

# ABA Guidebook



*Leading the way to ensure individuals and families affected by disabilities can live, learn, work and play to their full potential.*





## WELCOME

Welcome to Easterseals Northern California (ESNorCal). If you received this Guidebook, you are probably the parent of a child receiving Applied Behavior Analysis (ABA) services directly from ESNorCal.

### OUR PROMISE TO YOU

We will provide exceptional, individualized, family-centered services to empower people with disabilities or special needs to achieve their goals and live independent, fulfilling lives.

### WE PROMISE TO:

- listen to and respect your perspectives and choices.
- provide clear and transparent communication.
- communicate and share complete and unbiased information with you in ways that are useful.
- integrate your knowledge, experiences, values, beliefs and cultural backgrounds into the planning and delivery of services.
- encourage and support your participation in your child's care.

### WHO IS A "PARENT"?

We know that parenting sometimes involves more people than just biological parents. We use the word "Parent" for any caregiver who provides parenting and care to someone.



**tip**

**Set aside quiet time to review the Guidebook.** The information in this Guidebook is important. Take time to read all of the information and sign the forms.



## ABA GUIDEBOOK CONTENT AND ORGANIZATION

In this Guidebook, you will find information about:

- ESNorCal Clinical Services
- Services ESNorCal provides
- Applied Behavior Analysis (ABA) treatment
- Your role in treatment planning

### WHEN YOU HAVE QUESTIONS

If you have any questions, contact a member of your child's supervision team. We want to make sure all Clients, Parents and others in a Client's life understand how ESNorCal can improve the lives of people with disabilities – especially those with ASD.

## WHAT'S NEXT?

**STEP 1:** Review the contents of this Guidebook.

**STEP 2:** Review, sign, date and return the following forms in order to receive services.

- Consent to Services
- Consent to Photography and/or Video Recording, Authorization to Use/Disclose Photograph(s)

### IMPORTANT:

Throughout this Guidebook, you will see "Tip" sections. Tips offered in the Guidebook include helpful information and proven parenting strategies.

# AN INTRODUCTION TO OUR CLINICAL SERVICES



## WHO IS EASTERSEALS NORTHERN CALIFORNIA?

Easterseals Northern California (ESNorCal) is an affiliate of Easterseals, Inc. We have proudly served thousands of individuals and families in many Northern California counties and we are part of the Behavioral Health Provider Network (the BHPN), a network of behavioral health and therapy providers. ESNorCal is a 501(c)(3) nonprofit organization with a mission to lead the way to ensure individuals and families affected by disabilities can live, learn, work and play to their full potential.

ESNorCal provides comprehensive, evidence-based therapies to individuals living with disabilities from birth through adulthood and their families.

## WHAT FUNDING SOURCES DO WE ACCEPT?

ESNorCal partners with Kaiser Permanente, the California Regional Centers and other Funding Sources. Together with these partners, we provide treatment services. For a complete list of services that we offer, please visit [ESNorCal.org](http://ESNorCal.org).

## key terms

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Key Terms used in the Guidebook help explain important topics throughout. You can also find the Key Terms at the end of the Guidebook.

### Applied Behavior Analysis (ABA)

ABA is a process used to help us understand how learning takes place. A wide variety of ABA techniques are used to help Clients with ASD learn new skills.

### Client

Any individual who receives necessary treatment services from ESNorCal.

### Evidence-Based Therapies

Treatments that are:

- Shown to be effective
- Part of well-designed research

### Funding Source

The organization that is responsible for some or all of the payment for services which are provided through ESNorCal.

## WHAT IS THE NATURE OF THE SERVICES?

Everyone is unique. That's why Clients at ESNorCal receive services that are personalized and designed specially to meet their particular needs. A treatment team is assigned to each Client. This team is responsible for creating each Client's treatment plan.

ESNorCal teams include professionals called Practitioners. These Practitioners are experts in working with individuals with ASD. At least one ESNorCal supervisor or manager (members of the supervising team) leads each treatment team. Our supervisors and managers oversee all treatment services.

Every supervisor and manager at ESNorCal has advanced training and/or is certified according to the laws and regulations for providing ABA.

## TYPES OF SERVICES

There are four types of ABA services your child will likely receive:

- Direct (face-to-face)
- Indirect (treatment development and oversight)
- Social Skills Groups
- Group ABA
- Parent as Practitioner

## key terms

### Supervising Team

The Supervising Team is the **Program Supervisor (PS)** and the **Clinical Manager (CM)**. The CM is responsible for developing your child's treatment plan. Together, the PS and CM make sure of two things: that your child's treatment plan is followed, and that your child is making progress.

### Practitioner

Any individual who provides services to ESNorCal Clients.

### Sessions

The time during which a Client receives services from ESNorCal.

### Services

Any clinical service (direct or indirect) provided to Clients.



## **CAN I GET INTERPRETER SERVICES?**

Do you have Kaiser Permanente as your Funding Source? If so, our Clinical Services Department offers interpreter services to Clients and Parents with limited English skills. The Language Assistance Line is available 24 hours a day, 365 days a year. If you would like to use this service, please ask for assistance from your Practitioner.

## **PRACTITIONER BACKGROUND CHECK REQUIREMENTS**

As a direct care services provider, we must take measures to ensure Client safety. ESNorCal recognizes this fact. To work at ESNorCal, employees are fingerprinted, which is part of the guidelines of the California Department of Social Services. The Department of Justice will notify ESNorCal if any violations occur. This is in effect during the entire time that a Practitioner has a job with ESNorCal. In addition, ESNorCal performs routine screening of all employees to ensure that new hires and existing employees are not on any state and federal exclusion lists.



## HIGH STANDARDS AND EXCELLENCE

We are committed to excellence and high standards of clinical care for our Clients. Our Clinical Practitioners are credentialed and/or experienced in working with Clients with disabilities.

ESNorCal follows all laws and regulations required for each of our Practitioners' positions. In addition, we require all Practitioners to participate in ongoing training about:

- the latest research in the field,
- up-to-date treatment approaches and
- cultural awareness and understanding of the diverse populations that ESNorCal serves.

Practitioners also receive direct training through supervision and observation during sessions.

## INNOVATION

One of our core values is innovation, or to try out new ways of working. We do this in order to continuously improve our quality of care. We also do this so that our Clients and families will be satisfied. Throughout treatment we may ask you to use one of our apps. For example, we have smartphone and tablet apps. These apps can help you and your loved one with ASD stay informed about treatment.

## PHOTOGRAPHY AND VIDEO RECORDING

When it is possible, ESNorCal uses technology to raise the level of care that we offer to Clients and families. This means using video or photography during treatment—or both. They are important tools to improve the quality of care. Video and photography enable Practitioners to train and share information with Clients or Parents. We strive to use every available and appropriate way to improve services and achieve treatment goals. Your consent to photograph and video record treatment is an important step to help us accomplish this goal. However, this is voluntary. You may decline to sign this consent or have the right to revoke consent at any time without impact on treatment, payment or eligibility for benefits.

Please see the form called ***Consent to Photography/Video Recording Authorization to Use/Disclose Photograph(s)***.



# AN INTRODUCTION TO APPLIED BEHAVIOR ANALYSIS (ABA)

## ABA

For many Clients who have ASD, a common treatment option is ABA. ABA is a scientific discipline that focuses on the principles of how learning takes place. There are many factors that can contribute to determining our behavior. One set of factors includes both our past and our current environments. Others are biological factors such as our genetics. For example, if a child is rewarded (positively reinforced) for sitting at the table with the family at dinnertime, that child is more likely to want to sit at the table in the future. In a similar way, if a child behaves poorly, the adults that are present can ignore this behavior. The result is that child will be less likely to repeat the behavior over time.

## SKILLS

Learners with ASD can build useful skills using many ABA techniques. ABA programs focus on improving day-to-day behaviors. The goal is to help someone with ASD become more independent. When a Client with ASD learns new skills, the treatment team will reinforce desired behaviors and ignore or interrupt undesired behaviors. These techniques are used in various situations that are structured and common, such as a family meal or playing at the neighborhood playground.



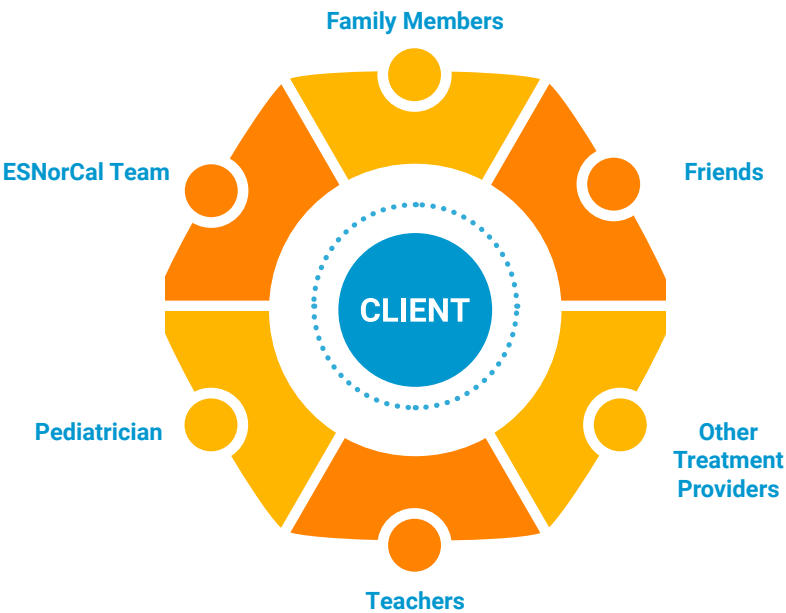
# OUR CLIENT-CENTERED AND FAMILY-INVOLVED APPROACH

## *We believe in a Client-centered philosophy.*

Each Client, family member and caregiver is an important member of the treatment team.

You know your child best, so we try to recognize your knowledge and experience. This will help us reach better outcomes for someone with a disability like ASD.

In order for treatment to work well, Parents and others who are close to the Client need to participate in treatment.



**All caregivers should understand all treatments.** It is helpful for everyone involved in your child's care to understand all the treatments being delivered. If your child gets medical or educational services from several providers, let us know what other services are being received.

## COLLABORATIVE APPROACH

How do we serve Clients better? We encourage Practitioners from different professional disciplines to work together and share their skills. Through this collaboration, we are able to help Clients and families reach the goals that they desire. Besides input from the ESNorCal team, we may ask other professionals in a Client's life, like a teacher or pediatrician, for their suggestions. Professionals, family members, friends and the Client all share valuable information. We want to hear from the Client and all the important people in his or her life.

## CLIENT'S VOICE

Every Client has a voice. Some Clients may not be able to say directly what they want and need. Others may communicate through their behavior, but not with words. No matter how a Client expresses his or her wants and needs, we believe it is very important to listen to the Client's voice. As a Client goes through assessment and treatment, the ESNorCal treatment team will always listen to the Client's voice.



**Don't go it alone!** Join a parent support group online or in person. Reach out to friends, family or your religious community for support.

## key terms

### Responsible Adult

A person who is a guardian or any individual who is:

- 18 years old or older
- capable of providing care for the Client in the Parent's absence
- approved by the Parent to provide care for the Client in the Parent's absence

### Guardian

Someone who is authorized to make medical decisions for a Client or on behalf of a Client. This could be a parent. It may also be another person responsible for the Client's medical decisions – like a grandparent or legal guardian



## **SIBLINGS, FRIENDS AND PEERS**

At ESNorCal we believe brothers and sisters, friends and peers also matter. We may involve siblings, friends and others who are important in a Client's life in treatment. Our Practitioners will ensure treatment sessions include appropriate people who will benefit the Client. It is important for ESNorCal Practitioners to be able to focus attention on the treatment of the Client. For that reason, a Responsible Adult must supervise the Client's siblings and peers at each session.

## **INDIVIDUALIZED TREATMENT AND FAMILIES**

We try hard to create a unique treatment plan to serve the needs of the Client. Sessions are focused on not only improving Client skills, but also on empowering the family and caregivers. We encourage families and caregivers to be active participants during the entire treatment process. This includes each and every session.

## **FAMILY COACHING**

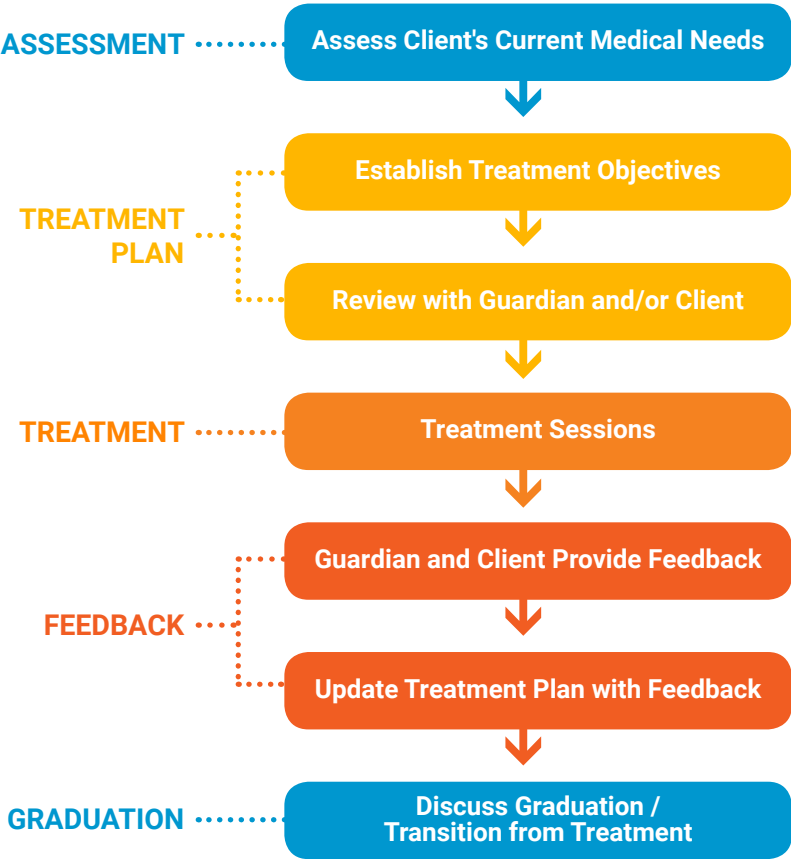
Practitioners who are assigned to the Client's case will work with the Client, family and caregivers to decide what is the right level of participation in order to reach the treatment goals. Practitioners will offer training and coaching on how Clients and caregivers can work on treatment during and outside of sessions. Participation may include coaching on how to respond, or when not to respond, to certain Client behaviors.





# ABA ASSESSMENT & TREATMENT PLAN DEVELOPMENT

As part of your child’s ABA and Treatment Plan, we will perform assessments over several appointments with you and your child in order to better understand his or her current medical needs. You are a very important part of this process and we will ask for your feedback about your child and their treatment plan, and also talk to you about when your child will graduate or transition from ABA treatment.





## YOUR CHILD'S TREATMENT PATH WITH ESNORCAL



### WHAT IS TREATMENT?

- a short-term opportunity
- intended for gaining skills and resources that are needed in order to manage the symptoms of autism or other developmental disability
- an important time for Clients and families to build their skills
- different for every Client who comes to ESNorCal for treatment

### TREATMENT

The first treatment period usually lasts about six months.

During treatment, the team working with your child will follow the treatment plan developed during the assessment.

If you are concerned about the treatment plan at any time, or if your child is not making progress, please talk with your supervising team.

### REASSESSMENT

Every six months we reassess your child. At this reassessment, we look at the same measures we used during the first assessment. This is how we can see how much progress your child has made. At each reassessment, we will talk about graduation from treatment or transition to another type of treatment.



**Don't forget to schedule time for your child's sessions.** When beginning services, look at your family's daily schedule and determine if it needs to be changed in order to make time for your child's treatment sessions

# YOUR CHILD'S TREATMENT TEAM

ESNorCal uses a tiered Practitioner Treatment Team approach, an industry best practice. We encourage you to interact with all members of your child's treatment team.

## YOUR CHILD'S PRACTITIONERS

### **Behavior Interventionist**

- Provides direct treatment based on your child's treatment plan

### **Program Assistant**

- Provides direct treatment based on your child's treatment plan
- Supports supervision team as needed

### **Program Supervisor**

- Supports your child's treatment plan with regular session visits
- Supervises the Behavior Interventionists' clinical work

### **Clinical Manager**

- Meets with Clients and Parents each month to discuss progress and review treatment plans
- Oversees all Practitioners who are on the team
- Responsible for the development, implementation and overall success of your child's treatment plan

### **Senior Clinical Manager**

- Oversees a region's office and services
- Provides clinical consultation for high needs cases
- Supervises Practitioners and ensures service quality
- Acts as an escalation point for any concerns or questions

## ESNorCal CLINICAL LEADERSHIP

### **Associate Director of Clinical Services**

- Manages regional services and ensures service quality and customer service

### **Director of Clinical Services**

- Oversees service delivery quality and manages employees

### **Vice President of Clinical Services**

- Oversees program operations and clinical quality

## DISCHARGE

Being discharged means leaving the program. Planning for the discharge process starts as soon as the Client begins receiving services. A Client graduates or is discharged when the Client and family have the skills and resources needed to maintain or continue improvement even after the Client is no longer receiving services from us.



In some cases, however, we may need to discharge a Client for other reasons, such as not following ESNorCal or funding source policies and requirements. We also may discharge Clients if treatment is not progressing as recommended.

Here are some examples of why a Client may be discharged:

- Attends/participates in sessions inconsistently and/or cancels too many sessions
- Often arrives late to treatment sessions or leaves sessions early
- Is unresponsive to contact attempts (by phone, email, etc.)
- Does not provide needed documentation related to consent, custody or other issues that affect our ability to provide treatment
- Refuses clinically recommended treatment
- Tells ESNorCal that they do not want services anymore
- Moves to a home that is not in ESNorCal's or the Funding Source's coverage area, and can no longer access services provided within the coverage area

ESNorCal works with Clients and Parents as much as possible to take care of any issues before any Client is discharged. When it is possible and it is recommended, the BHPN may connect a Client to another Provider for treatment.



**Understand the plan.** Understanding the treatment plan is important to your child's success. Just ask us if you don't understand part of the plan. Your child's supervising team is here to help you understand your child's treatment plan.



# AN IN-DEPTH LOOK AT TREATMENT SESSIONS

## TREATMENT SESSIONS

A Responsible Adult must be present at all sessions

- when required by supervision team
- when a Client is not bathroom independent
- at all non-ESNorCal clinic locations, including at the Client's home
- whenever any siblings, peers or other children under 18 are present, including at the Client's home

## IMPORTANT: RESPONSIBLE ADULT REQUIRED

Your session will be cancelled if no Responsible Adult is present at any time during a session outside of ESNorCal clinic sessions

A Responsible Adult must take care of:

- feeding
- bathroom routines
- monitoring the health and safety of the Client
- monitoring the health and safety of any peer or sibling under their supervision
- the Client's safety during an emergency or crisis situation

The Responsible Adult is also responsible for communicating feedback and information about treatment to the Client's Parent if the Parent is not present at the session.



**Keep phone numbers handy.** Add the phone numbers for each of your child's supervising team members to your phone along with the BHPN's Customer Service number 855-the-BHPN (855-843-2476) and email address [CustomerService@theBHPN.org](mailto:CustomerService@theBHPN.org).



## **SCHEDULING A TREATMENT SESSION**

We want the Client and the Client's family to be satisfied. We will make every effort to work around the Client or the family's scheduling needs. However, because ESNorCal provides services to a large number of Clients, we can't always accommodate every scheduling preference. Please read our scheduling policy and let us know if you have any questions.

In addition to scheduling sessions at convenient times, ESNorCal also works to schedule the number of sessions that the funding source has authorized. Doing this is called "full schedule." Sometimes a Client or family is unable to accept all the hours that are authorized. When this happens, we will consider your needs and schedule fewer hours. Occasionally ESNorCal may not be able to accommodate a full schedule due to your scheduling limitations.

Schedules will include various Practitioners. This will allow for treatment generalization and flexibility, and give the Client the chance to work with different people.

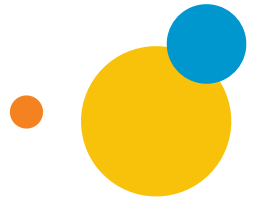
## **IN-BETWEEN SESSIONS**

Your treatment team will give you things to work on between sessions and throughout the treatment periods. Working on skills between sessions will make a big difference in your child's response to treatment.

Practice the skills your child is learning in treatment. If you can, make them part of your child's everyday routine. For example, you can read picture books at home and have your child point to various pictures in the book if the treatment team is working on increasing your child's ability to identify objects.

## **IMPORTANT: PRACTICE, PRACTICE, PRACTICE!**

Treatment is not a long-term solution but rather a short-term opportunity to obtain the skills and resources needed to manage the symptoms of autism or other developmental disability. The more you help your child practice new skills, the more independent your child will become.



## WORKING WITH YOUR CHILD BETWEEN SESSIONS

- Set aside time to work on skills.
- If you have other young children in the home, find someone who can watch them while you are interacting with your child receiving ABA services.
- Work in small amounts of time. Stop if you or your child get tired.
- Take advantage of incidental opportunities. This is something that happens while you and your child are doing daily tasks. For example, perhaps your child is working on asking for items or requesting. If you know they want something, like a cookie, keep it just out of reach so they have the opportunity to ask for it when they want it.
- Ask us if you run into a problem and aren't sure how to handle it! Your child's treatment team will help you find a solution that works for you and your child.

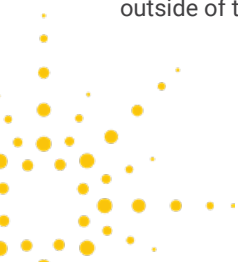


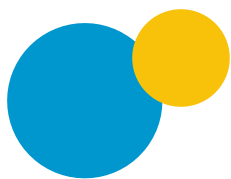
### tip

**Focus on the desired behavior.** Explaining or trying to reason with an upset child is difficult. For many parents this goes against how we would want to respond. For example, we want to reason, explain and force. Instead, focus on the behavior you want to see. Simple prompts such as, "When you are calm, we will go to the park," can help.

## TREATMENT SESSION SETTINGS AND LOCATIONS

One way that we can build a Client's skills is to provide treatment services in a variety of settings and locations. ESNorCal may offer sessions at both the Client's home and also at a nearby clinic location. When it is clinically appropriate, and when it is safe and possible, we will hold sessions in community settings such as a park. The session location must be built into the Client's treatment plan and align with the Client's treatment goals. The supervising team must approve all requests to consider a service location for treatment sessions. This must be done at least one week prior to the delivery of service at that location. Approval of that location will be based on treatment plan alignment and staff availability. This includes all settings outside of the Client's home or an ESNorCal clinic.





## TREATMENT SESSION SETTINGS AND ENVIRONMENT

We care about the safety of our Clients and staff. We reserve the right to evaluate any setting before approving it. We also reserve the right to re-evaluate to determine if the location is suitable at any time. The setting can be rejected at the sole discretion of the staff member if an ESNorCal employee feels an environment is unsafe, poses a health hazard or could subject the Client or staff to any kind of harassment.

ESNorCal reserves the right to discontinue providing services in a home or in any other environment. In these cases, a supervisor or manager will directly address the problem with the Client, Parents or other Responsible Adult who can help resolve the safety issue.



**Mix up the location of sessions.** Some families find that a mix of sessions at home and in the clinic work very well. Clinic sessions may give your child the chance to interact and practice social skills with many other children. For some Clients, having most or all sessions in the clinic works well. Discuss these options with your child's supervising team or scheduler.

## SPECIAL COSTS

When a Client or Parent requests the participation of Practitioners during a session in an activity or setting that is outside of the home or clinic, the Client or Parent is responsible for any cost required for the Practitioner's participation (example: zoo or park entrance fee, etc.. This cost is to be paid at the time of the activity).

In addition, ESNorCal and Practitioners are not financially responsible for any property damage incurred during the course of, or as a result of, treatment in the home or other setting.

## PARTICIPATION IN SCHOOL SETTINGS

ABA services may be provided in a school setting during specific times and depending on the requirements of the Funding Source. ESNorCal Practitioners do not participate in any Individualized Education Program (IEP) meetings as they are not part of the school team. However, the Client or Parent may request reports from ESNorCal to share with schools or other programs when needed.



## IMPORTANT: LIMITS ON ESNORCAL'S PRESENCE

Allowing a Client to attend or participate in any particular setting such as preschool, daycare, school, lesson or class cannot be dependent on ESNorCal's presence at that location.

### SCHEDULING

We understand how busy life can get at times. Please review policies to learn about how we schedule sessions for our Clients and if there is flexibility to fit your family's schedule. If you have any questions about our policies, contact your Senior Clinical Manager.

**Availability:** When your child is able to have services outside of any legally mandated activities, such as school.

**Preference:** Any preference for schedule times will be considered based on clinical needs and treatment plan recommendations.

**Session Times:** Schedules will be offered in specific blocks of time in order to meet the demand for services in the most efficient manner.

**Full Schedule:** A full schedule is the number of hours that are authorized by the Funding Source.

**Declined Hours:** Any scheduled hours offered to meet authorized treatment hours that are not accepted by the Client and Parent due to preference will count as declined hours. Just because hours are declined once does not mean they have to be declined in the future. If you initially decline hours but later on can accept the declined hours, you may do so.

**Schedule Changes:** ESNorCal will periodically give you the opportunity to update your schedule preferences and availability.

**Approval of Changes:** Changes will be made based on scheduling guidelines and when the Practitioner is available. Requests for schedule changes are never guaranteed. The scheduler or supervisor or manager will contact the Client or Parent regarding any schedule changes requested.

**Treating Practitioners:** The Practitioners assigned to your case will be changed on a regular basis. These changes support ongoing generalization of your child's skill development.



## CHANGE OF AVAILABILITY POLICY

In an effort to better match your needs and ensure you get consistent care from our Practitioners, ESNorCal needs adequate notification to changes in schedules. We update schedules every quarter and ask that you give us 30 days' notice to better serve your needs. Due dates for changes will be accepted based on this schedule for any given year:

**For Quarter 1:** December 1 (of previous year)

**For Quarter 2:** March 1

**For Quarter 3:** June 1

**For Quarter 4:** September 1

## CANCELLATION POLICY

Continued progress to achieve treatment goals is important to ESNorCal. Depending on your Funding Source, progress may also be a requirement to continue receiving funding for treatment. Frequent cancellations can have a negative effect on our ability to help a Client make progress. We understand that either the Client or ESNorCal may need to cancel sessions on occasion. For example, a session may need to be canceled due to illness. However, when the number of cancellations, for any reason, interferes with the treatment progress, ESNorCal will make a reasonable effort to work with the Client or Parents to find the most appropriate solution. We may also consult with the Funding Source regarding ending treatment if the cancellations are excessive or if they interfere with the progress of treatment.

## IMPORTANT: SCHEDULE CHANGES

Sometimes ESNorCal needs to make a schedule change. When this happens, the scheduler and/or supervisor/manager will contact the Client or Parents.

## WHAT TO DO IF YOU HAVE TO CANCEL A TREATMENT SESSION

Follow these guidelines when cancelling a session:

- Provide as much notice as possible. Keep in mind that 24 hours or more is required.
- Communicate to the scheduler – do not communicate cancellations directly to Practitioners.
- Provide details regarding the cancellation(s) – the number of sessions, dates, time, and reason.
- When asking for a make-up session, refer to the guidelines for make-up sessions.

## WHEN A PRACTITIONER CANCELS A TREATMENT SESSION

We want to ensure cancellations on the part of the Practitioner don't affect Client treatment in an adverse way. We encourage Clients and Parents to notify the assigned supervisor or manager of any unplanned gaps in treatment sessions, including a Practitioner's tardiness. ESNorCal will make every effort to send another Practitioner.

## MAKE-UP SESSION GUIDELINES

All make-up sessions are subject to the expectations of your specific Funding Source as well as the availability of the Practitioners.

For Client-initiated cancellations, ESNorCal will offer a make-up session only if the required advance notice is provided and Practitioners are available. Keep in mind that 24 hours or more advance notice is required.

For ESNorCal Practitioner-initiated cancellations, ESNorCal will make every effort to provide a make-up session when possible if another practitioner cannot fill the regular session time. If a Client or Parent declines an offered make-up session for any reason, we will consider these hours as declined.





# SAFETY COMES FIRST

## ENSURING THE SAFETY OF CLIENTS AND PRACTITIONERS

We want to ensure the health and safety of all Clients and Practitioners. To reduce health and safety risks during treatment, it's important to follow all policies, laws and regulations related to health and safety, including our Sick Policy.

### SICK POLICY

ESNorCal will use its best judgment to decide if treatment should continue when a Client or Practitioner is ill. Sessions must be canceled when a Client is ill. The Client should be free of symptoms for 24 hours before resuming scheduled sessions. Sessions should be canceled if a Client is sent home or stays home from school, daycare or work due to signs of illness, unless there is documentation provided by a medical provider stating that the Client is well enough for a session.

If anyone else in the family or home or session environment is experiencing any signs of illness, we ask that a safe distance be maintained between the individual and Practitioner to prevent transmission of any illness.

If the Client or anyone in the Client's home has a highly contagious disease, such as but not limited to, Pink Eye, Strep, Impetigo (skin infection) or Hand-Foot-Mouth Disease, sessions must be canceled. A note from a medical provider may be requested by ESNorCal prior to resuming services.

If anyone in the home has head lice, please let us know and cancel sessions until it can be treated and cleared.

### IMPORTANT:

ESNorCal requires all Clients and Practitioners to strictly abide by the terms of the Sick Policy. Sessions will be cancelled and rescheduled if there is a risk of spreading illness and/or infection.



## RESPONSE TO UNSAFE CLIENT BEHAVIOR

With input from Clients and Parents, Practitioners develop treatment goals. They may also provide coaching on how to respond to unsafe and unhealthy Client behavior in the most effective way. While Practitioners may use some gentle physical prompting based on specific treatment guidelines, they are prohibited from using any physical restraint on Clients unless the use of restraint is specifically recommended in the Client's Treatment Plan. The use of restraint during treatment is rare, and a multidisciplinary team including ESNorCal Clinical Services Leadership and BHPN Clinical Leadership must approve all use of restraint.

If Client behavior escalates to a point that makes Practitioners feel unsafe, ESNorCal encourages Practitioners to remove themselves from any perceived danger. In the event a Client is in immediate danger to themselves or others, ESNorCal staff will call 911.

## TRANSPORTATION GUIDELINES

ESNorCal Practitioners are responsible for their own transportation. Our Practitioners can neither provide transportation to Clients and Parents nor can they accept transportation from Clients and Parents.



# YOUR RIGHTS AND RESPONSIBILITIES

## YOU HAVE THE FOLLOWING RIGHTS

- To receive services in a manner free from abuse, retaliation, humiliation, neglect, financial exploitation or any other type of exploitation.
- To receive services that are sensitive to age, gender, race, cultural or religious preferences, health status and physical ability.
- To receive information that allows Clients and Parents to make informed consent before starting services.
- To refuse services offered after being notified of the benefits, alternatives and consequences.
- To be an informed participant by receiving information regarding services in a reasonably prompt and confidential manner.
- To have the Client's records protected as required by applicable privacy law at all times, outlined in the Notice of Privacy Practices.
- To receive relevant information about individuals providing services as allowed by organizational policies and applicable privacy laws.
- To contact the BHPN Customer Service Department to file a complaint or grievance without fear of retaliation or barrier to service.

## PARTICIPATION IN LEGAL MATTERS

Sometimes families who come to ESNorCal for services are involved in legal matters such as divorce. While we understand that these situations can be stressful for Clients and Parents, it is important to know that we will remain neutral and not participate in any legal matters or disputes, including those involving Clients, unless required by law.



## **MANDATED REPORTING LAWS IN CALIFORNIA**

Child Abuse and Neglect Reporting Act (CANRA) requires any ESNorCal Practitioner to report any suspected abuse or neglect of any child. This could include a Client's siblings.

Elder Abuse and Dependent Adult Civil Protection Act requires any ESNorCal Practitioner to report any suspected abuse or neglect of a dependent adult.

A dependent adult is anyone who, because of their physical or mental limitations, cannot care for themselves. This includes some adults with ASD.

## **CONSENT TO SERVICES**

Obtaining valid informed consent for services is a necessary step in providing services to our Clients. This is especially true when services may be based on a medical model and medical necessity. Clients and Parents must provide written consent for the services prior to receiving them. This consent must be renewed each year.

Because obtaining accurate and complete documentation is essential to starting and/or continuing services, it is the responsibility of the Parent to:

- Provide current, accurate information and/or documentation
- Notify ESNorCal about any custody or decision-making authority issues
- Update ESNorCal with relevant information if it changes

## **JOINT CUSTODY/DECISION MAKING AUTHORITY**

In cases involving joint custody and decision-making authority of a Client, ESNorCal will assume either party with joint custody has independent authority to make medical decisions for the Client and will primarily rely on the consent of the Parent referring the Client for treatment.

We will not suspend services due to the inability to contact a party holding joint custody. However, if ESNorCal is informed or otherwise reasonably believes that there is a disagreement related to medical-decision making between parties with joint medical decision-making authority, ESNorCal may suspend services for the party until the disagreements are resolved. ESNorCal may, in its sole discretion, require the Parent or any other party who asserts joint-decision making authority to provide a certified copy of the document that establishes that party's decision-making authority, such as a court order regarding joint legal custody.



## **CAPACITY TO MAKE MEDICAL DECISIONS**

Sometimes a Client isn't able to make his or her own medical or treatment decisions. This depends on the severity of the disability or on the age. If a Client who is 18 years of age or older can't make his or her own medical decisions, under California law, family and/or other caregiver participation becomes part of all treatment plans. In addition, depending on the Funding Source of treatment, family or caregiver participation may be required for continued funding.

## **HOW TO AUTHORIZE ESNORCAL TO SHARE PROTECTED HEALTH INFORMATION (PHI) AND REQUEST MEDICAL RECORDS**

It's our policy to only send medical records to Clients or Parents unless we are authorized to send to other parties.

### **TO GET AUTHORIZATION FORMS:**

- Contact the BHPN Customer Service Department, or
- Ask a member of your child's supervising team via email, phone call or postal mail

Clients or Parents may authorize ESNorCal to share PHI with an individual or entity by completing the Authorization to Disclose PHI Form.

Clients or Parents may fill out a request to obtain a copy of the Client's medical records by completing the Authorization to Release Form.

Clients or Parents may revoke an authorization to disclose PHI except:

1. to the extent that we have already acted in reliance on the authorization, or
2. the authorization was obtained as a condition of obtaining insurance coverage and another law provides the insurer with the right to contest a claim under the policy or the policy itself.

## FILING A COMPLAINT OR GRIEVANCE

Clients and/or Parents may file a complaint at any time without fear of retaliation. When we receive a complaint, ESNorCal staff works to remedy the concern and prevent an issue from happening again.

### STEPS TO FOLLOW IF YOU HAVE A COMPLAINT OR GRIEVANCE

#### STEP 1

**Ask to meet with a member of your child's supervising team to discuss your concerns.** Usually this is the only step you need to take. We are committed to resolving issues quickly. If you are not satisfied after meeting with a supervisor or manager, please move on to the second step below.

#### STEP 2

If the discussion with a supervisor or manager does not resolve the issue, **talk to your senior clinical case manager or a member of ESNorCal's clinical leadership team.**

#### STEP 3

If the issue is not resolved by the clinical leadership team, **contact the BHPN's Customer Service Department at [CustomerService@theBHPN.org](mailto:CustomerService@theBHPN.org) or call and share your complaint at 855-the-BHPN (855-843-2476).** The BHPN's Customer Service Department will work with ESNorCal's Quality Department, you and the treatment team to resolve the issue in an unbiased and ethical manner.

You may also contact the Compliance Help Line at 1-833-44-PROTECT to report any concerns.



## COMMON TERMS USED DURING TREATMENT SESSIONS

The following are definitions of commonly used terms found in this Guidebook.

**APPLIED BEHAVIOR ANALYSIS (ABA):** ABA is a scientific discipline that focuses on the principles of how learning takes place. A wide variety of ABA techniques are used to help Clients with autism spectrum disorder (ASD) learn new skills.

**APPROVAL OF CHANGES:** Changes will be made based on scheduling guidelines and Practitioner availability. Requests for schedule changes are never guaranteed. The scheduler or Supervising Team will contact the Client or Parent regarding any requested schedule changes.

**AVAILABILITY:** When the Client is able to have services outside of any legally mandated activities, such as school.

**CLIENT:** An individual who receives treatment services from ESNorCal.

**DECLINED HOURS:** Any scheduled hours in a Full Schedule that are not accepted by the Client or Parent due to preference. Just because hours are declined once does not mean they have to be declined in the future. Declined hours can be accepted after-the-fact by the Client or Parent.

**EVIDENCE-BASED THERAPIES:** Treatments that have been shown to be effective through peer-reviewed, well-designed research.

**FULL SCHEDULE:** The complete number of Sessions authorized by the Funding Source.

**FUNDING SOURCE:** The organization that is responsible for some or all of the payment for services provided by ESNorCal.

**PARENTS:** A Client's Parent, Guardian or Legal Representative.

**PRACTITIONER:** Any professional who provides services to ESNorCal Clients.

**PREFERENCE:** Any preference for schedule times. These will be considered based on clinical needs and Treatment Plan recommendations.

**RESPONSIBLE ADULT:** A person, other than the Parent(s) who is: (1) 18 years of age or older; (2) capable of providing care for the Client in the Parent's absence; and (3) approved by the Parent(s) to provide care for the Client in the Parent's absence.

**SCHEDULE CHANGES:** ESNorCal will periodically give you the opportunity to update your schedule preferences and availability.

**SERVICES:** Any clinical service (direct or indirect) provided to Clients.

**SESSIONS:** The scheduled time during which a Client receives direct Services from ESNorCal.

**SESSION NOTE:** At each Session, Practitioners will write a Session Note. A Parent or Responsible Adult must sign each session note. This signature is only a verification that the Session occurred at the times documented. It does not indicate that the Parent or Responsible Adult has reviewed or agreed with the content of the note.

**SESSION TIMES:** Schedules will be offered in specific blocks of time in order to meet the demand for services in the most efficient manner.

**SUPERVISING TEAM:** The Supervising Team is made up of a Clinical Supervisor and the Senior Clinical Manager. The Supervising Team is responsible for developing a Client's Treatment Plan; ensuring that the Client's Treatment Plan is followed; and monitoring the Client's progress. Every member of the Supervising Team has advanced training and/or is certified according to the laws and regulations for providing ABA.

**TREATING PRACTITIONERS:** The Practitioners assigned to the Client's Treatment Plan will be changed on a regular basis. These changes support ongoing generalization of your child's skill development.



# PRIVACY PRACTICES NOTICE

A Notice of Privacy Practices (NPP) is provided to all Clients. This Notice of Privacy Practices identifies:

- 1) how medical information about you may be Used or Disclosed;
- 2) your rights to access your medical information, amend your medical information, request an accounting of Disclosures of your medical information, and request additional restrictions on our Uses and Disclosures of that information;
- 3) your rights to complain if you believe your privacy rights have been violated; and
- 4) our responsibilities for maintaining the privacy of your medical information.

This notice describes how medical information about you may be used and disclosed, and how you can get access to this information.

**Please review it carefully.**

## ESNORCAL RESPONSIBILITIES & PATIENT/CLIENT INFORMATION & RIGHTS

### UNDERSTANDING PROTECTED HEALTH INFORMATION AND THE HEALTH RECORD

Medical and mental health treatment information and records are personal and private. The medical and treatment information we create and maintain is known as protected health information, or PHI. We are committed to protecting health information that belongs to you, the Patient/Client.

Medical and mental health treatment information and records are personal and private. ESNorCal is committed to protecting your health information.

We are required by Federal and State laws to protect the privacy of your medical information and obtain a signed authorization before we make certain Disclosures.





## **ESNORCAL RESPONSIBILITY FOR YOUR HEALTH INFORMATION**

### **Information Privacy and Security**

ESNorCal is required to provide this Notice of our legal duties and privacy practices with respect to medical information. This Notice explains how we may legally Use and Disclose your protected health information, and your rights regarding the privacy of your protected health information. We are required to follow all the terms of this Notice. ESNorCal will post and make the Notice available at all locations, and make it available on the ESNorCal website. ESNorCal reserves the right to change the provisions of this Notice and make it effective for all health information we maintain.

For any questions or additional information, please contact the BHPN Customer Service Department at 855-theBHPN (855-843-2476) or [CustomerService@esnorcal.org](mailto:CustomerService@esnorcal.org).

## **YOUR RIGHTS RELATED TO HEALTH INFORMATION**

We are required to follow the terms of this Notice and give you a copy of the Notice. We will post and make the Notice available at all locations, and on the ESNorCal website.

### **Choose a Representative**

You have the right to assign medical power of attorney or to have a legally authorized representative exercise these rights on your behalf, and otherwise make choices about your health information.

Inspect or receive an electronic or paper copy of the medical record

Upon request, you or your legally authorized representative may inspect and/or receive an electronic or paper copy of the medical records, billing records, and other records that we Use to make decisions about your care. We will provide a copy or a summary of your health information, usually within 30 days of your request. You also may ask us to forward a copy of your health information to a third party. A reasonable copying/labor charge may apply.

### **Revoke an authorization to share or Disclose health information**

At any time, you or your legally authorized representative may revoke a written authorization that allows us to Use and Disclose your protected health information. The revocation must be in writing. When we receive a



revocation of authorization, we will stop sharing your protected health information. Such a revocation will not apply to any information that we have already shared in reliance on your authorization.

We are required by law to retain your medical treatment records, regardless of any authorization to Use or share the information.

### **Request confidential communications**

You or your legally authorized representative may request to receive communications related to medical information and services in a confidential manner, and may request that contact is made in a specific way (e.g., phone, email, specific numbers or addresses to send information to, etc.). All reasonable requests will be honored.

### **Breach notification**

You have the right to receive notification of a breach of unsecured health information, to the extent that it affects your personal health information.

### **Request to correct or amend paper or electronic health record**

You or your legally authorized representatives may ask us to correct or amend protected health information about you that you believe is incorrect or incomplete. We may deny this request after providing a reason in writing within 60 days, if we determine that the protected health information or record that is the subject of the request:

- Was not created by us, unless you provide a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment;
- Is not part of your medical or billing records;
- Is not available for inspection as set forth above; and/or
- Is accurate and complete.

You do not have the right to have accurate information removed from your record. Any amendments will be an addition to, and not replacement of, already existing records.

### **Ask to limit the information used and shared**

You or your legally authorized representative may request restrictions on how we use or Disclose certain health information for treatment, payment or operations.

If health care services are paid in full out-of-pocket, we will abide by a request to not share information about such services, for the purposes of payment or operations, with your health insurer, unless otherwise required by law. We have and reserve the right not to agree to any other requested restriction on Use/Disclosure of the information.

### **Receive a copy of this privacy notice**

You or your legally authorized representative may receive this Notice of Privacy Practices at the time of enrollment, and at any other time by request.

### **Receive an accounting of Disclosures of shared information**

You or your legally authorized representative may request an accounting of all the times we have shared your health information with other persons or organizations, for up to six years prior to the request. The accounting will identify to whom the information was shared, and the purpose for sharing, except for Disclosures made:

- To carry out treatment, payment and health care operations;
- To persons involved in your care or for other notification purposes as provided by law;
- To correctional institutions or law enforcement officials as provided by law;
- For national security or intelligence purposes;
- Incidental to other permissible Uses or Disclosures; or
- Involving only a limited data set (information where certain direct personal identifiers have been removed).

### **File a complaint for any perceived violation of privacy rights**

Complaints may be filed for any perceived violation of your privacy rights by contacting ESNorCal's Customer Service Department or

the Department of Health and Human Services Office for Civil Rights. No retaliation will result from your making any complaint.

**Complaints to ESNorCal may be filed with:**

ESNorCal Compliance HelpLine:

1-833-44-PROTECT

(1-833-447-7683)

Online: <https://secure.ethicspoint.com/domain/media/en/gui/57698/index.html>

Or by email: [compliance@esnorcal.org](mailto:compliance@esnorcal.org)

Complaints to the Department of Health and Human Services may be filed with:

Office for Civil Rights

1-877-696-6775

Online: <https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html>

Or by email: [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov)

## **YOUR CHOICES IN REGARD TO YOUR HEALTH INFORMATION**

For certain health information, you or your legally authorized representative can choose what ESNorCal can share.

You or your legally authorized representative have both the right and choice to tell us to:

- Share information with family, close friends, or others involved in the care; and
- Share information in disaster relief situations.

In the event that you or your legally authorized representative is not able to tell us your choice preference, we may share health information if we believe doing so is in your best interests.

### **Written authorization required prior to sharing**

You or your legally authorized representative must give us written authorization before we may share your information for the purposes of marketing, sale of your information for any purpose or for most Disclosures of your psychotherapy notes.

## **TYPICAL REASONS THAT WE MAY USE OR DISCLOSURE YOUR HEALTH INFORMATION**

Below are the most common instances when we may Use or Disclose your health information.

### For treatment purposes

Our staff may use and share your health information with others (e.g. primary care doctors) in the provision, coordination or management of your health care.

- Example: An ESNorCal practitioner asks another practitioner about your overall health.

### For health care operations

We may use and share your health information to run the organization and improve care.

- Example: Using health information to identify what treatments are most effective in order to improve our services.

### Billing for service

We may share your health information to bill and obtain payment from health plans or other entities, including for determinations of eligibility and coverage and other utilization review activities.

- Example: Giving your information to your health insurance plan in order to obtain payment for services

### Contact for Fundraising Purposes

We may contact you for our fundraising efforts, unless you or your legally authorized representative has requested that you not be contacted.

## OTHER REASONS WE MAY USE OR DISCLOSE YOUR HEALTH INFORMATION

We are allowed or required to share your health information as follows, after meeting any applicable laws.

### Help with public health and safety issues

We may share your health information in certain situations for public health or safety, such as to:

- Prevent the spread of disease;
- Help with product recalls;
- Report adverse reactions to medications;
- Report suspected abuse, neglect, or domestic violence; and
- Prevent or reduce a serious threat to anyone's health or safety.





### **Research purposes**

We may Use or share your information for health research.

### **Complying with law**

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services to ensure compliance with federal privacy law.

### **Responding to lawsuits and legal actions**

We may share health information about you in response to a court or administrative order, or in response to a subpoena.

### **Addressing workers' compensation, law enforcement, health oversight and other government requests**

We may Use or share your health information for:

- Workers' compensation claims;
- Law enforcement purposes or with a law enforcement official;
- Health oversight activities authorized by law; and
- Special government functions such as military, national security and presidential protective services.

### **Work with a medical examiner or funeral director**

We may share your health information with a coroner, medical examiner or funeral director if you are deceased.

### **Business Associate communication**

Some of the services we provide are carried out by other people or companies, who are known as our business associates. Examples include patient satisfaction surveyors, accountants and lawyers. We may Disclose certain portions of your health information to these business associates, so they can do their jobs for us. Each of our business associates are also required by law to safeguard your information.

### **Your Authorization For Us to Use and Disclose Your Health Information**

ESNorCal will obtain written authorization for other Uses and Disclosures of your health information not covered by this Notice. You or your legally authorized representative may revoke such an authorization in writing at any time, and we will stop Disclosing your health information that was permitted by the authorization. Any Disclosures made prior to the revocation will not be affected by the revocation.





ESNorCal.org



## **WALNUT CREEK CORPORATE OFFICE**

2730 Shadelands Drive  
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(925) 266-8400

## **BURLINGAME**

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## **FAIRFIELD**

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