



PARENT INFORMATION GUIDE

1. Services: Discovery Behavior Solutions LLC (DBS) will provide behavioral services to your child.
 - a. DBS staff will use their professional expertise and tactics based on the science of Applied Behavior Analysis (ABA) to provide what they believe will provide the best services for your child. Discovery Behavior Solutions does not make any guarantee regarding treatment results.
2. Term of Services: Services will commence on and will continue until terminated by Client or Discovery Behavior Solutions. Both Client and Discovery Behavior Solutions may terminate the services for any reason upon at least two weeks' notice. Notice of termination may be provided via [mail or] email. Please send your termination notices to the email address of your child's Discovery Behavior Solutions Program Supervisor.
3. Services Location: Unless otherwise agreed, Discovery Behavior Solutions will provide the services at Client's home:
4. Payment: Discovery Behavior Solutions will deliver invoices via email to Client on a monthly. Invoices will summarize services rendered during the prior calendar month. Invoice payments are due within seven days of receipt to avoid suspension of services.
 - a. Discovery Behavior Solution's current rate sheet is attached as Exhibit A. Discovery Behavior Solutions may change its rates upon at least 30 days' notice.
 - b. Clients receiving funding from a Health Insurance Company (Insurance Company) are responsible for Discovery Behavior Solutions fees.
 - i. Where Discovery Behavior Solutions provider is in-network with Client's Insurance Company, Client will pay deductibles and co-payments when services are rendered. Discovery Behavior Solutions will submit insurance claims on behalf of Clients. Client is responsible for Discovery Behavior Solutions fees if Insurance Company declines claim.
 - ii. Where Discovery Behavior Solutions provider is not in-network with Client's Insurance Company, Client will pay all Discovery Behavior Solutions fees directly to Discovery Behavior Solutions and may independently seek reimbursement from Insurance Company.
 - iii. In the event of a cancellation less than 48 hours prior to an appointment,



a \$75 fee will be charged for each appointment canceled. This fee will be waived if the child is ill.

- c. A Client paying for services privately (i.e. not funded by a school district or through an insurance company) will be required to pay for the services in advance. Discovery Behavior Solutions must receive the prepayment at least seven (7) days prior to the date on which the services are to be performed. The prepayment amount shall be for no less than the amount set out in an estimate from Discovery Behavior Solutions of weekly services to be provided. Discovery Behavior Solutions will only provide services to a privately- paying Clients who have a fee balance in his or her account with Discovery Behavior Solutions that exceeds the amount of the fees for the services to be provided.
5. General Policies: You agree to make reasonable efforts to follow Discovery Behavior Solution’s Client Policies, the current version of which is attached to this Client Agreement as Exhibit B. Discovery Behavior Solutions may change the Client Policies upon at least 30 day’s prior written notice.

Exhibit A
Rate for Services

Service:	Hourly Rate
Behavior Technician	\$60
Program Supervisor	\$85
Behavior Consultant	\$115
Board Certified Behavior Analyst	\$135



Service Description

Board Certified Behavior Analyst/Behavior Consultant

Services Include:

- Behavioral consultation to families and school district staff
- Functional behavior assessments & analyses
- Behavior intervention plans
- Early intervention ABA program design – Discrete Trial, Natural Environment, Pivotal Response Treatments, and Verbal Behavior methodologies
- Assessment for intensive behavior therapy including development of initial & ongoing goals and objectives
- Workshops for parents and professionals
- Consultation on structuring the home/school environment, facilitating social interactions, teaching communication skills, promoting independence and use of visual supports.
- Recommendations regarding interventions for teaching specific skills (e.g., toilet training, sleep training)
- Continuous data analysis and program development

Program Supervisor

Services include:

- Consultation to school staff around structuring the classroom environment, use of visual supports, and positive behavior support strategies
- Parent and staff training in use of principles of behavior analysis as they relate to teaching (e.g., communication, independence, imitation, appropriate behavior)
- Supervision of ABA home and school based programs
- Designing data sheets and graphs
- Monitoring students' data and progress
- Training caregivers and therapists to provide ABA instruction; on-going coaching
- Facilitating team meetings
- Developing IEP/program goals and short-term objectives
- Writing/presenting quarterly progress reports
- Collaborating with other service providers involved in each child's IEP team
- On-going assessment of educational programs Behavior Technician Services include:
Implementation of ABA programs including discrete-trial, natural environment teaching, pivotal response training, verbal behavior, and incidental teaching
- Data collection/display



- Creation of instructional materials
- Shadow-aide support (shadow student in school environment to scaffold learning opportunities and facilitate social interactions)
- Facilitation of integrated play/interest groups
- Modeling of behavioral teaching tactics for parents and school staff
- Implementation of client specific protocols (e.g., rapid toilet training)

Behavior Technician

Services include:

- Implementation of ABA programs including discrete-trial, natural environment teaching, pivotal response training, verbal behavior, and incidental teaching
- Data collection/display
- Creation of instructional materials
- Shadow-aide support (shadow student in school environment to scaffold learning opportunities and facilitate social interactions)
- Facilitation of integrated play/interest groups
- Modeling of behavioral teaching tactics for parents and school staff
- Implementation of client specific protocols (e.g., rapid toilet training)



Exhibit B
Client Policies

Please review each section and initial the boxes below signifying that you have read and understood the contents.

Participation

Research in the field of early intervention has demonstrated that parent participation can greatly enhance treatment outcomes. As such, parental participation is viewed as an essential component of the services provided by Discovery Behavior Solutions Learning Group. We ask that parents and other caregivers play an active role during therapy sessions. Family members work along side Discovery Behavior Solutions staff to deliver instruction and record data. In addition, Discovery Behavior Solutions Program Supervisors may recommend follow-up assignments for family members including readings, material preparation, and data collection. Parents are expected to participate in at least two 1-hour sessions per month.

Parent/Guardian Initials: _____

Caregiver On-Site

A parent or other authorized adult caregiver (18+ years) is required to be at home throughout ABA sessions. Discovery Behavior Solutions staff is not permitted to work with your child or be alone in your home in the absence of a caregiver for any length of time. We require that the designated caregiver speak English at a basic competency level in order for staff to communicate around any potential health and safety issues. The child's caregiver is responsible for the general health and safety of the child during therapy sessions including, but not limited to, meal preparation, diapering/toileting, the delivery of any medications deemed necessary by the family.

Should a therapy session occur in a community location (e.g., park, library), an adult caregiver must accompany the child and Behavior Technician. While in the community, the Behavior Technician is responsible for teaching the child new skills; the caregiver is responsible for the child's safety (e.g., crossing street, monitoring on climbing structures at park).

Parent/Guardian Initials: _____

Materials

Discovery Behavior Solutions staff may recommend that families consider purchasing specific instructional materials. Discovery Behavior Solutions is not liable for the cost of such materials including developing photos, laminating, Velcro, storage containers, computer software/hardware, and toys. Every effort will be made to keep these costs minimal to the



parents/caregivers.

Parent/Guardian Initials: _____

Wellness

If your child is sick, please notify your Discovery Behavior Solutions Program Supervisor and Behavior Technician. When children are ill, they are not in a proper state for learning. In addition, when sessions are conducted with a sick child, there is a significant risk of spreading the illness to the Behavior Technician. In the long run, this will result in increased missed sessions for your child and other children as the Behavior Technician will need to take time off to get well. We appreciate your assistance in helping to contain germs.

When a child has a fever of over 100 degrees, he/she must be fever-free, without the assistance of fever-reducing medication, for at least 24 hours before coming into contact with Discovery Behavior Solutions staff. Sessions must be cancelled if a child has a contagious infection (e.g., common cold with cloudy mucous, pink eye, certain staph infections).

Should your child stay home from school due to illness, any ABA sessions that day must be cancelled. Similarly, if a family cancels a morning ABA session due to child illness, any afternoon sessions must also be cancelled. We reserve the right to cancel sessions in the moment should staff feel uncomfortable with a child's state of health.

Behavior Technician's work with young children in home and school settings. While your family may make every effort to adhere to our wellness policy, please be aware that our Behavior Technician's are exposed to public and private school classrooms; hence sick days are inevitable.

Parent/Guardian Initials: _____

Data Collection

Our instructional methodology relies on the use of systematic procedures for recording and analyzing data. Behavior Technician's require time at the beginning of each session to review data as well as time at the end of each session to graph data and record session notes. Time allocated for such upkeep varies according to each child's individualized program. This time is included in the overall session length. Behavior Technician's will make every effort to work as efficiently as possible to minimize the amount of time involved in set up, clean up, and graphing.

Parent/Guardian Initials: _____



Scheduling

Discovery Behavior Solutions makes every attempt to consider a child’s natural daily routine (naps, meal times) and other therapies when scheduling ABA sessions. We pledge to offer a schedule that includes our recommended number of therapy hours. However, we cannot guarantee that all of our session times will fit within a child’s pre-existing schedule.

Additionally, it may take up to two months to achieve a full schedule at program initiation. Our ability to provide full schedules may be impacted temporarily by changes in a child's availability, parent requests for changes, and staff vacations. All scheduling comments and questions should be addressed to a Discovery Behavior Solutions Program Supervisor. Behavior Technician’s are not permitted to adjust their own schedules.

Parent/Guardian Initials: _____

Cancellations and Make-up Sessions

Discovery Behavior Solutions will make every reasonable effort to reschedule sessions that are cancelled due to staff illness. We do not offer make-up sessions when a child is sick or otherwise unavailable for therapy (e.g. Dr’s appointment or family vacations). Please provide your Discovery Behavior Solutions Program Supervisor with as much advance notice as possible when you know that your child will not be available for instruction. If your child is unavailable for a therapy session, the Behavior Technician’s will either be rescheduled to work with another client or will likely not work that day. A client will be billed when a session is cancelled with less than 48 hours notice (business days) if the Behavior Technician is not able to be rescheduled to work with another client during that time. Please keep in mind that schedules are finalized on Thursday evenings for the following week. Cancellations made on a Friday for the following Monday may be subject to billing. This procedure will not be enforced for those clients who are ill.

Parent/Guardian Initials: _____

Videotaping

Videos serve as an excellent means of documentation of a child’s progress. They can also be used for instructional purposes. Parents and staff benefit from watching and then reflecting upon their instructional techniques. We encourage you to take video clips of your child during and outside of instruction. Likewise, we ask your permission to videotape sessions. We pledge to honor your family’s confidentiality by not sharing any videotapes with individuals, other than Discovery Behavior Solutions staff, without your written consent. Likewise, we appreciate being able to view any videos that you might take of our staff, prior to your sharing them with outside parties. As a courtesy, please provide Behavior Technician with advance notice and ask for their individual consent, prior to videotaping.



Parent/Guardian Initials: _____

Contacting Team Members

Discovery Behavior Solutions will provide you with cell phone numbers and email addresses for each Discovery Behavior Solutions employee working with your child. This information is provided to allow for easy communication between all parties. All questions or concerns should be directed to your child's Program Supervisor or Behavior Specialist. We request that you respect the personal time of our employees and refrain from contacting them after business hours (6 p.m.) and on weekends unless notifying them of a cancellation within the next 24 hours.

Parent/Guardian Initials: _____

Observers

We welcome the opportunity to collaborate with extended family members and other service providers. To schedule an observation, please contact your Discovery Behavior Solutions Program Supervisor at least one week prior to the requested observation date. A Discovery Behavior Solutions Supervisor must be present during any observation by any outside party. This helps to ensure that questions can be answered without taking time away from your child's instructional session.

We are very proud of our staff and have a comprehensive training program for new staff that ensures that all Behavior Technicians are qualified to work with your child. As part of this process, we may send a newly-hired Behavior Technician to observe your child's session periodically. We ask for your cooperation in allowing these observations. We will make every effort to ensure that there is no disruption to your child's session.

Parent/Guardian Initials: _____

Child-Care

Discovery Behavior Solutions staff may not provide child-care or respite services for current Discovery Behavior Solutions clients.

Parent/Guardian Initials: _____

Transportation

Discovery Behavior Solutions staff may not drive clients, however Discovery Behavior Solutions staff may be passengers in a vehicle driven by the parent/guardian if they have a valid license and insurance. If a team decides a child's session should occur in a community location, the



child’s caregiver will transport the child and the Discovery Behavior Solutions Behavior Technician will make arrangements for driving with the family or drive themselves.

Parent/Guardian Initials: _____

Mandatory Reporting

Discovery Behavior Solutions staff are mandatory reporters of child abuse and neglect. If child abuse is witnessed or suspected for any child in the home, Discovery Behavior Solutions staff are required by the state to report this to Child Protective Services.

Parent/Guardian Initials: _____

Recommendations

Our primary concern is always acting in our clients’ best interest. Any recommendations that we provide are based on what we feel is best for your child. We understand that others may have different opinions and we are always happy to work with a child’s family and other service providers to develop a consistent program that can be implemented and understood by all members of each child’s life. We do reserve the right to evaluate all procedures and not use procedures that are not evidence-based or consistent with Applied Behavior Analysis methodologies.

Parent/Guardian Initials: _____

Complaint Procedures

Upon intake Discovery Behavior Solutions will provide to parents and guardians the appropriate information needed in the event of a grievance. Please see attached.

Parent/Guardian Initials: _____

Non-Discrimination Policy

Discovery Behavior Solutions does not discriminate based on sex, sexual orientation, gender, ethnic group identification, race, ancestry, national origin, religion, color, mental or physical disability, age nor on a person’s association with a person or group with one or more of these actual or perceived characteristics.

Parent/Guardian Initials: _____

Sexual harassment Policy

Discovery Behavior Solutions prohibits sexual harassment in any form by any member of the Discovery Behavior Solutions community. Such conduct may result in disciplinary action up to



and including dismissal and expulsion.

Parent/Guardian Initials: _____

Privacy Practices

Please see enclosed.

Quality Assurance

Discovery Behavior Solutions conducts periodic quality assurance checks during sessions. You will always be notified before a quality assurance check occurs. These checks allow us to maintain our high-quality services. You are more than welcome to request a quality assurance visit anytime by informing your child's supervisor.

In addition to in-person quality assurance checks, your child's supervisor may discuss cases with his/her assigned mentor. This allows your child's supervisor to receive feedback on their work and is an important part of ensuring that your child receives high-quality services and that the best interventions are used.

Parent/Guardian Initials: _____

Email

Discovery Behavior Solutions transmits information with PHI (Protected Health Information) to our clients, including weekly schedules and progress reports, through a secure email system.

Discovery Behavior Solutions sends out occasional newsletters and announcements about parent education opportunities, events, and service updates. Please initial below to indicate your preference regarding these emails. Preferences can be changed at any later date (link available at the bottom of each email).

Parent/Guardian Initials: _____

Electronic Records

Discovery Behavior Solutions uses cloud-based storage to save client information (e.g., data sheets, reports) so that they can be easily accessed by all team members. We have specific protocols in place to safeguard information including mandatory password changes every 90 days, restrictions on saving information to computers, and encryption software however not all cloud-based storage is HIPAA compliant. Please let your child's supervisor know if you do not want your child's materials stored in this fashion.



Parent/Guardian Initials: _____

Billing Associates

Discovery Behavior Solutions contracts with other businesses to provide certain services (e.g., medical billing). We may disclose appropriate portions of health information to these contracted business associates in order for them to complete the service. In order to protect your health information, all business associates must sign a confidentiality agreement.

Parent/Guardian Initials: _____

Change of Address

Parent or guardian must notify Discovery Behavior Solutions within seven (7) days of a change of residence.

Parent/Guardian Initials: _____

By signing this document, I am acknowledging I have read and understand the content in the Parent Information Guide that was provided to me by Discovery Behavior Solutions LLC.

Legal Guardian First and Last Name

Date

Legal Guardian Signature

Date