

New Client Checklist

Step One: Please READ and keep for future reference, the following:

- Contact your insurance company to be sure they cover ABA and know what copays/deductibles you will be responsible for
- Review UCP of Western Massachusetts Inc (UCP) services and what it expected of parents/caregivers Review and refer to the UCP Parent Guide to ABA therapy, Authorization, Assessment, and Treatment
- HIPAA Notice of Privacy Practices (please keep a copy for your records)

Step Two:

Please print, fill out and mail back, email or Fax the following

- UCP Intake Form (below)
- Proof of Autism Diagnosis
- Copy of most current Physical
- Copy of all insurance cards

ABA Services Intake Packet

Overview of UCP of Western Massachusetts, Inc otherwise herein known as UCP

The UCP approach to work with each client:

- Based on reinforcement
- Reduce inappropriate behaviors
- Focus is on skill building
- Skill acquisition programs are individually tailored to meet your child's unique needs
- UCP staff keeps your child motivated to learn
- UCP staff keeps your child safe while working in a least restrictive environment
- All programs and behavior treatment plans are based on ABA research
- All programs and behavior treatment plans are based on the individual client's baseline assessments and progress data.

Assessment and Behavior Treatment Plans address areas of concern as indicated in the DSM V for Autism Spectrum Disorder, including,

- **Persistent deficits in social communication and social interaction across multiple contexts**, including deficits in social-emotional reciprocity, deficits in nonverbal communicative behaviors used for social interaction, and deficits in developing, maintaining, and understanding relationships
- **Restricted, repetitive patterns of behavior, interests, or activities**, including stereotyped or repetitive motor movements, use of objects, or speech, insistence on sameness, inflexible adherence to routines, or ritualized patterns or verbal nonverbal behavior, highly restricted, fixated interests that are abnormal in intensity or focus, and hyper- or hypo-reactivity to sensory input or unusual interests in sensory aspects of the environment.

Clinical Case **Supervision** of each client's program is provided by a **Master level, Board Certified Behavior Analyst (BCBA)**, licensed to practice in the State of Massachusetts. The BCBA is responsible for all clinical matters including treatment plan development, ABA program assessment, data review, concurrent reviews and progress reports, training and monitoring of the Behavior Therapists and Registered Behavior Technicians, parent ABA training and coordination regarding scheduling and other matters related to implementation of the treatment plan as authorized by your behavioral health provider.

The Behavior Analyst is responsible for **working collaboratively with parents/Caregivers** to develop parent/Caregiver goals and for providing parent/Caregiver ABA training. Training is implemented through a model of instruction (Behavioral Skills Training), which includes dissemination of information, modeling, role plays with feedback and in situ application with ongoing feedback. Research shows optimal outcomes when parents are ABA trained and involved in the treatment planning and implementation of behavioral interventions.

Our Behavior Technicians (BTs) and Registered Behavior Technicians (RBTs) are trained to work one to one

with clients to implement a treatment plan which is developed by the supervising Board Certified Behavior Analyst (BCBA). Our therapists and RBTs may use several ABA based instructional procedures including discrete trial instruction, errorless teaching, natural language development, pivotal response training or other ABA instructional procedures.

Sessions for ABA therapy are scheduled for an average , of 2-hour blocks. Longer sessions result in greater learning and retention and makes scheduling more convenient for all parties. A parent or legal Caregiver is required to be present and available throughout the therapy session.

We ask that families give us at least two weeks' notice on significant changes in their schedule for ABA therapy session to facilitate consistency in service delivery. Services provided from the behavior technician/BCBA are deemed medically necessary and therefore, all scheduled sessions should be completed and or make up sessions arranged.

Our programs are overseen by Board Certified Behavior Analysts (BCBAs) The standard of care outlined in the ABA International's *Revised Guidelines for Consumers of Applied Behavior Analysis-Services to Individuals with Autism* includes supervision of technicians on an ongoing basis, program consultation, program review, and program revision as services performed by a BCBA. These services are necessary for a program to meet minimum professional standards and are not optional. Each BCBA is individually responsible for the quality of the program and the adequacy of the supervision of the BTs/RBTs involved in the home and community program.

Parent Guide to ABA Therapy Authorization, Assessment, and Treatment

This guide has been provided to you to help you understand the process involved with starting applied behavior analysis (ABA) therapy with a Board Certified Behavior Analyst (BCBA). Please use this checklist to help you keep track of the different events that occur. UCP of Western Massachusetts, your child's behavioral health insurance company, your BCBA and you will be responsible for different activities as indicated.

***Contact your insurance company to be sure they cover ABA and know what copays/deductibles you will be responsible for.**

Authorization – Before services start

A medical doctor or other licensed practitioner conducts a diagnostic assessment resulting in a diagnosis of autism (based on the DSM V criteria for ASD F 84.0) and issues a referral for ABA therapy.

- ☐ Provide a copy of your insurance information
- ☐ A copy of the diagnostic report
- ☐ Copy of most recent Physical

UCP contacts the insurance company to verify ABA benefits and request preauthorization to provide behavioral and developmental skills-based assessment.

Your BCBA will contact you to set up the initial intake appointment to gather current detailed information

allowing the BCBA to develop a complete treatment plan for your child.

What you can do during this time:

- ✓ Be available to speak with staff to fill out the Preliminary Evaluation.
- ✓ Wait to be contacted by the BCBA for an assessment to be scheduled.
- ✓ Understand that the timeline varies by insurance company and can take up to 10 business days.
- ✓ Be prepared for times that you would like the assessment to occur.
- ✓ Be prepared to set aside three to four hours for the initial intake part of the assessment.
- ✓ Be prepared with questions to ask the BCBA.
- ✓ Be prepared to discuss what you are wanting out of ABA therapy. If you are unsure, your BCBA will provide you with guidance.

Assessment – Beginning the process to determine what treatment will look like

Your BCBA will meet with you and will ask many questions to evaluate your child's specific needs. They will also require some time to observe your child.

Please make the following records available for review:

- ☐ Diagnostic report (provided in the Authorization above)
- ☐ Any previous ABA treatment plans from other providers available
- ☐ IFSP, ISP, IEP or 504 plans and other service provider assessments or evaluations

- ☐ You will sign a form indicating that you consent to an assessment

The assessment will include the following components:

- ☐ Parent/caregiver intake interview
- ☐ Administration of assessment tools (e.g. interviews/forms for you to fill out)
- ☐ Observations of your child
- ☐ Interactions with your child
- ☐ Documentation/recorded data of your child's behavior

The BCBA will write a detailed report of the assessment and a recommendation for care (treatment plan). You will be given a copy of all UCP reports with all treatment plans include goals for the child and goals for the parents.

What you can do during the assessment phase:

- ✓ Understand the assessment and writing process will take up to two weeks.
- ✓ Understand that the timeline varies by insurance company, but approval of a treatment plan may take 15 business days.
- ✓ Be prepared to review the assessment results and treatment plan with the BCBA.
- ✓ Know that the assessment will be reflected on your Explanation of Benefits (EOB) from your insurance company expressed as codes and on dates that you may not have seen the BCBA.
- ✓ Understand that your insurance company may not authorize all hours recommended from the assessment and prescribed in the treatment plan.
- ✓ If so, your BCBA will contact you and discuss how to proceed.

Treatment – Services have begun

The Behavior Technician will implement the treatment programming developed by the BCBA specifically for your child's needs based on the assessment and treatment plan.

- Your child's progress will be recorded through data collection by the BT.
- A session note will be provided at the end of every session by your BT and your BCBA and placed in your child's Central Reach program. You may request access to all notes and data collected by asking your BCBA supervisor.

Games, toys, sensory items and other materials may be requested by your BCBA from time to time to provide motivation and opportunities to embed social skills and language into your child's programming.

The BCBA will overlap a minimum of 10% of the BT's direct therapy time and supervise the Behavior Technicians to ensure procedural integrity and review data.

Parent ABA training sessions will be conducted according to the insurance authorization to review your child's progress and provide training on ABA strategies and ABA interventions used during therapy and recommended for your family at home and in the community. On-going Parent ABA training will also be available as needed during supervision sessions.

The BCBA will create a report on both child and parent progress by way of a comprehensive report at the end of the authorization period (or as required by your insurance company). UCP will send this to the insurance company and to the parents.

What you can do during the treatment phase:

- ✓ Ensure that your child is available for all direct therapy hours each week. ABA is prescribed and authorized for reimbursement on the basis of medical necessity for the treatment of symptoms of Autism Spectrum Disorder.
- ✓ Ask questions or raise concerns with your BCBA.
- ✓ Work with your BCBA to purchase, collect, identify highly preferred activities and toys as well as instructional materials that may be needed to implement your child's programming.
- ✓ **Discuss with the BCBA limiting access** to specific highly motivating games, devices and toys to ensure your child is motivated to engage in all learning opportunities that you and the behavior technicians provide.
- ✓ Be an active observer during ABA therapy. Then address any questions or concerns only with the BCBA supervisor.
- ✓ All caregivers (both parents, grandparents, PCAs, etc.) attend and participate in parent ABA trainings when they are scheduled. These are very important to the success of your child's treatment. Parents can be a child's best ABA therapist!
- ✓ Understand that treatment services will be reflected on your EOB.
- ✓ Know that any changes made to your child's treatment will be done with your foreknowledge.

Parent ABA Contract

Thank you for choosing UCP to provide ABA services for your child. ABA is a research-based therapy that has been proven highly effective for children on the autism spectrum. ABA can correct a very wide variety of serious behavior problems including noncompliance, aggression, self-injurious behaviors, destructive behaviors, food selectivity, and many other behaviors.

Controlling the effectiveness of ABA therapy is a **team effort** that involves all the adult caretakers including the UCP staff, parents, teachers, and anyone else who provides ongoing care. UCP trains our staff and closely supervises them to assure they are using ABA techniques appropriately. This is so important that insurance companies require that parents/caregivers to be trained in the use of ABA techniques for the future success of their child.

The main principle of ABA is that when the outcome after a behavior is positive that behavior is likely to increase. When the outcome after a behavior is not positive the behavior will decrease. This is a very watered-down description. The BCBA supervisor who is the team coach will discuss the fine points of ABA with parents as they come up during treatment. For instance - If the child screams and the outcome is that they are given a cookie, or allowed to not do their homework, then in the future, they are more likely to scream when they want a cookie or want to get out of homework. They will use whatever has been a successful strategy. We understand that it is difficult to listen to your child cry but giving in will likely cause more crying. Creating this initial change in outcome is the most difficult time for parents but it usually ends quickly. If we want a behavior to increase such as doing homework without complaining or not screaming when they want a cookie, we need to create a positive outcome that they are willing to earn. They can never be given that positive outcome unless they have earned it. Giving in will delay or prevent progress.

For UCP to provide effective ABA therapy for your child, we need the full support, collaboration, and cooperation from each parent/caregiver. Without this, we cannot be effective. It is unethical for UCP to continue services without making progress. Our BCBA supervisors will provide ABA training that is specific to your child, but it is up to parent/caregivers to provide appropriate outcomes when we are not there. When your child does something you want to see more of, be sure to reward them if only with a bit of specific praise ("Good job brushing your teeth"). When your child does something inappropriate, make sure you do not provide them with attention (even scolding them is attention). As a parent, your attention is one of the most powerful reinforcements for your child. Be aware of when you are providing this reward.

We understand that it is a very normal reaction for a parent to want to scold their child when their behavior is inappropriate (spitting at someone). However, that scolding will increase that behavior by providing attention as a reward. You may think disciplining your child is what you should be doing, but how has that been working? ABA discipline involves **not** providing the reinforcement that follows the inappropriate behavior. If you keep doing what has not worked in the past, how can you expect different results?

Your BCBA will help you learn how to respond according to the ABA plan and not react the way parents might normally react. We will need you to be willing to try to curb your reactions and try to follow the behavior plan that was put in place. We know this will not be easy, but we will be there to support you. Once you've gone through this initial phase, it gets much easier and will make the future for you and your child much smoother and more productive.

Here is a list of some of the things ABA needs to be successful.

- Work as a team player. With teamwork many inappropriate behaviors can be changed in only a few weeks.
- Give UCP and ABA therapy a fair chance. The start of service can be challenging. Please reserve your judgement for at least 4 months to give our therapy time to work.
- Allow UCP to have reinforcers **that can only be earned from the behavior technician**. If your child can just wait until our staff leaves to freely get what we expect them to earn, why would they ever try to earn it?
- Do not give in when your child tries to control the outcome the behavior technician is providing. If the child did not earn the reward parents should not “save” the child from the consequences of their own behavior.
- Do not give in to your child when they are “forcing” you to do what they want. A child cannot be the head of the household and in charge. When a child knows they are in charge it causes them to be anxious and insecure.
- Do not make excuses for your child that would not be acceptable in other circumstances. “He is behaving badly because ...” It is not okay to kick someone just because he did not get a good night’s sleep, or because he is hungry, or for any other reason. He is kicking because he is getting something he wants when he kicks.
- Direct your questions to the BCBA supervisor. They are your team’s coach.
- If you want a change in programming, please discuss your request with the BCBA supervisor.

We do know that we are asking a lot from parents, but this teamwork is what ABA needs to work most effectively. Continuing the same strategies after sessions end provides the best outcome for your child’s progress. Doing the hard work now will make it easy in the future. Giving in and making it easy for now, will make it hard for you and your child in the future.

Parents/Caregivers – please print your name(s) on the lines below.

I _____ and _____ have read and understand the above and for the sake of my child I will do all I can to provide what is needed for my child to get the most benefit from the ABA services from UCP.

Parent/Caregiver Signature: _____

Notice of UCP Privacy Practices

The purpose of this document is to provide you with information regarding how your medical information may be used and disclosed and how you can access it. This notice applies to all personal information and records regarding your child's health, services provided, and insurance information. Please review this information carefully.

- 1) All UCP employees including BCBAs, BTs, RBTs, and other staff will adhere to these policies to the best of their ability and may not share any information with anyone outside this agency without written consent.
- 2) We may use your health information in the normal process of providing quality ABA services and disclose information to UCP staff involved with your treatment. For example, you may have private speech therapist that might need suggestions on how to best make your child available for learning. The clinical and office staff may use information to evaluate the treatment team's performance.
- 3) We may use and disclose health information about the services provided to enable billing your insurance provider and receiving payment for our services and to reimburse you for any covered out of pocket expenses.
- 4) We will disclose information about you or your child when required by state or federal or local laws. Or, to comply with required health regulations regarding personal or public risk.
- 5) We will disclose information as required by agencies for audits, investigations, inspections, licensing, court ordered subpoena, law enforcement, and other legally mandated entities to be used for all legally mandated purposes.
- 6) UCP staff are mandated reporters and are required to report occurrences of observed sexual, physical or emotional abuse to their supervisor and/or authorities as the law requires. UCP staff understand this is a serious accusation not to be taken lightly or indiscriminately, but with thoughtful consideration for the child's welfare.
- 7) When you bring relatives or friends into a session or meeting with UCP staff, it is assumed that you have verbally authorized UCP staff to share information with them. An example would be inviting grandparents to attend a parent ABA training when information is expected to be disseminated freely.
- 8) You may request a specific confidential communication method which includes, excludes, or provides provisional restrictions with anyone you wish. UCP will endeavor to accommodate all reasonable requests. Please ask for a limited release form from the UCP office.
- 9) We may disclose information about you or your child in a way that does not include identifying information or reveal who you are.
- 10) UCP will not use your information in any way except those outlined above without your written authorization. Information previously released with your permission cannot be taken back. This authorization may be revoked in part or total at any time with written notice to UCP.

- 11) If we gain information that you have a diagnosis of HIV or drug abuse, that information cannot be disclosed without a special signed written authorization from the individual with the diagnosis.
- 12) You have the right to request copies of all reports, evaluations and records in UCP's possession by submitting a written request to the UCP office. A fee may be charged for copies and time to produce them.
- 13) You have a right to a paper copy of this notice. You may request us to provide you a copy at any time by contacting our office
- 14) We reserve the right to change this notice at any time. Changes will apply to all previously collected information. We will make a revised copy available to you.
- 15) If you believe your privacy has been violated, you are encouraged to file a formal complaint with the UCP office by calling 413 664 9345 x 201. You may also contact the Secretary of the Department of Health and Human Services. You will not be penalized in any way by UCP or our staff.

I acknowledge that I have signed this notice of my/our free will, without coercion or being pressured in anyway. I have been offered the opportunity to ask questions or request additional information or explanations.

Client name _____

Custodial Parent/Caregiver signature

Print Name _____

Parent/Caregiver Signature: _____

Intake Form

Date: ____/____/____

Patient Information		
Client's Name		D.O.B. <div> <input type="radio"/> Male <input type="radio"/> Female </div>
Current Age	____ Yrs. ____ Months	
Primary Insurance Name		Secondary Insurance (if any)
ID Number:		
Subscriber's Name:		Group # (if avail)
Client's Diagnosis:		Date of Diagnosis:
Diagnosing Physician		Physician address & Phone
Parent/Legal Caregiver Information		
Patent/Legal Caregiver:		
Home address (City, State & Zip):		<input type="radio"/> Apartment <input type="radio"/> House
Mailing if different:		
Home:		Email:
Cell:		
Preferred method of contact:		
If different from above, name of person filling out intake: Relationship to client:		

Family and Home Background	
Parent 1 Custodial Y / N Full name: <input type="checkbox"/> Male <input type="checkbox"/> Female DOB: Occupation:	Parent 2 Custodial Y / N Full name: <input type="checkbox"/> Male <input type="checkbox"/> Female DOB: Occupation:

<input type="checkbox"/> Medications:		Emergency Contact: Phone:			
Siblings					
Name:	DOB ____/____/____	M/F	Grade	Lives home Y / N	Gets along with client Y / N
Name:	DOB ____/____/____	M / F	Grade	Lives home Y / N	Gets along with client Y / N
Name:	DOB ____/____/____	M / F	Grade	Lives home Y / N	Gets along with client Y / N
Name:	DOB ____/____/____	M / F	Grade	Lives home Y / N	Gets along with client Y / N
Others living in the home					
Name		Caregiver Y/ N		Relationship	
Cultural/Spiritual/Legal					
Any cultural, spiritual, beliefs, values or traditions you would like us to be aware of? Y / N Any legal issues including Caregivership, that we should know about? Y / N					
Please explain:					
Medical History					
Additional Diagnosis _____ History of seizures Y / N Received all Immunizations Y / N N Has client had a recent hearing test? Y / N Vision test? Y / N Results:					
Adaptive physical devices? Y/N					
Food Allergies: _____ Other Allergies: _____ Reactions to allergies, if any: _____					

Informed Consent and Agreement for Behavioral Services

I agree to allow UCP to provide the following services to or for my son/daughter:

_____ DOB _____

- ☐ Assessments – direct and indirect ☐ Writing required reports ☐ Direct ABA services
- ☐ Interviews – family and client ☐ Create intervention plans

I also give UCP permission to collaborate with, sharing information with, and making recommendation to the following: (please sign for each)

☐ Insurance provider(s) _____ Date _____

☐ School personnel _____ Date _____

☐ Client's physicians/pediatrician: _____ Date _____

☐ Other UCP team members : _____ Date _____

☐ Client's other service providers: _____ Date _____

Information exchanged includes:

- ☐ Neuro/Psych Evaluations ☐ Educational Records ☐ Assessments ☐ Behavioral Assessments
- ☐ Progress Reports ☐ Supervision of BT or RBT ☐ Parent ABA training

Childs Name _____

Parent/Caregiver Signature: _____

PERMISSION TO BILL INSURANCE AND ASSIGNMENT OF BENEFITS

- ☐ I give permission to UCP of Western MA Inc to file for insurance benefits to pay for the care I receive AND I assign payment to UCP of Western Massachusetts.

I understand that:

- UCP of Western MA Inc will send my medical information to my insurance company.
- Massachusetts Department of Public Health will pay my share of the costs.
- Massachusetts Department of Public Health will pay for the cost of the care I receive if my insurance company does not pay or I do not have insurance.

OR

- ☐ The child is Uninsured

OR

- ☐ I decline access to my child's insurance.

I understand that:

I can request and will receive any additional information I may need to make an informed consent.

Signing this authorization is voluntary and I do not need to sign this to receive services for my child. I can revoke this agreement in whole or in part by sending a written notice to UCP (UCP), this does not include any information that has already been released. I also understand that sharing information carries with it the possibility for unauthorized re-disclosure that UCP is not in control of and may not be held responsible for. My insurance company is required to have access to all information as the law provides my insurance company with the right to contest any claim under my policy.

UCP will conduct all assessments, interventions, and storage of all records in accord with widely accepted rules and guidelines and professional standards such as HIPPA, FERPA, BACB, MA state requirements, etc. Assessments will be chosen for their suitability to the individual using criteria that include reliability, validity, social relevance as recommended by scientific research and professional literature.

All material, both printed and digital will be stored safely and according to HIPPA regulations for seven years from date of discharge. All reports and client data will be made available to parents and Caregivers. UCP will make an honest effort to assure this information is accurate.

Parent/Caregiver signature

I (We), have read the above and have had the opportunity to ask and have answered all questions, and we are signing this freely and with informed consent.

Childs Name _____

Parent/Caregiver Signature: _____

24 Hour Cancellation Policy

Out of respect for our employees and our clients, UCP requires a 24-hour minimum notice to cancel a therapeutic session unless there is an emergency or last-minute illness with a doctor/school nurse note. Last minute cancellations prevent staff from filling their schedule with another assignment and may deprive other clients from the opportunity to receive services.

If you have upcoming scheduled appointments, vacations or days you will not be available for session, please let the RBT or BCBA know as early as possible so we can arrange our schedules accordingly.

Effective ABA services require consistent sessions for maximum benefit and is required by the insurance carrier. excessive cancelations that hinder the progress of services will result in termination of ongoing ABA services

I _____ have read and understand the cancellation policy.

Parent/Caregiver Signature: _____

Noncompliance with Treatment Recommendations.

The clinical recommendation provided by UCP require the full participation and compliance from parents and other caregivers to be as successful as possible. The child will make the most progress when all caregivers are implementing the same interventions and not allowing the child to access reinforcement for inappropriate behaviors. The supervising BCBA as well as the BT will help parents and other caregivers learn how to become ABA compliant. Should parents and caregivers refuse to make efforts to comply with ABA behavior plans, and the client is not making significant progress towards achieving behavior improvement and skill acquisition, UCP reserves the option to discharge the client. The BACB does not allow the continuation of services that are not showing improvement.

Parent/Caregiver signature

I (We), have read the above and have had the opportunity to ask and have answered all questions, and we are signing this freely and with informed consent.

Parent/Caregiver Signature: _____

Client's availability						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Client's commitments to other activities						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

RELEASE REQUEST FOR CONFIDENTIAL INFORMATION

PERSON SERVED:

DOB:

UCP of Western Massachusetts Autism Program is authorized to

Release to: And/Or Request from:

Individual/Organization	Phone	Address	Consent Date

Person/Program Requesting: UCP of Western Massachusetts Autism Program (413) 664-9345

For the Purpose of:

☐ Evaluation/Intake

☐ Transition / Discharge Planning

☐ Treatment Planning

☐ Other

By signing this consent, I agree to allow **UCP of Western Massachusetts Autism Program** to release and/or request the following information about my child to/from

Consent Date:

for the purpose noted above. I have had a chance to ask questions and get answers about this consent. Unless I withdraw my consent, this consent will remain valid until discharge from the program. If I do withdraw my consent, I understand that information about my child that has already been shared cannot be returned.

As the parent/Caregiver(s) of _____:

CONSENT:

I have reviewed the need for communication for Autism services and I/We agree to allow for the communication

Parent/Caregiver Signature: _____

OR

REFUSAL:

I do **not** authorize UCP of Western Massachusetts Autism Program to release or request information at this time.

Parent/Caregiver Signature: _____