like the APA, ASHA, etc., is that a therapy "hour" is 45-50 minutes of direct contact with the client with the remaining 10-15 minutes devoted to required record keeping and other administrative requirements. Typically, for a 1 hour therapy session, our staff take ~ 10 minutes to arrange the materials prior to commencing direct therapy with the child and 10-15 minutes at the end to record data, tidy the setting, and discuss the session with the parents.

Parents are not required to participate in a whole therapy session. Parent participation can be planned with the therapist prior to the session with clear goals identified. Sibling participation must be discussed and clearly outlined prior to each session. If a sibling participates in a session, a parent or legal guardian must participate as well.

What is required to start ABA services?

The following documents are required upon the start of services to be kept in client file:

- Signature on File Form with parent/legal guardian signature
- Copy of client prescription from Primary Care Manager – This must include the ICD 10 diagnostic code and include the severity level (mild, moderate or severe) *As of October 1, 2015*
- Copy of client insurance card (front and back)
- Copy of IEP or letter from doctor or parent stating that the child has no IEP and the reason why. *As of October 1, 2015*
- Completed Client Questionnaire

When applicable, the following will be collected:

- Consent for Interviewing, Photographing, and Videotaping/Audio recording of clients and for Publication
- Liability Waiver (Transportation)

If Insurance is involved then their pre-approval is required prior to any evaluation, therapy, or other service being provided

Once these items have been collected and authorization has been received, intake with a CBC BCBA will be set up and:

--ABLLS-R or VB-MAPP completed by CBC staff

--Develop treatment goals and program plan – reviewed and revised with parent.

--Arrangement of therapy schedule

Signature on File Form

I authorize my insurance benefits be paid directly to Coastal Behavior Consulting, LLC. I understand that I am financially responsible for any balance. I also authorize Coastal Behavior Consulting, LLC or insurance Company to release any information required to process my claims and to establish service eligibility/authorizations. I give my consent for Coastal Behavior Consulting, LLC to provide behavior analytic services to my child, in accordance with the ethical guidelines proposed by the Behavior Analyst Certification Board (BACB). I also understand that I may withdraw my consent and terminate treatment at anytime and for any reason.

Parent/Guardian Signature: _____

Date: _____

Client Name: _____