



# **Caregiver Handbook**

## **Overview of All Services Provided**

### **Applied Behavior Analysis Therapies**

ABA stands for Applied Behavior Analysis. It is a systematic way of changing behavior that has been proved to be effective through repeated research on how people learn. ABA focuses on “socially significant behaviors.” That means that we work on behaviors that will improve your child’s life. Your ABA clinicians will rely on on-going analysis of data to ensure that your child is making progress. ABA treatment plans rely on everyone doing the same thing in the same way.

Plans will be very detailed so that everyone can implement treatment across all settings. Our team is dedicated to working collaboratively with you as the caregivers in addition to their other treatment providers and educational programs. At LSTS, we believe that when we work together and communicate often, we can achieve so much more.

Finally, ABA therapists work to help your child generalize their skills. It is not enough for them to be able to sit at a table in a clinic or in your home. They also need to be able to sit at a table at school, restaurants, grandma’s house, etc. It also means that once they learn how to button their shirt, they should also be able to button their coat and their pants. ABA therapy is systematically designed to not only ensure that the new skills we are teaching are long-lasting, but that these skills can be applied across multiple settings and with multiple people that are part of your child’s life.

### **Caregiver Support and Training Services**

LSTS offers a range of caregiver support services where a BCBA, BCaBA, or Autism Specialist will provide caregiver training on a weekly basis to work on treatment goals determined by you and your Caregiver Support Professional.

#### **Caregiver Support Only**

This model is most often used for children with a Level 1 Autism Diagnosis where intensive 1:1 therapy is not needed or as a support for children who have met their therapy goals and are graduating from services or who may only need minimal social support.

To be referred to services through this model, attendance must be at 80%, which includes both your parent training meetings and your child’s 1:1 sessions. If, while utilizing this model, attendance falls below 80% for two consecutive months, or cancellations are determined to otherwise be frequent and/or unproductive with little measured progress, your Caregiver Support Provider, in collaboration with the designated leadership team member, reserves the right to discontinue services and provide referrals to other practitioners in the community.

#### **Caregiver Support with 1:1 Services**

This model is used for children who need 1:1 support and therapy to meet their therapy goals. Caregivers will be prescribed services that will support generalization and behavioral interventions in the home and community.

Sessions with parents will include education, observation of the child in the classroom, modeling, role playing, and collaboration.

## **Diagnostic Evaluations**

Our Diagnostic Evaluations provide a comprehensive assessment of an individual's mental, emotional, and behavioral health. These evaluations are conducted by licensed professionals and are tailored to understand a wide range of conditions, such as:

- Autism Spectrum Disorder (ASD)
- Attention Deficit Hyperactivity Disorder (ADHD) Learning Disabilities
- Anxiety Disorders
- Depression and Mood Disorders
- Behavioral Disorders
- Other Neurodevelopmental and Psychiatric Conditions

### **What the Diagnostic Evaluation Includes:**

- Clinical Interviews: We conduct structured interviews with the individual (and parents, if applicable) to gather detailed information about their developmental, medical, and behavioral history.
- Standardized Testing: Depending on the individual's needs, we administer cognitive, emotional, and behavioral assessments, including IQ testing, achievement tests, and psychological assessments.
- Observation: In some cases, direct observation in various settings (e.g., school or home) is included as part of the diagnostic process.
- Comprehensive Report: After the evaluation, we provide a detailed report that includes the diagnosis (if applicable), test results, and recommendations for treatment, support services, or accommodations.

## **Psychotherapy Services**

Our psychotherapy services offer evidence-based therapeutic interventions designed to help individuals cope with mental health challenges, improve emotional well-being, and enhance overall functioning.

Our licensed therapists work with children, adolescents, adults, and families in various modalities, including:

- Individual Therapy: One-on-one sessions to address personal mental health concerns such as anxiety, depression, trauma, or behavioral issues.
- Family Therapy: Therapy focused on improving communication, resolving conflicts, and fostering healthier family dynamics.
- Group Therapy: Sessions that allow individuals with similar challenges to share experiences and support one another in a structured group setting.
- Cognitive Behavioral Therapy (CBT): A goal-oriented approach that helps individuals change negative thought patterns and behaviors.
- Play Therapy (for children): A form of therapy that uses play to help children express and process their emotions.

**Common Areas of Focus:**

- Managing anxiety, depression, and mood disorders
- Enhancing emotional regulation and coping strategies
- Addressing trauma and post-traumatic stress disorder (PTSD)
- Improving social skills and relationships
- Behavioral interventions for children and adolescents
- Support for life transitions, stress management, and personal growth

**Our Approach:**

- Individualized Care: Each evaluation and therapy plan is tailored to meet the specific needs of the client.
- Evidence-Based Practices: We utilize research-backed assessment tools and therapeutic methods.
- Collaborative Treatment: We work closely with clients, families, and other professionals (such as educators and physicians) to ensure coordinated care and comprehensive support.

**What is Autism?**

Autism Spectrum Disorder (ASD) is a developmental disorder of variable severity that affects communication, social skills, and repetitive patterns of behaviors and can affect daily living skills, learning, speech, and daily routines. It is not yet known what directly causes autism. Autism is a spectrum that affects individuals in different ways. As the saying goes, “If you’ve met one child with autism, you’ve met one child with autism.”-Stephen Shore

**What is ABA?**

ABA stands for Applied Behavior Analysis. It is a systematic way of changing behavior that has been proven to be effective through repeated research on how people learn. ABA focuses on “socially significant behaviors.” That means that we work on behaviors that will improve your child’s life. Your ABA clinicians will rely on on-going analysis of data to ensure that your child is making progress. ABA treatment plans rely on everyone doing the same thing in the same way. Plans will be very detailed so that everyone knows what the procedure is. This is why your clinician will give you a detailed plan of how to implement a procedure in your home. It will help your child make progress faster. Finally, ABA therapists work to help your child generalize their skills. It is not enough for them to be able to sit at a table in a clinic or in your home. They also need to be able to sit at a table at school, restaurants, grandma’s house, etc. It also means that once they learn how to button their shirt, they should also be able to button their coat and their pants.

Little Stars Therapy Services is committed to compassionate and ethical implementation of ABA treatment protocols. We are committed to understanding the children entrusted to us, and creating a plan that builds on their strengths while helping them overcome any barriers to their success. Our therapists are well versed in the scientific principles of behavior that we use to carefully design individualized goals for your child, and we value collaboration with our caregivers in designing and implementing those goals. ABA is deemed a medically necessary treatment, just like going to the doctor. We are in network with several major insurance companies that cover ABA services, including Medicaid.

## **How it Works**

All of our clients' goals are designed individually for each child. The best way to teach is to do so in a way that the child will learn and enjoy! Data is collected and monitored on each treatment goal for your child's success, and we love sharing this data with the adults in each client's life.

## **Trauma Informed Care**

We believe in compassionate, respectful, and effective ABA for our tiny humans. All of a child's life experiences may affect them in different ways and we both value and appreciate this.

Intensity of ABA-Clients receive therapy ranging from 15-35+ hours per week, and 80% or more of a child's prescribed treatment hours are required for receiving therapy with Little Stars. Learning environments are structured with social activities, 1:1 learning, and classroom routines.

## **Parent Involvement**

We can't do it without you! Research shows that the longevity of skills learned in ABA are the most lasting when parents participate and develop their own "tool belt" of ABA knowledge.

## **The Importance of Play**

Our goal is to teach through structured learning settings and natural environment teaching, all involving play and fun!

## **Your Child's ABA Team**

All clients have either a Board Certified Behavior Analyst (BCBA), Board Certified Assistant Behavior Analyst (BCaBA) or Autism Specialist assigned to them who assess and develop treatment plan programming. Our Behavior Technicians receive intensive training and certification with the Behavior Analysis Certification Board (BACB) to work under the supervision of the BCBA, BCaBA or Autism Specialist to implement treatment plans.

## **Beginning Services**

### **Eligibility for Services**

Potential clients must have active insurance with the ABA/mental health benefit and must not meet Little Stars Therapy Services' exclusionary criteria. In addition to these, each client must meet service specific criteria listed below:

### **ABA Therapy/Parent Consultation and Education Services:**

1. Referral from Diagnosing Physician
2. Copy of Diagnosis Report

3. Completion of Request Services section on this website

**Diagnostic Evaluation and/or General Psychotherapy Services:**

1. Referral from Diagnosing Physician
2. Completion of Request Services section on this website

**Community Outreach and Support Services:**

1. Completion of Request Services section on this website

**Exclusionary Criteria****Eligibility for ABA Services**

Potential clients must have an Autism diagnosis, active insurance with the ABA benefit and must not meet Little Stars Therapy Services exclusionary criteria.

**Exclusionary Criteria**

LSTS does not accept clients who engage in severe and consistent aggression, dangerous elopement, serious self injurious behavior or property destruction that requires more than one staff member to manage. The first instance of a client requiring more than one staff, the exclusionary team will meet and meet with the family to determine a plan of action. LSTS will only accept clients that have not engaged in severe aggression requiring support of more than one person within the last 6 months. If LSTS becomes aware or receives knowledge that false information has been provided regarding severe aggression, dangerous elopement, serious self injurious behavior, or property destruction in your child's repertoire, it may result in immediate termination due to the safety risk posed in an environment that is not equipped to manage these behaviors. If your child develops behaviors with aggression, dangerous elopement, serious self injurious behavior, or property destruction that immediately affects the safety of others and requires more than one employee to assist with, it is likely that services will need to be discontinued. LSTS will work with your family on a transition plan if this is the case.

**Exclusionary Criteria and medical needs**

LSTS will accept clients with certain medical needs such as allergies or seizure disorders like epilepsy. However, it is a requirement that the client's medical provider provides information on emergency protocols shall an emergency occur. If an emergency occurs twice during treatment, services will need to be evaluated by the exclusionary team due to the safety risk posed in an environment that is not equipped to manage significant medical emergencies. Additional medical needs will be evaluated on a case by case basis.

**Waitlist Policy**

Waitlist preference will be given to siblings of clients currently being served at LSTS. Other determining factors in being pulled from the waitlist could include: age, date of request, hours available, insurance benefits, clinician expertise, and response time. We then call the parent/guardian of the patient notifying them that they have been matched into services. If the parent/guardian does not answer the phone call, the Patient Care Manager will then leave a voicemail notifying them with the available spot for services including a deadline of 48 hours to return

the phone call confirming that they would like to move forward with scheduling services. If a voicemail box has not been set up, the Patient Care Manager will send an email notifying them of the available spot. The 48 hour response deadline applies here as well. If the parent/guardian does not respond to the attempts of communication within the deadline, they will be placed back on our waitlist for the next available spot. If, during your child's intake process or assessment, it is determined that your child's needs are deemed out of the scope of ethical practice by our practitioners, we will provide you with referrals to other professionals who may better fit your child's needs.

## **All Clinic Caregiver Policies**

### **Collaboration, Trust, and Respect**

All Little Stars Employees value a collaborative relationship with clients and their families. It is expected that the treatment team working with your child is respectful, positive, and solution based. If you have concerns in this regard, please contact your child's supervisor. Clients, families, and others who may be involved in your child's therapy are also expected to maintain a respectful and positive relationship with your treatment team. If you have concerns, we will do our best to resolve them through collaboration and problem solving. We want to work together in every way possible to maintain an ongoing relationship that is positive and effective.

- Please keep conversations focused on your child and their success.
- Bullying or harassment of any kind will not be tolerated by any party involved in the therapy process, or in the home during treatment, and may result in immediate dismissal/termination.
- Bring questions or concerns to your child's supervisor so you and your team can work together to create a solution.
- Behavior Technicians may answer questions regarding their direct implementation treatment with your child. *They cannot provide advice or recommendations outside of what is written in your child's treatment program. For these questions, please consult with your supervisor (BCBA/Autism Specialist).*
- Any treatment changes must be made by the supervisor (BCBA/Autism Specialist). During observed sessions at home or in the clinic, caregivers are encouraged to participate and observe; however, changes made to your child's programming must be made in collaboration with your child's supervisor.

### **Attendance and Punctuality**

***PLEASE NOTE***, For your child to receive services, it is crucial for your child to attend therapy according to your ABA Practitioner's clinical recommendations as closely as possible. Little Stars requires at least 80% of the recommended hours to be scheduled. If you are unable to meet these clinical recommendations, your supervisor will work with you to prioritize your child's needs and treatment goals. If, after efforts are made to prioritize goals before or after treatment, it is determined that your child's availability is not compatible to therapy success, referrals will be provided for lesser intensive services, and LSTS may offer a parent training

model on a case-by-case basis with weekly meetings and the completion of an ABA Caregiver Training curriculum.

Your child's consistent attendance is imperative to their success. Frequent or extended absences will affect progress and skill maintenance. We require that your child attends at least 80% of their scheduled sessions per month. If your child's attendance falls below this number for two consecutive months, an attendance warning will be provided. Attendance less than or equal to 60% of scheduled sessions in any month may be subject to an immediate warning. After receiving an attendance warning, if attendance falls below 80%, an attendance contract will be implemented for 90 days. Non-compliance with the attendance contract may result in suspension or dismissal from services. Extended or frequent absences due to medical reasons will be addressed on a case-by-case basis. If medical conditions interfere with attendance, a meeting will be held to discuss solutions to better fit your child's needs which may include referrals to less intrusive services or moving to a parent training and consult only model. Further, LSTS reserves the right to make treatment decisions and case-by-case considerations based on your child's individual treatment needs to ensure our ethical responsibilities and our required treatment standards align with ensuring your child's outcomes are a high priority for the care we provide.

Please understand that our clinic is open year-round. If you decide to discontinue services for any amount of time, your child's spot may be filled with another child from the waitlist. Parents can request a schedule change using the schedule change request form on the Little Stars website any time a change is needed. Please note that submitting a schedule change request does not indicate the start of a new schedule. The request will be reviewed and you will be notified of its status. Further, attendance requirements during this transition must be adhered to and submission of a schedule change request does not exempt your child from these requirements.

Please plan to arrive on time for drop offs and pickups. It is helpful to arrive 5 minutes early so your therapist can talk with you about your child's day, as therapists will commonly have back to back sessions. Because sessions run back to back frequently, late arrivals for pickups may interfere with other schedules.

A tardy arrival or early departure will be documented at seven (7) minutes past the scheduled dropoff or pick up time. More than three (3) tardies for two consecutive months will be subject to a punctuality warning. After receiving a punctuality warning, if late pickups or drop offs occur in a third month, a punctuality contract will be implemented. Non-compliance with the punctuality contract may result in suspension or dismissal from services.

LSTS prides itself on providing services that enable families for success and understands that tardies and absences happen. Please contact us with concerns or circumstances that may impact your child's consistent attendance and ability to be timely for pickups and dropoffs. We will do our best to collaborate with you for a solution that is individualized to meet your needs.

Sessions will be canceled if you are more than 15 minutes late to your session without notifying the clinic phone at 316.367.8767. While we appreciate your communication with your team via google chats, it is important to note that proper notice to the clinic phone **IS** required.



## Attendance Definitions:

- **Unexcused: No Call No Show:** Any absence that is not communicated to the clinic phone number **316-364-8767** prior to scheduled session start time.
- **Excused: Planned Absence:** Any absence that has been communicated to clinic phone number **316-364-8767** at least 2 weeks in advance for personal leave, such as vacation, OR at least 2 days in advance for planned time off, such as medical appointments..
- **Unexcused: Unplanned Absence:** Any absence that is not communicated to the clinic phone number **316-364-8767** at least 2 weeks in advance for personal leave, such as vacation, OR at least 2 days in advance for planned time off, such as medical appointments.
- **Illness:** Any absence that is related to illness or a medical condition. Please call or text the clinic phone number at **316-364-8767** as soon as possible. Any cancellations based on illness or medical needs may be evaluated if they become excessive. These absences will be excused up to two (2) days without a doctor's note. At three (3) days, a doctor's note will be required to be excused.
- **Excused: LSTS initiated cancel/absence:** Any absence that is canceled by LSTS due to staffing, weather, or unanticipated clinic closures.
- **Tardy:** Any drop off or pick up time greater than 7 minutes of scheduled start time or end time.
  - Excused: infrequent transportation delays, such as weather conditions, accidents, or trains; behavior plan approved with supervisor
  - Unexcused: no reason provided or not an approved reason

## Cancellation Process

When scheduling appointments for your child that will coincide with your child's ABA sessions (e.g. well checks, eye or hearing exams, etc.), please provide 48 hours' notice to the clinic phone at **316-364-8767**. This allows us to alert your child's providers in a timely manner and make appropriate adjustments to scheduling.

If your child will not be attending therapy, please notify the clinic phone at **316-364-8767** **as soon as you know your child will not be attending their scheduled session**. It is imperative to let us know so we can plan for staff and coverage appropriately. The clinic phone will be checked at 7 a.m. each business day and throughout business hours. Please provide a reason when canceling your session for documentation purposes.

## Communication

In order to encourage collaboration with you and your child's treatment team, the Google Chats app is used. If caregivers do not have Google Chats, individual alternate arrangements will be made via email or telephone. You will have access to join a HIPAA compliant group chat that will include all the providers who work with your child and their immediate supervisor(s). This app can be used to check on your child at any time and be a part of communication from your child's therapy team in place of text messages. You will need to create a Google Chat group with your child's initials (Example: Jane Doe would be "JaDo Parent Chat") and

invite your child's supervisor to the chat. The supervisor will add your child's team members to the chat. Please note that our staff will not respond to text messages, as they are not HIPAA compliant.

### **Complaints or Concerns**

We strongly encourage you to address your complaints or concerns to your assigned BCBA, BCaBA, or Autism Specialist directly. Your supervisor will work with you to resolve these issues promptly. If these issues are not resolved with your assigned supervisor please feel free to email [littlestarstherapyks@gmail.com](mailto:littlestarstherapyks@gmail.com). Formal complaints can be made through the Behavior Analysis Certification Board at BACB.com.

### **Controlled Substances Policy**

LSTS prohibits smoking on the property of the clinic location and inside the home if sessions take place in that location. To ensure safety, illegal substances are not permitted on clinic property or inside the homes where sessions may occur.

### **Coordination of Care**

Little Stars Therapy Services strongly believes that communication and collaboration between all professionals engaged with a child will ensure consistency, which leads to better outcomes. Because of this, Little Stars providers will coordinate with other professionals when appropriate in order to deliberately organize activities and share information amongst participants in a client's treatment to achieve more effective care.

While we understand that respecting caregiver wishes for privacy must sometimes occur, providers will meet with parents at the start of services with LSTS to discuss the need to coordinate care with the external providers. These conversations will include an explanation of what coordination of care is, what information will be exchanged with outside providers, and the value of working as a treatment team. Caregiver consent will be gained prior to contacting other service providers. Consent will be gained for all identified external providers with whom coordination of care is planned. During coordination meetings, predetermined agenda topics that have been agreed upon with caregivers will be discussed.

LSTS will work with the caregiver to determine the preferred method of communication with the external provider and identify if they require their own release of information prior to providing any protected health information. If external providers are not responsive to LSTS, a single follow-up call/email will be sent and documented and stored in the client's medical record. Additionally, caregivers will be notified that no response was received.

It is recommended that for outside professional providers of LSTS clients, that at least one contact and touchpoint is made monthly with each different outside provider, given LSTS has appropriate medical releases on file. Activities that can be included in these meetings include discussing client progress during different treatment services, reviewing updated assessment results, advocating for continued care and services, as well as how to modify different treatment plans to ensure consistency among providers.

In the event of a client receiving services with an additional provider within LSTS, coordination of care may also occur.

### **Discontinuation of Services**

There is no obligation to continue services with LSTS if you do not wish for your child to continue therapy. Please contact your BCBA/BCaBA/Autism Specialist to begin the process for discontinuing services. We ask that you give us 2 weeks' notice when canceling so we may do a proper discharge of your child.

In some cases, LSTS or your assigned BCBA/BCaBA, or Autism Specialist may choose to discontinue services. Some reason may include but are not limited to:

1. Frequent attendance issues.
2. Medical fragility issues that affect attendance or LSTS therapists to appropriately care for your child.
3. Behaviors that are determined to pose a significant safety risk to others.
4. Self-injurious behaviors that pose a significant risk to the client.
5. When significant, meaningful progress is not made within a 6 month period.
6. When minimum parent involvement requirements are not met for three consecutive months.
7. When it has been determined that the child has made progress, able to maintain taught skills, and more than 3-5 hours of ABA is no longer recommended.
8. Three days, not necessarily consecutive, of No Call-No Shows in a calendar year.
9. Lack or loss of insurance funding.

### **Family Values**

At LSTS, it is important to us that families are able to communicate their personal family values, goals, preferences, and beliefs. We appreciate being able to get to know your family so that we can make what is important to you a priority for us.

### **Holidays and In-Service Days**

Little Stars Therapy Services recognizes several holidays each year, as well as scheduled inservice days to focus on professional development and staff training. These dates may change annually and can be found in the LSTS published calendar at [www.littlestarstherapyks.com](http://www.littlestarstherapyks.com). Reminders will also be sent out to families ahead of time via our social media pages and/or group chats.

### **Illness**

To avoid the spread of infectious diseases, the LSTS has strict policies in place to minimize the potential of spreading infectious diseases. Therapy is canceled if children have any of the following symptoms: These criteria include, but are not limited to:

- Temporal artery temperature above 100.4 degrees (i.e. 100.2° or higher) or medication to control fever
- Sore throat with fever
- Vomiting or diarrhea occurring more than twice within 1 hour
- Impetigo
- Covid - Follow current CDC requirements
- Cough accompanied by fever
- Pink eye (conjunctivitis)
- Runny nose that is thick or greenish in color when combined with other symptoms (e.g. malaise, fever, etc.)
- Lethargy or inability to move as usual and participate in their session with a fever
- Lice or the presence of eggs/nits

Many children with autism have reported chronic gastro-intestinal (GI) issues (e.g. loose stools, constipation, reflux, etc.) If a child has ongoing GI issues, a doctor's note and/or recommendations can be used to assist the staff in making decisions regarding whether the child should remain in session.

Parents/guardians should report contagious illnesses, such as Covid, chickenpox, fifth disease, lice, etc., to the clinic phone at **316-364-8767** so that appropriate precautions may be taken. The failure to report any disease, contagious or non-contagious, may be grounds for dismissal from the program. Appropriate documentation may be required for absences lasting more than three (3) full, consecutive days.

- i. If any of the above conditions is detected by a staff member in a client, parents/guardians will be contacted immediately to pick up the child and take them home or to a primary care physician, whichever is deemed appropriate by the caregiver. The client may return to the center when they are symptom-free for at least 24 hours.
- ii. In the case of a lice outbreak, LSTS follows the recommendations from the Kansas Health Department. A store-bought or commercial treatment must be used immediately as well as within 7 to 10 days of the first treatment, and/or according to the directions on the shampoo label. The child may return to the center after 24 hours from the first treatment. Staff will make daily checks to ensure that the lice and nits are completely gone from the child's head and clothing. If they are still present, the session will be canceled, required to have another treatment, and must wait an additional 24 hours before returning to therapy.
- iii. The most current CDC Guidelines will be followed for Covid protocol.
- iv. If the client is known to have a serious contagious disease, a doctor's note will be required for return to the center.

## **Incident/Accident Reporting**

Any incident or accident occurring during a session with a Little Stars staff will be documented on an incident form through the employee portal. Body check forms will be completed for any incident that involves injury. The supervisor should communicate incidents involving injury the same day via chat, phone call, or in person at pick up. If an injury that requires a doctor's visit occurs while at LSTS, your child must receive those services from a doctor within the LSTS network in order to be covered by our insurance. Parents filing for coverage of medical costs attributed to an injury or accident occurring during a session with a Little Stars staff member need to do so within one year of the documented injury.

### **Inclement Weather/Closings**

LSTS may declare that an inclement weather condition exists when roads become hazardous (excessive snow, ice, tornado warnings, etc.) and pose an immediate danger to morning or evening commutes, or commutes to home sessions during the day. Such a determination will be made by the Owner or other assigned executive team member. When LSTS closes due to inclement weather, an update will also be posted on Facebook and you will be contacted via text message from 316-364-8767 or via your group Google chat.

### **Placement**

The clinical leadership team member and other designated clinical staff will assign your child to be placed with a BCBA, BCaBA, or Autism Specialist Practitioner to conduct an initial interview, assessment, write and oversee your child's treatment plan, and implement parent education meetings. Your practitioner will be one of your primary sources of contact. Each practitioner has a team of highly skilled and trained providers to implement your child's treatment goals and protocols.

### **Processes and Procedures for Safety Risks**

It is common for clients of LSTS to need behavioral intervention and support. LSTS does NOT use or recommend the use of restraint procedures. We believe that best management is prevention by recognizing triggers to undesired behavior. Employees are strictly prohibited from engaging in physical restraints with clients. Physical restraints are defined as forcibly controlling the client by limiting their movements, or continuing to attempt to force a client to comply with movements when the client is physically resisting them. Blocking will be used to prevent self-harm, property destruction, elopement or aggression towards others. In the event that a behavior may place a client or staff in imminent danger, physical assistance may be used in order to keep them safe. Clinical leadership will be notified after each occurrence and an investigation will occur to ensure the proper safety and least restrictive procedure was followed to ensure both the safety and the autonomy of the client. Please monitor your Google chats or social media for any notices regarding safety events and risks for updates.

If a client is engaging in maladaptive and otherwise dangerous behaviors such as elopement and self injurious behavior that requires more than one staff to assist, that client's supervisor and the appropriate clinical leadership team member(s) will be notified on the same day of the occurrence. An incident report

will be completed on that day, and a member of our clinical leadership team will evaluate the incident.

Minimally restrictive procedures may take place that can include non-exclusionary time-out, behavioral momentum, temporarily restricting access to activities or items, response cost, response blocking, overcorrection, and corrective feedback. Other more mildly restrictive procedures may include compliance tasks or prompt fading,

### **Reportable Incidents/Mandated Reporting**

All LSTS employees are mandated reporters. By Kansas Law [63-7-310], employees are required to report suspected cases of child abuse or neglect. Mandated reporters must report when, in their professional capacity, they have reason to believe that a child has been abused or neglected. If the mandated reporter has reason to believe that a child is being abused or neglected by a parent, guardian, or person responsible for a child's welfare, reports must be made to the Department of Social Services (DSS) office or law enforcement agency in the county in which the child resides.

If the mandated reporter has reason to believe that a child is being abused or neglected by someone other than a parent, guardian, or person responsible for a child's welfare, reports must be made to a law enforcement agency in the county in which the child resides.

As with all reports of abuse or neglect, the identity of the reporter will remain confidential. A reporter acting in good faith (with reason to believe there is child endangerment) is immune from civil and criminal liability.

These policies apply to all applicants and employees, whether related to conduct engaged in by fellow employees or someone not directly connected to Little Stars Therapy Services, LLC (e.g., an outside vendor, consultant, or customer). Please note that while LSTS provides consultation to all staff on reportable incidents of abuse and neglect, that we do not restrict or prohibit this federal reporting requirement, and all staff are directed to report suspected abuse or neglect, regardless of LSTS consultation.

### **Scheduled Sessions**

At LSTS services, we do our best to work with scheduling your child's sessions around your preferences; however, this may not always be possible. Because we are unable to hold spots, placement will be given to another family if arrangements to meet current availability cannot be made within 1 week of your child's assessment with the assigned practitioner. Please also note that recommended hours for 1:1 direct services may change as needed and clinically necessary, based on your child's newest evaluation and treatment plan review.

### **Vacation/Time Off**

A two-week notice from families must be given when you are planning for your child to be absent for

vacations or other planned time off. Please notify the clinic phone and your BCBA/BCaBA/Autism Specialist of the dates you plan for you and/or your child to be absent from the clinic. Vacation or otherwise time off periods that extend to over three (3) weeks per year may be considered excessive, resulting in possible termination of services.

### **Visitors**

All parents or guardians involved in therapy with their child are required to sign a non-disclosure form agreeing to follow HIPAA laws related to Patient Health Information. Tours where visitors may enter the clinic, or any other individuals entering the clinic, will be required to sign a non-disclosure form.

### **In the Clinic**

#### **Daily Schedule**

Daily schedules consist of opportunities for Natural Environment Teaching (NET), Discrete Trial Teaching (DTT), Pivotal Response Training (PRT), and a mock classroom to assist with transitions back to school settings, or as preparation to become ready to be introduced to a school setting.

#### **Diapering/Toileting Procedures**

LSTS provides wipes, gloves, disposable bags, disinfectant, paper towels, and a changing pad. Parents will need to provide pull-ups and/or diapers. We will notify you when your child needs more pull-ups or diapers sent to the clinic.

Most classrooms have a single stall bathroom available for client use. There are two unisex single stall bathrooms, a female bathroom with three stalls, and a male bathroom with two stalls and two urinals. Staff may assist as needed, however a staff member is never alone in the bathroom with a client at any time. Female and male clients will not visit the restroom at the same time. After using the restroom, children will be expected to wash their hands and be prompted as needed.

#### **Drop Off and Pick Up**

When you arrive to pick up and drop off your child, please wait in your car in the circle drive in the west parking lot near the LSTS entrance. You will be given a sign to put in your car with your child's initials. The staff will meet you at your car at drop off and at pickup. Parents are not required to stay at the clinic while their child is in therapy or during their assessment. To ensure the adherence of privacy laws and to lessen interruptions, we ask that parents do not come into the clinic unless they have a scheduled observation. There is a caregiver waiting area if a caregiver needs to stay during services. The caregiver will need to check in at the front desk.

#### **Drop Off Zone**

Keep the zones flowing and help all families at the busy drop-off and pick-up times.

#### Drop Off Zone Rules:

- Cars should continue moving forward in a single line. Pulling around the line to go to the front or park in a gap causes more disruptions to the line and is a safety concern for our clients.
- If you are parking to pick your child up, please reserve the disabled parking spots for our clients who need them.
- Drop off and pick up should take no longer than 2 minutes. In case of maladaptive behavior occurring during this time, the maximum stay will be waived.
- The Driver must remain inside, or within 3-5 feet of their vehicle
- The Driver can get out to assist the child with getting out of the car.
- Staff will ONLY transition clients. WE ARE NOT PERMITTED TO PLACE CLIENTS IN CARS OR BUCKLE THEM IN.
- When possible, please have children get in and out of the car on the curb side of the vehicle.
- Please maintain a speed limit of 10 MPH or less.

#### **Lunch and Snacks**

Caregivers are responsible for providing lunch and snack items for clients. Lunch items may also be sent to last throughout the week. Parents/Guardians are welcome to send specific, preferred snacks that can be labeled and kept at the clinic for your child. You will be notified by your supervisor if there are any food allergies in your child's classroom. Due to HIPAA regulations, snacks and lunches need to be delivered to the front desk and they will be delivered to the classroom by a staff member.

LSTS is committed to ensuring all clients have access to nutrition through the day. If your family is experiencing hardship or experiencing food insecurity, please discuss this with your child's supervisor or caregiver support provider.

#### **Medical Treatment**

LSTS is not able to dispense any medication to clients. If your child needs medications during their therapy time, it will be the responsibility of the parent/guardian or designated adult to arrive at the clinic to give those.

In case of lifesaving medication (epi-pens, seizure medication, etc.), updated doctors orders must be on file and our staff trained to administer them. Emergency services will be contacted and a review of the client's placement will be initiated to ensure the client's placement remains appropriate and safe.



## **Personal Items**

Please do not send items into the clinic area that are of significant personal or financial value to you. LSTS is not responsible for any lost, stolen, or damaged items.

## **In-Home Services:**

LSTS policy requires homes to be within a 20-mile radius from the clinic for direct home services.

1. A parent/guardian or other designated adult is required to be in the home at ALL times when our providers are in the home for sessions.
2. The home must remain clean for each session. This includes keeping the designated work areas clean from pet hair. Should the home not remain clean and free from elements that provoke allergies and asthma, then in-home sessions will cease and sessions will be moved to the clinic.
3. Heating and air conditioning must work appropriately, and electricity should remain on.
4. We require that the home is free from pests such as roaches, fleas, bedbugs, or other possible infestations. If these issues are encountered, therapy may be required to take place at the clinic until this is remedied.
5. If other children reside in the home, it is the responsibility of the parent or designated adult to ensure that your child's session is not interrupted unless siblings are asked to be a part of the session for social and peer related goals.
6. Ensure that you are allowing your child's therapist to follow through on the demands they place. If you have questions or concerns, please ask your child's therapist while your child is on a break. If your therapist cannot answer your question thoroughly, you will be directed to your child's ABA supervisor who oversees all treatment goals and protocols.
7. Our therapists and supervisors are bound by the BACB's ethical code of conduct that strictly prohibits dual relationships among clients and their families. Our employees are not able to accept gifts of any kind, provide babysitting services at any time, and are to maintain relationships with families in a professional manner at all times.
8. Your ABA therapist will wait up to 15 minutes after your scheduled session start time at your home. If, by that time, there is no one home and no prior arrangements have been made, the session will be canceled.
9. Your child must have a designated area to work on goals. This can be as simple as the kitchen table, but please ensure that it is clean and tidy and ready for table time to take place. Therapists should not spend session time cleaning the work space. If you are not able to keep this work area clean, sessions will be moved to the clinic.
10. Please do not interrupt your child's session unless absolutely necessary. Our therapists are present to teach, coach, and guide your child.
11. Home sessions require as quiet and distraction-free an environment as possible (e.g. that the TV and other noise levels are low) and space to maneuver through the home with ease. A walk through must be completed to ensure the space is appropriate for therapy and meets safety requirements. A fire extinguisher is required.

12. No alcohol is to be consumed during your child's session; otherwise the session may end immediately.
13. Smoking inside the home is prohibited during session time.
14. If, for any reason, your child's behavior technician or other designated employee expresses discomfort or other safety concerns, we will contact you immediately to collaborate and find a solution so that home sessions can be continued for your child.
15. If you use cameras in the home, your child's supervisor **MUST** be informed of this prior to the start of home sessions.

## **Caregiver Support Education Policies**

### **Caregiver Support Education**

#### **Caregiver Involvement**

Caregiver support goals are critical for the ongoing support of families and caregivers and are vital to the progress of clients. Goals will be individualized based on the caregiver's knowledge and ability to apply behavioral techniques in the home and community. Caregivers who have demonstrated this knowledge will be provided ongoing support to implement new goals into the home and community setting. This component will focus on generalization and maintenance of goals that have been identified as medically necessary for a client's continued progress. At LSTS, we require that all caregivers are assessed on their knowledge and experience with ABA technologies and have been given an opportunity to discuss and prioritize their needs in the home with a supervisor and/or a caregiver support specialist. This collaborative effort will help maintain and generalize effective services for the client.

LSTS holds the assumption that parents are actively willing and able to be involved in at least one half hour session per week. Caregivers shall also participate in their child's sessions via observations at least 1 hour each month. Caregivers will also participate in the implementation of a caregiver training curriculum. Caregiver time commitments will vary based on their needs. Failure to meet these requirements will drastically affect your child's progress.

Caregiver involvement is crucial to your child's success. We take every child's progress seriously and with thoughtful consideration to treatment goals and we want to ensure that treatment is generalized into each child's natural environments and their caretakers. Further, caregiver involvement is a requirement with all insurance companies and failure to participate may result in denied coverage for continued treatment. You will have an opportunity to collaborate with your caregiver support provider on goals as well as the necessary time commitment. We suggest two hours weekly to allow for all necessary components to be addressed. Please see below for the updated policies for caregiver training.

#### **Definition of a Caregiver**

This varies between insurances. For many insurances, a caregiver is anyone who provides care for the child. This could include parents, guardians, extended family, babysitters, friends, dance teachers, religious education providers, social workers, speech therapists, teachers, and other various providers.

### **No Call No Show Caregiver Training Session**

A "No-Call, No-Show" is defined as a failure to arrive at your caregiver support meeting within the first seven (7) minutes of the meeting with no prior correspondence or arrangements. Your scheduled time has been reserved just for you. Frequent no shows cause challenges for providers, as well as clients, when this important patient time goes unused.

### **Settings for Caregiver Support meetings**

Caregiver support meetings can take place at the clinic, in your home, in the community, or via Google Meets. If caregiver meetings take place via Google Meets, it must be ensured that you are in a setting with little to no distractions and where you are able to commit your attention to your supervisor, and your camera is on so the provider is able to see you. We do not hold meetings with caregivers who are driving for safety purposes. If you are unable to do this, you will be asked to reschedule the meeting at a more convenient time for you and your BCBA/BCaBA/Autism Specialist/CESP.

### **Caregiver Support Model**

LSTS offers a caregiver support model where a BCBA, BCaBA, or Autism Specialist will provide caregiver training on a weekly basis to work on treatment goals determined by you and your Caregiver Support and Education Professional (CESP). This model is most often used for children with a Level 1 Autism Diagnosis where intensive 1:1 therapy is not needed or as a support for children who have met their therapy goals and are graduating from services.

To be referred to services through this model, attendance must be at 80% which includes both your parent training meetings and your child's 1:1 sessions. If, while utilizing this model, attendance falls below 80% for two consecutive months, or cancellations are determined to otherwise be frequent and/or unproductive with little measured progress, your Caregiver Support Provider, in collaboration with the clinical leadership team, reserves the right to discontinue services and provide referrals to other practitioners in the community.

### ***Sole Provider Model***

LSTS offers a sole provider model where a BCBA, BCaBA, or Autism Specialist will provide parent training for one hour followed by 1:1 direct therapy with your child for one hour to work on treatment goals determined by you and your ABA Supervisor. This model is most often used for children with a Level 1 Autism Diagnosis where intensive 1:1 therapy is not needed, or it is deemed by your ABA supervisor that attending ABA therapy in lieu of being in school is inappropriate for your child's needs.

To maintain services through this model, attendance must be at 80% which includes both your parent training meetings and your child's 1:1 session for that week. If attendance falls below 80% for two consecutive months, or cancellations are determined to otherwise be frequent and/or unproductive with little measured progress, your ABA supervisor, in collaboration with the clinical leadership team member, reserves the right to discontinue services and provide referrals to other practitioners in the community.

## Medical Records and Privacy

### Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

#### Get an electronic or paper copy of your medical record

- You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you.
- We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

#### Ask us to correct your medical record

- You can ask us to correct health information about you that you think is incorrect or incomplete.
- We may say “no” to your request, but we will tell you why in writing within 60 days.

#### Request confidential communications

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will say “yes” to all reasonable requests.

#### Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations. We are not required to agree to your request, and we may say “no” if it would affect your care.
- If you pay for a service or health care item out-of-pocket in full, you can ask us not to share that information for the purpose of payment or our operations with your health insurer. We will say “yes” unless a law requires us to share that information.

#### Get a list of those with whom we’ve shared information

- You can ask for a list (accounting) of the times we have shared your health information for six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We will provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

#### Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

#### Choose someone to act for you

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

### **File a complaint if you feel your rights are violated**

- You can file a complaint if you feel we have violated your rights by contacting us using the information on page 1.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints/](http://www.hhs.gov/ocr/privacy/hipaa/complaints/).
- We will not retaliate against you for filing a complaint.

### **Your Choices**

For certain health information, you can tell us your choices about what we share. If you have a clear preference for how we share your information in the situations described below, please inform us, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in your care
- Share information in a disaster relief situation
- Include your information in a hospital directory

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases we never share your information unless you give us written permission:

- Marketing purposes
- Sale of your information
- Most sharing of psychotherapy notes

In the case of fundraising:

- We may contact you for fundraising efforts, but you can tell us not to contact you again.

### **Statement of Confidentiality and HIPAA**

We are committed to treating and using health information about each client responsibly, and we are required by the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (“HIPAA”) to maintain the privacy and security of health information. This Notice applies to all protected health information as defined by federal law, and includes, among other things, information about symptoms, test results, diagnosis, and treatment as well as payment, billing, and insurance information. This Notice tells you how LSTS may use and disclose health information and each client’s rights as they relate to their health information.

### **How We May Use and Disclose Clients’ Health Information**

We may use and disclose health information for a variety of important purposes described below. We may use and disclose health information without authorization for the following purposes:

- *Payment:* We may use and disclose health information for payment purposes. For example, we may disclose a client's health information to obtain payment from their insurance company for their care.
- *Health Care Operations:* We may use and disclose health information to conduct our standard internal operations, including proper administration of records, evaluation of the quality of treatment, and to assess the care and outcomes of your case and others like it.
- *Required by Law:* We may use or disclose health information when such use or disclosure is required by federal, state, or local law and the use or disclosure complies with and is limited to the relevant requirements of such law.
- *Abuse, Neglect or Domestic Violence:* We may disclose health information to a government authority when the disclosure relates to victims of domestic violence, abuse, or neglect, or the neglect or abuse of a child or an adult who is physically or mentally incapacitated.
- *Health Oversight:* We may use or disclose health information to a health oversight agency for oversight activities authorized by law. For example, we may disclose a client's health information to assist in investigations and audits, eligibility for government programs like Medicare and Medicaid, and similar oversight activities.
- *Judicial and Administrative Proceedings:* We may disclose health information in response to an appropriate subpoena or other lawful request for information in the course of legal proceedings, or pursuant to a court order.
- *Law Enforcement Purposes:* Subject to certain restrictions, we may disclose health information to law enforcement officials. For example, we may disclose a client's information to comply with laws that require the reporting of certain wounds or injuries or to assist law enforcement in identifying or locating a suspect, fugitive, or missing person.
- *Research:* Subject to certain restrictions, we may use or disclose your health information for medical research.
- *Serious Threat to Health or Safety:* We may use or disclose health information when necessary to prevent a serious threat to a client's health and safety or the health and safety of the public or another person. Any disclosure, however, may only be to someone able to help prevent the threat.
- *Disaster Relief:* We may share health information with a public or private agency (e.g., American Red Cross) for disaster relief purposes.

## **Our Legal Duty**

We are required by law to protect and maintain the privacy of your health information, and we are required to notify you of any breach of your unsecured health information that may compromise the privacy or security of your health information. We are required by law to provide this Notice about our legal duties and privacy practices regarding your health information and to abide by the terms of the Notice currently in effect.

## **Statement of Non-Discrimination (to clients, families, waitlist clients, etc)**

LSTS strives to create and maintain an environment in which you are treated with dignity, decency, and respect. We are also committed to maintaining an environment free from discrimination and harassment based on race, color, national origin, sex (including sexual orientation and gender identity), pregnancy, results of genetic testing, service in the military, veteran status, or any other characteristic protected by

applicable federal, state, or local law. This policy applies to all who work for or with LSTS including supervisors, managers, employees, contract workers, vendors, visitors, and clients. This policy also applies to all work-related settings and activities whether inside or outside the workplace and includes business trips and business-related social events.

### **Statement of Risk**

As LSTS provides intensive behavioral intervention to clients who engage in undesired behaviors, we cannot guarantee a risk free environment at all times when problem behaviors occur. We take safety very seriously. In extreme instances of safety such as elopement or other serious incidents where bodily injury could occur (such as the client running into the parking lot or street) staff are encouraged to prevent harm at all costs.

### **Telehealth**

Supervisions, parent training, observations, assessments, and 1:1 may be provided via Telehealth. Telehealth sessions must be in a safe and protected, quiet environment without distractions for both parties (the client and the provider). If this is not possible during a scheduled service, this will need to be rescheduled.

### **Use of Employee and Clinic Contact**

Client and clinic contact information such as e-mail, call, and chat correspondence is strictly for the use of communication in regards to the primary client that is specifically related to his or her therapy and treatment success. Sales of products, information of products, solicitation for employment, vulgar or harassing messages or calls, or any other correspondence that is not directly related to ABA treatment and services is strictly prohibited. If this policy is not honored in a respectful manner, LSTS reserves the right to immediately terminate services depending on the intensity of the correspondence that will be decided by the immediate supervisor and the clinical leadership team member.

## **INSURANCE BENEFITS, FINANCIAL RESPONSIBILITY, CHANGE IN BENEFITS**

We recognize the following insurance providers: Blue Cross and Blue Shield, Ambetter, UHC-KanCare, Sunflower, United Health Care, and Cigna. You are responsible for all co-payments and payments up to your deductible. If you do not have insurance, you will be responsible for all charges incurred (unless the patient has state issued Medicaid insurance which prohibits any charges be accrued by the patient). If you have a change in benefits or your coverage is terminated, you are responsible to notify us of those changes immediately and are responsible for all charges accrued. LSTS provides a variety of payment plans to assist you in covering your child's treatment costs. Please contact the Operations Department at [littlestarstherapyks@gmail.com](mailto:littlestarstherapyks@gmail.com) if you would like to set up a payment plan.

### **Our Staff**

**BCBAs**

Our Board Certified Behavior Analysts are masters level practitioners licensed in the state of Kansas and credentialed with the BACB. They are qualified to write and oversee the implementation of treatment programs, conduct assessments, and lead parent training curriculums. Please note, LSTS has employed BCBAs who reside out of state and completes their responsibilities as a practitioner via remote supervision.

**BCaBAs**

Board Certified Assistant Behavior Analysts are our bachelor's level Behavior Analysts licensed in the state of Kansas and credentialed with the BACB. Under the supervision of a BCBA, they are qualified to write and oversee the implementation of treatment programs, conduct assessment, and lead parent training curriculums. BCaBA's are required to obtain a minimum of 5% supervision of their total hours worked per month from a designated BCBA with LSTS.

**Autism Specialists**

Autism Specialists are those practitioners with a minimum of a Master's Degree in a related field relevant to providing services to individuals with an Autism Diagnosis (e.g. Psychology, Special Education). Autism Specialists attend required training to obtain this credential. Most Autism Specialists continue to work towards national certification.

**Lead Behavior Technicians**

Our LEAD behavior technicians undergo extensive and intensive training to become knowledgeable in ABA direct therapeutic interventions. Lead behavior technicians are dedicated to the success of our clients and implement the treatment goals and protocols designed by the BCBA's, BCaBA's, and Autism Specialists and serve as additional leadership support for your child's assigned team.

**Behavior Technicians/Registered Behavior Technicians (RBT's)**

Our Behavior Technicians/RBT's undergo extensive and intensive training to become knowledgeable in the field of ABA direct therapeutic interventions. Our Behavior Technicians/RBT's are dedicated to the success of our clients and implement the treatment goals and protocols designed by the BCBA's, BCaBA's, and Autism Specialists. Most have degrees or are seeking degrees in related fields with long term goals of pursuing certification in ABA, Speech, or Psychology.



**CAREGIVER HANDBOOK ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_ (CLIENT LEGAL GUARDIAN), have been given a copy of the Caregiver Handbook. I acknowledge and agree to the policies and procedures given to me. I understand that if I have questions or concerns regarding information in the Caregiver Handbook, I can contact my assigned supervisor at any time.

Guardian \_\_\_\_\_

Guardian \_\_\_\_\_

Caregiver Signature \_\_\_\_\_

Caregiver Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Child 1 \_\_\_\_\_

Child 2 \_\_\_\_\_