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*A Not-for-Profit Corporation*

*Providing Treatment and Intervention Services to Children and Their Families*

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### ***Contract for Services***

Child's Name _____	Address: _____
DOB _____	City: _____
State: _____	Mother: _____
Zip: _____	Father: _____
Phone: _____	Legal Guardian: _____
Work: _____	

### ***Service Overview***

#### ***Hours of Operation for Services***

By Appointment

#### ***Services***

- Criterion Referenced Assessments for strengths, skill deficits and intervention goals
- Function-based Assessment of problem behaviors and recommendations
- Intervention services
- Para-professional and parent instruction/education
- Psychological Assessment and Treatment

#### ***Other Information***

##### *Program Information*

This type of intervention is systematic and precise

Team members may include:

- home* - parents, line therapists, respite care providers, and consultant
- extended* - speech/language pathologists, occupation and/or physical therapists, pediatrician, school team, and/or other professionals involved with the child
- requires extensive training in intervention application, data collection, and team management
  - \*\*This requires all team members to understand the principles of behavior and be familiar with terms associated with behavioral therapy by completing a series of modules designed to familiarize team members with this type of therapy.
  - requires all team members to consistently implement all prescribed programs
  - the focus is on **increasing** adaptive, communicative, daily living skills, and functionally equivalent behaviors for problematic behaviors – we do not endorse physical punishment and request that the parents refrain from using corporal punishment, relying instead on the procedures outlined by the consultant.
  - is based on what is best for the child and is compatible with family needs
    - \*\*This requires all team members collect and graph data

## Structure

### **EIBI services**

- typically requires initial team meetings once a week until the program is fully implemented. All team members are required to attend and participate in all team meetings. Because programs change, some programs are implemented at team meetings. If for some reason a member misses a team meeting, it is his/her responsibility to read the team meeting notes to identify program changes, modifications, or additions and communicate with the team lead or consultant to clarify any questions.
- as the child stabilizes, team meetings can be reduced to 2x/month (depends on individual child needs)
- requires one team member designated as a “Lead” therapist. This individual should be familiar with programs, data collection, and behavior intervention techniques. This individual oversees the program binder and is responsible for ensuring that the data is graphed and the binder is ready for team meetings. This individual is also responsible for answering other team members questions and, if is not able to answer the questions, is responsible for contacting the consulting psychologist.
- all team members are responsible for the upkeep and maintenance of the binder. This includes updating data, inserting new graphs at the end of the month, maintaining communication with other therapists, and reading team meeting notes/program modifications.
- it is necessary to ensure 15 minutes at the beginning of the session to read notes from previous therapists and 15 minutes at the end of the session to update the binder/write notes/other paperwork.

### Outline of Procedures

- Some of the procedures will require physical prompting
- All IBT staff are properly trained
- If you have your own, untrained staff, IBT isn't and will not be held liable for any procedures or actions that might take place.

### **Psychological Assessment**

- typically requires 1-3 testing sessions
- caregivers and teachers may be asked to complete additional parent report measures
- a detailed report with assessment results, interpretation, and recommendations will be generated and shared with the family
- an additional feedback session can be requested to review results for an additional fee that may or may not be covered by your insurance

### **Parent Training/Family Therapy/Individual Therapy**

- typically involves meeting with a provider weekly, but may be more or less frequent depending on individual needs
- will involve work both in and out of session
  - persons participating in therapy may be asked to check-in with the provider between sessions to help ensure treatment progress, prevent regression, and identify potential issues

### *Cost/Payment Information*

### Psychological Services

At this time IBT is an out-of-network provider for most insurance carriers for psychological services. Please contact the office and your insurance carrier for questions regarding coverage of services.

- private pay
- private insurance
- Medicaid
- combination of above methods

#### Behavior Analytic Services

Please contact the office for a copy of the sliding fee schedule and to inquire as to whether we work with your insurance carrier.

- private pay
- private insurance (when applicable)
- Medicaid (when applicable)
- Combination of the above methods

#### Parent Training Services

Please contact the office for a copy of the sliding fee schedule and to inquire as to whether we work with your insurance carrier.

- private pay
- private insurance (when applicable)
- Medicaid (when applicable)
- Combination of the above methods

## **CONDITIONS**

### **Consultation Team**

We, as the behavioral consultant team, will complete any assessments necessary for the treatment recommendations for the client.

### **Consultant**

I, as the consultant, will make every reasonable effort to provide state-of-the art behavioral programming, including observations, progress review and program assessment to ensure successful interventions.

I will make every reasonable effort to be available for problem solving, programming changes, parent training, and questions. Any phone calls, e-mails, or messages will be answered as soon as possible for emergency situations and within 48 hours for non-emergency events. During times of extended absences (e.g. vacation and/or leave), appropriate contact information will be made available to clients.

### **In-Home Service Providers**

These services are provided to a child or family to assist in acquiring, retaining, improving, and generalizing the self-help, socialization, and adaptive skills necessary to reside and function successfully in home and community settings. Services are provided through evidence-based and data-driven methodologies. In-home provider supports include the development of skills such as:

- Social skills to enhance participation in family, school, and community activities (including imitation, social initiations and response to adults and peers, parallel and interactive play with peers and siblings)
- Expressive verbal language, receptive language, and nonverbal communications skills
- Functional symbolic communication system
- Increased engagement and flexibility in developmentally appropriate tasks and play, including the ability to attend to the environment and respond to an appropriate motivational system

- Fine and gross motor skills used for age-appropriate functional activities, as needed
  - Cognitive skills, including symbolic play and basic concepts, as well as academic skills
  - Conventional and appropriate behaviors in place of negative behavior patterns
  - Independent organizational skills and other socially appropriate behaviors that facilitate successful community integration (such as completing a task independently, following instructions in a group, or asking for help)
- Reduction of problematic behaviors interfering with the child's ability to reside and function successfully in his/her home and community

The majority of these contacts must occur in customary and usual community locations where the child lives, attends school or child care, and/or socializes. Services provided in an educational setting must not be educational in purpose.

Transportation to and from school, medical appointments, community-based activities, and/or any combination of the above are included in the rate paid to providers of this service.

## **Parents**

### *Program Responsibilities*

I/we the parents of this child will make every reasonable effort to comply with the recommendations of the autism consultant with regard to programming/instructional recommendations for my/our child. This includes procedures designed to reduce problematic behaviors.

I/we, the parents of this child understand that each child is unique, that my child's program is tailored for his/her unique needs, and that as the function of the behavior changes, so does the intervention technique.

I/we, the parents of this child understand that it is my/our responsibility to oversee the home program, ensuring that therapists are following the program as outlined by the consultant. This includes assuming the responsibilities of the lead therapist if none is identified.

I/we, the parents of this child understand that to ensure the success of the program, which is my/our responsibility to:

1. ensure that reinforcers are freely available to all therapists for use during instruction time.
2. ensure that reinforcers are restricted for use ONLY during therapy time or parent programming.
3. ensure that other children in the home are kept away from the therapy session unless the program involves teaching the child how to interact with peers/sibling.
4. provide funds for community activities, if requested. Any concerns related to programming (child, IBT providers) should be immediately discussed with the Consultant.
5. bring up any casual concerns (e.g., absent child) should be discussed with the consultant.
6. refrain from bringing up topics such as the other children, parents, or the personal lives of anyone involved with the IBT.
7. attend the bi-monthly progress meetings and parent training.
8. provide an emergency number where you can always be reached during therapy sessions.
9. ensure at least one parent be present during all teaching sessions conducted at home by an IBT employee unless specific arrangements are made.
10. ensure child is ready for his/her session at the beginning of the scheduled session.
11. carry out agreed upon teaching and behavior reduction procedures developed in the progress meetings and consult with consultant if you would like to make changes. You must complete daily

- home assignments and maintain required data on assigned topics.
12. follow through in a timely fashion on IBT requests for therapy items.
  13. provide a teaching environment that is clean, orderly and safe.
  14. commit to an evidence-based approach (intensive, consistent intervention) including being available for the minimum number of hours of intervention recommended by the consultant.
  15. refrain from implementing other treatments/therapies that might interfere with the success of the program.
  16. assist with the recruitment process for home service providers.
  17. relay all treatment team concerns ONLY to the consultant and/or team leader and discourage staff from talking about personal concerns with you.
  18. organize yearly psychological assessments with IBT staff to assess treatment progress.
  19. pay all fees for service in a timely manner in accordance with IBT's billing policy.

I/we, the parents of this child understand that it is our responsibility to maintain a safe and professional setting for in-home providers. This means that I/we will be appropriately attired when in-home providers are around and will speak with providers in a courteous and respectful manner.

I/we, the parents of this child understand, due to the data-driven nature of this type of intervention, which if the above conditions are not met, or if data is not consistently available for team meetings, then the behavioral consulting team will no longer be able to supply consultative services.

I/we, the parents of this child also understand that if two (2) consecutive team meetings are cancelled or if three (3) team meetings are missed within a four (4) month period, then the contract and services offered will have to be reviewed before services can continue.

I/we, the parents of this child understand that if the child is sent home from school due to illness, or has had an extreme runny nose, fever, or severe cough; then services for that day are cancelled. It is up to me/us, the parents of this child, to contact any and all providers scheduled for the day that the child is sick and services are cancelled.

I/we, the parents of this child understand that if school is area schools are cancelled in my area district or the providers' area district, then services for that day may be cancelled at the provider's discretion.

***Appointment Information***

I/we the parents of this child will make every reasonable effort to keep all appointments. I/we understand that if cancellations cannot be made 24 hours prior to the appointment time rescheduling of appointments will occur on first come first serve basis.

\*\*\*\* This contract is renewable on an annual basis. Updates and changes are made from year to year and a new signed contract is required for services to continue.

_____ Name	_____ Relationship to Child	_____ Date
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