

CAREGIVER HANDBOOK

FOR ABA CLINICAL SERVICES

JULY 2016 – JUNE 2017

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fax: 423.521.8095

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chattanoogaautismcenter.org

Dear Patient/Legal Guardian,

Welcome to the Chattanooga Autism Center ABA Clinic! Enclosed you will find an information packet for your first parent consult. We ask that you please complete **as much of the information as you can** and **bring it with you** to your scheduled appointment. You may fax or mail this information to us prior to your appointment if you wish. We **MUST** have this information for your first appointment.

The Legal Guardian of a minor is required to come for this initial parent consult as our forms require your signature to authorize treatment by the Chattanooga Autism Center. In cases of **joint custody**, we recommend that all guardians attend the initial parent consult appointment so that all parties can be adequately represented.

For patients who are in **state custody**, the case manager (TN DCS or GA DFCS) is required to attend the first appointment.

Note that you will need to bring someone to watch your child in the waiting room during this appointment so that you will be able to speak with privacy.

Please bring the results of vision and hearing screenings done prior to assessment appointments.

If you have any questions or concerns about your appointment, please contact us via phone or email.

We look forward to meeting you and working with you and your family.

“I have received the Caregiver Handbook. I agree to abide by the Chattanooga Autism Center (CAC) policies as set forth in this handbook.”

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Child’s Full Name Parent/Legal Guardian (Party Responsible for payment)

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Date Parent/Legal Guardian Signature

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Day Phone Night Phone

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Email Address

**MISSION AND PROGRAM OVERVIEW**

**The Chattanooga Autism Center is a 501(c)3 not-for-profit organization and a parent/advocate-driven center providing lifespan support and services for people with autism spectrum disorders and for their families. The center also serves as an advocacy resource and builds awareness about autism in our region.**

**Our Philosophy**

We are a private non-profit ABA clinic providing data-driven, evidence-based, individualized, one-to-one therapy utilizing the principles of Applied Behavior Analysis (ABA). All training and therapy are provided or supervised by a Board Certified Behavior Analyst (BCBA). Our therapists specialize in ABA, Discrete Trial Teaching, Natural Environment Teaching, Verbal Behavior, and small and large group direct instruction. We work on all areas of development based on the VB- MAPP and including academic, language, motor, behavior, adaptive skills, cognition, executive function, play skills and social skills. Staff is highly qualified with backgrounds ranging from early childhood, special education, mental health counseling, and psychology and all have a passion for helping children with autism as well as understanding and applying behavioral principles.

**Intake and Enrollment**

Parents must complete the intake and enrollment forms prior to their child starting therapy at the Center.

**Non-Discriminatory Policy**

CAC does not discriminate on the basis of race, color, sexual orientation, national or ethnic origin in its admissions procedures, in the administration of its policies or any financial aid programs. Our services are offered in compliance with the Americans with Disabilities Act.

**ABA Clinic Hours**

The CAC operates from 9:00 am until 7:00 pm weekdays. Appointments must be scheduled in advance and we do not accept walk ins.

**Inclement Weather Closures**

The CAC operates as a treatment center and generally will not, implement a delay in schedule. The Center will close for inclement weather conditions at our discretion. Parents will be notified via phone call from staff and email by 7:30am. A notice will also be posted on the Facebook© Page anytime there is questionable weather. If you choose not to send your child to school on a day the center has not closed for inclement weather, please notify the designated Program Coordinator (Meghan or Anna) by 7:30am. If you have not received a phone call or email by 7:30am we are operating under our normal schedule.

**Contact Information**

Main Phone Number: 423.531.6961 Meghan Lindsay: 423.954.0158

Fax Number: 423.521.8095 Anna Staussberger: 423.509.8794

**CLINICAL POLICIES**

**Types of Clinical Services Provided**

The Chattanooga Autism Center currently provides Outpatient Psychotherapy and Applied Behavior Analysis (ABA) therapy to individuals on the Autism Spectrum and their families. We also provide supportive and educational services to families of persons with Autism Spectrum Disorders so that they can support and reinforce their family members using their newly learned skills. We also work with families to help them achieve balance and success in family functioning while providing the needed supports their loved one needs. Finally, we help our patients and their families find other helpful resources and community supports.

These services are typically covered by insurance although **you will have to check with your insurance company** about specific coverage. We can assist you with this if needed.

We reserve the right to refer individuals to another evaluation or treatment source if their referring conditions do not meet criterion for an autism spectrum or related developmental disorder. Examples of this include learning disabilities, legal/forensic issues (custody hearings), or mental illness (anxiety, depression, psychotic disorders) unless there is a suspicion of an autism spectrum or related developmental disorder. This may be determined during the initial phone interview or diagnostic intake. In these cases, you will be referred to an appropriate resource (school system, mental health center, or private therapist).

**External Referrals**

Chattanooga Autism Center’s clinicians may refer individuals to other evaluation and treatment resources when specific presenting issues are outside expertise of our staff. These include but are not limited to:

Psychiatry – Mood or psychological disorders that would benefit from psycho-pharmacotherapy.

Audiology – Untreated hearing problems or fails hearing screen.

Optometry/Ophthalmology - Untreated vision problems or fails vision screen.

Nutrition/Dietary – Eating Disorder, malnourished, or obesity.

Neurology – seizures, head injuries, or dementia (sudden cognitive or memory loss).

Neuro-psychology – Extensive memory loss, dementia, and cognitive rehabilitation.

Genetics – Chromosomal analysis to help determine a specific genetic condition.

**Payment Options**

Families/patients will be responsible for paying for any service provided by the Chattanooga Autism Center that is not covered by insurance. Families/patients will be informed of any services not covered by insurance prior to the beginning of that service.

Payment for all therapies, consultations, and individual services should be made at time of service. You may pay with cash, check or credit card (MC, Visa or AMEX). If for any reason the insurance is not covering your monthly charges, it is the responsibility of the legal guardian to pay the remaining balances. The CAC would be in contact as soon as payments are not being made in a timely manner and would rely on the legal guardian to help in the collection from the insurance company at any time.

For unpaid balances, a statement may be mailed out at the end of the month and a $10 service charge will be added to the statement. The unpaid balance plus $10 service charge will be due 10-days after the statement is mailed out.   A finance charge of 1.5% per month will be added to balances older than thirty (30) days. Accounts with an outstanding balance of forty-five (45) or more days may result in cessation of therapy. A $40 fee will be charged for a returned check. In the event of litigation, the parent/legal guardian/contractor agrees to pay all costs including reasonable attorney fees and court costs necessary to obtain the account balance.

**Late Cancellation and Missed Appointments**

In order for appropriate services to be delivered to individuals with autism, attendance must be structured and consistent.

1. Missed appointments without appropriate prior notification (less than 2 working days) may result in a no-show fee. The fee will be $50 for a therapy appointment and $80 for an intake or assessment appointment.  Insurance companies do not pay for either late cancellations or missed appointments.
2. Please speak to your clinician should an extraordinary circumstance prevent you from attending your appointment or canceling within 48 hours.
3. If you miss 2 appointments without canceling, the remainder of your scheduled appointments will be cancelled.  If you wish to reschedule them, you will need to call the center to be placed back on the waitlist.
4. Vacation absences should be coordinated at least two weeks prior to planned time away.

**Other Important Information**

Please have information available about developmental milestones (walking, talking, potty training, etc.) and previous evaluation reports, including psychological, medical, speech/language therapy, occupational therapy, and physical therapy. Please inform the patient that there will not be any shots or blood drawn during the appointments.

Also bring updated information on hearing and vision functioning (screening within one year). If recent information about hearing and vision levels is not available please schedule a vision and hearing screen with your Primary Care Provider and have the results ready before coming in for the initial interview.

To receive ABA therapy, a referral from a medical doctor is required for insurance purposes. We are happy to help you obtain this referral.

**Unauthorized pick ups**

Children will not be allowed to leave with anyone other than those people listed on the “authorized pick up” form that each family is required to complete prior to enrollment. Additional individuals may be added to this list by a legal guardian in person only.

**Reporting of child abuse**

Any staff member who has reasonable cause to know or suspect that a child has been subjected to abuse or neglect or who has observed the child being subjected to circumstances or conditions that would reasonably result in abuse or neglect, will immediately report such fact to the Tennessee Department of Human Services at 877-237-0004 or direct link: https://apps.tn.gov/carat/

**Authorization for Treatment, Payment, and Healthcare Operations**

I authorize *Chattanooga Autism Center, Inc.* to release to my insurance company, managed care organization, state agency/agencies, Third Party Administration, Health Care Financing Administration, and/or Worker’s Compensation or its agents any information needed to process my claim and/or determine benefits payable for related services.

I request that payment of Traveler’s Railroad Retirement, Managed Care Organization, Third Party Administrators, Commercial Worker’s Compensation, Liability, and/or any other insurance benefits be made on my behalf to *Chattanooga Autism Center, Inc.* for services furnished to me on my behalf by that provider.

I understand that I am financially responsible for deductible amounts, co-payments, co-insurance amounts, non-covered charges, and any and all balances not covered under a contractual write-off agreement between *Chattanooga Autism Center, Inc.* and my third party payor. My carrier’s failure to pay does not release me from this responsibility.

I understand that *Chattanooga Autism Center, Inc.* participates and/or has contractual agreements with selected insurance plans/third party payors. I understand that unless otherwise restricted by a contractual agreement with such plans/third party payors, the entirety of the charges incurred will be transferred to the guarantor’s responsibility if payment is not received from insurance within 60 days. I understand that I will be bound by any conditions of this agreement regarding guarantor/patient responsible charges. I understand that failure to meet my financial responsibilities in a timely manner may result in my account being turned over to a collection agency. I understand that I will be responsible for any collection, attorney, and/or court fees that may be involved in that process.

I understand that I am responsible for providing *Chattanooga Autism Center, Inc.* 48 (twenty-four) hours’ notice for cancelled appointments. Same day appointment cancellations are subject to a charge that shall be billed directly to me, and payment of any missed appointment charge will be my sole responsibility.

I understand that all patient responsible charges are due prior to services rendered.

**PARENT INVOLVEMENT**

**Parent Involvement**

Parents are an integral part of the CAC. Your child’s self-image, behavior, and motivation to succeed depend on everyone working together. You are encouraged to participate in other Center activities, from social outings, to parent support group meetings, to volunteering at the Center if possible.

**Gifts and Donations**

The CAC will gratefully accept any items from home to be used for crafts, play and language activities, and supplies. Please make sure the donated items are complete and in good condition.

We gladly accept donations to our center, but cannot accept gifts given to specific therapists. Ethically, we are not able to accept gifts of this kind and we appreciate your understanding and compliance with this policy. (This does not apply to handmade cards- which we love to get from our clients!)

**Conflicts of Interest**

In order to protect the confidentiality of clients and their families as well as employees of the CAC we follow HIPAA guidelines, employees are not encouraged to interact with current or former clients. Such interaction includes personal relationships and email, as well as social media such as Facebook, Twitter, and MySpace.

**Fundraising**

CAC is a nonprofit, tax-exempt organization whose annual expenditures substantially exceed income generated from fees. We encourage each family to participate in all fundraising activities. Various fundraisers will be held each year for our nonprofit organization. It is our hope that everyone involved with the Center will participate. If you would like to join our fundraising committee, please contact the Executive Director, Dave Buck at: dave@chattanoogaautismcenter.org

**Volunteers**

The CAC encourages caregivers to volunteer. Volunteers are needed to work at all levels on a variety of projects. Please let us know if you would like to volunteer. It is our belief that all parents have something to offer, and it is always appreciated!

**HEALTH CARE PROCEDURES**

**\*\*\*Please keep your emergency phone numbers on file up to date at all times.**

**Accidents, Illnesses and Injuries**

A CAC staff member will contact the parents immediately if a client is ever injured or a serious accident should occur. In the case of a medical emergency, the Center will call 911 for emergency help. In the case of illness, if the client needs to go home (see sick policies below), parents will be notified to pick up their child.

**ILLNESS POLICY**

Young children frequently become mildly ill. Infants, toddlers, and preschoolers experience a yearly average of six respiratory infections (colds) and can expect one to two gastrointestinal infections (vomiting and/or diarrhea) each year. Deciding whether to keep your child at home or when to send a client home can be difficult. It is important for parents and caregivers to discuss what observations have been made and agree on a plan of action. Please contact the CAC when your child is ill and describe the illness. If a specific diagnosis is made, e.g. strep throat, conjunctivitis, etc. please let the CAC know so other families and staff can be alerted.

The following is a guideline and recommendation for exclusion:

|  |  |
| --- | --- |
| Disease or Symptom | Need to stay at home?  |
| Body Rash with fever | Yes—seek medical attention. Any rash that spreads quickly, has open, weeping wounds and/or is not healing should be evaluated |
| Chicken Pox | Yes—until blisters have dried and crusted (usually 6 days) |
| Conjunctivitis (Pink Eye) | Yes—until 24 hours after treatment. If your health care provider decides not to treat your child, a note is needed |
| Coughing (severe, uncontrolled coughing or wheezing, rapid or difficulty in breathing) | Yes—medical attention is necessary. Note: children with asthma may attend with a written health plan and authorization for medication/treatment |
| Coxsackie’s Virus (hand, foot and mouth disease) | No—child is no longer contagious once the symptomatic rash appears, unless the child has mouth sores or is drooling |
| Diarrhea (watery stools)—infectious | Yes, your child should stay at home if not contained within the child’s diaper or child is having twice the number of stools typical for that child. Child may return 24 hours after diarrhea has resolved. Yes, your child should stay at home if the diarrhea is accompanied by illness such as fever or vomiting. Child may return 24 hours after the illness has resolved (fever free, diarrhea resolved) No, your child does not need to stay home if he or she is having occasional loose stools that are not explosive and/or watery |
| Fever | Yes—fever over 101 degrees and when fever is accompanied by behavior changes or symptoms of illness, such as rash, sore throat, vomiting, etc. Child may return 24 hours following the resolution of the fever and illness. If the child develops a fever of 101 degrees or higher, we will request the parent to pick up their child. |
| Hepatitis A | Yes – until 1 week after onset of jaundice |
| Herpes | Yes—if area is oozing and cannot be covered, e.g. mouth sores |
| Impetigo | Yes – until 24 hours after treatment starts |
| Measles, mumps and rubella | Yes – these are illnesses that are highly communicable and need to be diagnosed by a physician. Please report any suspicious cases to the Center so that follow-up can occur. If you have any concerns or suspected cases, please call the Center. |
| Mild cold symptoms | A good rule of thumb is to keep a child home at the beginning of a cold—the most infectious time and when he or she feels the worst. Return to school when he does not have a persistent cough and he or she feels well |
| Pertussis (whooping cough) | Yes – until 5 days of antibiotic therapy have been completed and a note from a health care provider indicates the child is no longer contagious |
| Vomiting (2 or more episodes of vomiting in the previous 24 hours) | Yes, child should stay at home until 24 hours following the resolution of the vomiting. Observe for other signs of illness and for dehydration |
| RSV (respiratory syncytial virus) | An infected child does not need to be excluded unless he or she is not well enough to participate in usual activates |
| Ringworm | Yes – until after treatment has started Keep area covered for first 48 hrs of treatment |
| Roseola | Yes – seek medical advice. A child with identified rash and no fever may return |
| Scabies | Yes – until the day after treatment begins |
| Strep Throat | Yes – until 24 hours after treatment |
| Upper respiratory complications - large amount of yellow-green nasal discharge - extreme sleepiness - ear pain - fever (above 101 degrees) | Yes—seek medical advice |
| Vaccine preventable diseases | Yes – until judged not infectious by a health care provider (note required) |
| Yeast infections (thrush or candida diaper rash) | No – Follow good hand washing and hygiene activities |