

LEARNING AND BEHAVIOR SOLUTIONS INITIAL CLIENT INFORMATION

Welcome to Learning & Behavior Solutions!

We are excited to have the opportunity to serve your child, and family, as you navigate this journey in life. At Learning & Behavior Solutions, we believe that working together, as a team, to address the unique needs of your child, and family, will provide new avenues for growth and development in the areas of language, social interactions, adaptive behaviors, learning, and development.

Our assessments and program designs are grounded in the science of applied behavior analysis. Instructional programs and supports are guided by data-based decision-making, focusing on the whole child within their family, as well as within their social worlds. Our behavior analysts design programs that are tailored to the individual needs of your child, utilizing evidence-based practices, with the goal of improving the acquisition, fluency, maintenance, and generalization of skills necessary to navigate their individual journey.

We look forward to joining your team, serving your needs, and working together to promote the development of your child's skills across all environments. The staff of Learning & Behavior Solutions is eager to work alongside your child's team of physicians, psychologists, psychiatrists, school staff, speech and language, occupational, and physical therapists to facilitate learning and developments in all settings. Our team of behavior analysts, registered behavior technicians, and support staff will work diligently to address any and all concerns that arise through the provision of resources, supports, and strategies to keep moving forward.

Our mission is to serve the community with the primary focus of increasing awareness of and accessibility to services for individuals with learning and behavior challenges by providing solutions through advocacy, education, research, and the provision of direct services to individuals, families, and entities, in effort to inspire hope, facilitate change, and enhance the quality of life for all.

Please complete the forms contained within this document to the best of your ability. Forms can be returned via email, fax, or in person. Once completed, we can begin to obtain the necessary authorizations to initiate assessment and program design for your child. At that time, we will set a time for our initial meeting, and send a pre-assessment packet to assist in expediting the assessment process. Please do not hesitate to contact us should you have any questions or concerns.

Sincerely,
Tiffany K Mrla, PhD
Board Certified Behavior Analyst

Requirements to Begin ABA Services:

1. **Complete Intake Packet and return to Learning and Behavior Solutions via mail, email, fax, or make arrangements to deliver in person.**

Learning and Behavior Solutions, Inc.
1022 Jones Rd Ste 2
Springdale, AR 72762

Email: tmrla@learningandbehavior.org
Fax: (479) 763-0059

2. **Provide Insurance Information.** Please include private insurance and any other public insurance info (i.e. Tefra, AR Kids, etc.)
3. **Sign consent for services, financial agreement, and acknowledgment of description of services forms.**
4. **Provide Diagnostic and Evaluation information.**
 - *Speech Therapy Evaluation by licensed therapist with specialized training [private services]*
 - *Licensed Child Psychologist or Psychiatrist report indicating diagnosis of autism [private services]*
 - *Well-child check [with systems review and notation of Autism diagnosis] from a developmental pediatrician and/or pediatric neurologist*
 - *Sensorimotor Evaluation/Occupational Therapy Evaluation [private services]*
 - *An audiological evaluation*
 - *A copy of the school IEP and Behavior Support Plan, if applicable*

*****Within the required evaluation reports, an adaptive behavior assessment (Vineland, ABAS), an autism-specific assessment (ADOS, CARS, SRS), and cognitive assessment (IQ) are required by insurance companies; school-based evaluations are not accepted for this component*****

5. **Contact Learning and Behavior Solutions Inc. to schedule evaluation.** Evaluations for ABA take from 2-3 hours. Please plan to come 15 minutes prior to complete paperwork and plan to stay with your child for the full amount of time. Once the evaluation report is complete, we will discuss recommendations for a plan of treatment and schedule therapy. *A pre-assessment packet will be provided to complete prior to the assessment.*

*****We will assist with obtaining the required components, if you complete the Release of Information form at the end of the document for each physician, therapist, etc. that you have worked with regarding your child's diagnosis*****

An Overview of Learning and Behavior Solution's Approach to ABA

Our approach to working with each child is designed to meet each INDIVIDUAL child's unique needs with a focus on:

- the principals of positive reinforcement
- the acquisition, maintenance, and generalization of skills
- identifying and maintaining motivation for learning and engagement
- using data-based decision-making processes and evidence-based practices

The curriculum addresses the core issues common in autism spectrum disorders, and other developmental disorders, identified as essential components by the National Academy of Sciences:

- understanding and using language through the development of language skills (vocal, symbolic, and augmentative)
- enhancing social skills and daily social interactions
- communicating with and relating to peers, adults, and family
- engaging in age appropriate and symbolic play skills
- increasing conceptual thinking, academic, and cognitive skills

Learning and Behavior Solutions' trained behavior analysts and technicians work one-on-one with each child, closely monitoring behavioral responses in order to reach mastery of the material through methods of instruction tailored to the child's ability level and rate of learning. All of our behavior technicians have achieved a bachelor's degree, or are completing coursework for a degree in the field of study, with equivalent extensive training specifically in evidence-based treatments for autism spectrum disorders. In addition to meeting the minimum requirements for behavior technicians, our behavior technicians are required to be Registered Behavior Technicians (RBT), as certified by the Behavior Analyst Certification Board (BACB). Our goal ensuring each individual child's plan is implemented by skilled and experienced technicians is evident in making the training and continuing education of our technicians a priority. Learning and Behavior Solutions maintains a much higher standard for its staff than guidelines require, to ensure we provide the best possible services for each child and family. Supervision of each child's program is provided by one of our Board Certified Behavior Analysts (BCBA) or Board Certified Assistant Behavior Analysts (BCaBA), with regular progress reviews weekly.

In addition to the individual ABA/Verbal Behavior Analysis program, parent training, programs to address problem behaviors and a range of behavior analytic services are offered through our In-home, clinic, school and community programs. Our focus is on helping your child gain skills in language, cognitive, academic and social areas through the use of state-of-the-art evidence-based interventions.

We provide behavioral assessments, parent & staff training, program supervision, and various other services to meet each child's needs. Each of our program supervisors is board certified by the Behavior Analyst Certification Board™.

Please call 479-310-6505 for further information or clarification.

Insurance Reimbursement Form

Date: _____ Client's Name: _____ D.O.B _____

Insured's Information:

Name: _____ D.O.B _____ M F

Insurance Company: _____ Phone#: _____

Identification Number: _____ Group/Plan Number: _____

Employer: _____

Insured's Phone #: _____ Insured's Email: _____

Does Client have TEFRA? _____ (Please provide Copy of Card)

Does Client have other secondary insurance? _____ (Please provide info)

**Please provide us with a copy of the front and back of your insurance identification card.*

Insurance Verification (For Office Use Only)

Spoke to: _____ Date: _____

Does treatment need to be pre-authorized? _____

Deductible: Individual \$ _____/Family \$ _____ Amount Met: Individual \$ _____/Fam.\$ _____

Co-Pay: \$ _____ Co-insurance: _____% Lifetime Max: \$ _____ Out-of-Pocket Max: _____

Year to Date Amounts: _____ client deductible _____ family deductible _____ out of pocket deductible

Insurance plan reimbursement rates:

Behavior Identification Assessment:	97151/H0031
Behavior Identification supporting assessment by Technician:	97152/H2019
Behavior Identification Supporting Assessment w/2 technicians and BCBA:	0362T
Adaptive Behavior Treatment by Technician:	97153/H2019
Adaptive behavior treatment with protocol modification (2+ technicians):	0373T
Adaptive Behavior Treatment with protocol modification:	97155/ H0032
Group Treatment by Technician:	97154
Group Treatment by BCBA:	97158
Family adaptive behavior treatment guidance by BCBA:	97156/ S5110
Multiple-family group adaptive behavior treatment guidance by BCBA:	97157/ S5110

Comments:

Verified by: _____ Date: _____

BOARD CERTIFIED BEHAVIOR ANALYST DESCRIPTION OF SERVICES

Working as the Director of Learning & Behavior Solutions, Inc., the Board Certified Behavior Analyst (BCBA), in alignment with requirements, guidelines and code of ethics developed by the Behavior Analyst Certification Board (BACB), will work with the family and behavior technicians assigned to the client to provide the best services possible.

Within the services provided, specifically outlined in an individual treatment plan, the BCBA will work collaboratively with the parent/guardian in the provision of services designed to support identified individuals with autism spectrum disorders, developmental disabilities, and/or behavioral challenges in the home and community settings. Potential services include direct services to the client, parent training, consultation, and assisting with implementation of academic, social, functional and behavioral interventions based on assessment results and evidence-based practices.

Services, in accordance with BACB Guidelines for the provision of Autism services, may include, dependent on the individual contract for services, but are not limited to, the following:

- consultation and collaboration with the parent, private therapists, and school team to address needs of the client;
- conducting assessments and designing curriculum and instructional programs utilizing strategies related to applied behavior analysis, implementing evidence-based practices
- providing consultation in implementation of behavioral interventions, instructional strategies, or assessments
- assisting with the design and analysis of data collection methods
- conducting functional behavior assessments and related components to identify appropriate, evidence-based supports for clients with complex and/or severe behaviors
- collaborating with outside providers to develop a comprehensive behavior support plan based on the results of the functional behavior assessment, as warranted
- collaborating in design and provision of professional development on issues related to behavior support, interventions, evidence-based strategies, and applied behavior analysis

The BCBA's consultative services are intended to serve the client through assessment and implementation of identified practices based on data and evidence-based practices. When providing direct services to client, the needs of the client will be the primary responsibility of the BCBA's services. The needs of family and other care or service providers will be considered when developing interventions and identifying supports to ensure social validity. The parent/guardian has access to all documentation and reports completed through the services. All information will remain confidential and adhere to HIPPA and FERPA Guidelines; only staff with treatment-related interest will have access with the exception of those indicated in the *Authorization to Release Information* form(s). A release of information for will be completed by parents, should they wish the company to collaborate with outside providers. All employees must adhere to specific guidelines regarding confidentiality.

Appropriate informed consent forms and/or documentation, signed by parent or guardian, are necessary for consultative services to be provided by the BCBA. The family will be provided an outline of services and supports requested at onset of consultation, as well as a contract for services. When direct services are no longer necessary, the BCBA will document the availability of indirect services as requested, in an appropriate manner through the *Amendment of Services* or *Discontinuation of Services* forms. As part of the code of ethics, it is noted that the BCBA or behavior technicians are not to accept any gifts from the client. If any conflicts of interest and/or dual relationships arise, those are to be resolved as soon as possible. In the event services need to be discontinued, a plan will be developed to transfer services to an appropriate provider. Should any questions or concerns arise with the services of the BCBA, contact information for the BACB is below.

Tiffany Mrla, PhD, BCBA

Founder & CEO

BACB License # 1-14-10413

tmrla@learningandbehavior.org

"Behavioral and Learning Solutions (the "Company") cannot and does not guarantee a particular result in this engagement. It will use reasonable efforts to provide requested services in a timely fashion. "The Client", as guardian of the child, agrees that the Company will not be liable for any damages, whether direct or consequential, that the Client or the child may suffer as a result of the engagement or which may otherwise arise out of, or relate to, any services provided to the Client, child and/ or family. The Client (and its successors and assigns), in order to induce the Company to provide the Services, hereby releases the Company from any claims for damages that may arise relating to the Services rendered to the Client and Counsel. Description of Services and Consent for Services forms apply to all BCBA's and technicians working with your child."

BACB Contact Information:

<http://bacb.com/>

7950 Shaffer Parkway
Littleton, CO 80127, USA
1-720-438-4321
info@bacb.com

CONSENT FOR SERVICES FROM BOARD CERTIFIED BEHAVIOR ANALYST

As a way to best assist in serving your child, _____, consultation from a Board Certified Behavior Analyst (BCBA) has been requested to provide assistance in assessing, developing curriculum and instructional methods, and addressing behavioral concerns through the identification of appropriate supports. If necessary, the BCBA may conduct a functional behavior assessment, and assist in the development of a comprehensive behavior support plan if assessment results warrant such a plan.

Consultation and Treatment Services may include the following:

- Informal meetings/communication with parent(s), school and district personnel, private therapists and counselors
- Review of client history (functional skills, adaptive skills, academic progress, behavior concerns, medical history, diagnosis and evaluation reports, and other related services received)
- Assessment of functional, adaptive, language and academic skills to identify target skills
- Development of treatment plan through identification of appropriate interventions and supports
- Observations, data collection, and data analysis of the client's progress towards goals and objectives
- Training for family, school personnel, and therapists as warranted by treatment plan services and consent
- If warranted, and if consent is obtained, a Functional Behavior Assessment will be completed

Functional Behavioral Assessment (FBA) is used to assist in:

- Defining interfering behavior(s);
- Identifying environmental events which impact problem behavior(s);
- Describing contingencies maintaining the behaviors;
- Determining the function of the problem behavior(s); and
- Developing a comprehensive Behaviors Support Plan, if applicable
- *The FBA process may include, but is not limited to, the following components:*
 - Structured interviews completed with the student (if applicable), educator(s), and parent(s)/guardian(s), therapist(s)
 - Formal information gathering tools (e.g., cumulative file review; questionnaires, rating scales, review of previous treatments; review of current evaluation reports and IEP; adaptive, functional, language, and/or academic skills; and medical history)
 - Observations, data collection, and data analysis of student behavior in home, community, and/or school settings
 - Consultation with other relevant professionals (medical care professionals, speech/language therapists, occupational therapists, physical therapists, counselors, psychologists, psychiatrists, etc.,)
 - Additional assessments may be requested as appropriate to needs identified

The information gathered during these processes will be used to assist the client and family to improve programming, develop a comprehensive treatment plan, and a Behavior Support Plan, if necessary. All results will be provided to you in regular progress meetings. All information will remain confidential and in alignment with current HIPPA and FERPA guidelines; only staff members with a treatment-relevant interest will have access to your child's information. Parent/guardian will complete an authorization form should they wish any information be shared with outside parties.

Tiffany K Mrla, PhD

BCBA Signature/Certificate # 1-14-10413

Date

I understand the results of these services are strictly confidential; no information will be released without parental consent. I have received and reviewed the *Description of Services*, as well as the *Overview of Supports Required*: yes no

At this time, I consent to the following services:

- Behavior Consultation and Treatment Services Functional Behavior Assessment

Parent/Guardian Signature

Date

Learning and Behavior Solutions Financial Agreement - ABA

New Patients approved for ABA therapy services are responsible for any and all charges not paid for by healthcare insurance payers (private or public). By signing this client agreement, you are acknowledging that you understand this condition of service and commit to promptly paying Learning and Behavior Solutions for the services we provide to you, our valued client. Following the receipt of your patient statement, please contact us to make payment arrangements. We accept cash, personal checks, money orders and credit cards.

Each healthcare insurance payer has different guidelines for allowing coverage of ABA therapy. It is helpful if you let us know your healthcare payer when starting service so that we may find out if prior authorizations are needed. If your healthcare insurance payer is an insurance that we do not contract with, you are required to make self-pay arrangements for the usual and customary pricing of our services (see self-pay rates below). We will provide you with a detailed invoice of services rendered on a monthly basis, so you may submit to your insurance.

My signature below signifies that I have read and understand this client agreement for Learning and Behavior Solutions for ABA therapy services. I agree to the terms in this agreement and intend to comply with them to the best of my ability. I understand that if I fail to follow the terms of this agreement, I could be discharged from service.

We currently are contracted with the following insurances: Blue Cross Blue Shield of Arkansas.

Signature of Client or Guardian/representative:	Date:
Printed Name of Guardian/Representative:	

Learning and Behavior Solutions, Inc., 2017 Rates

Initial Assessment \$1000

BCBA/Ph.D. 1:1 sessions \$250 per hour

BCBA 1:1 sessions \$200 per hour

BCaBA 1:1 sessions \$150 per hour

Behavior Technician sessions \$100 per hour

(Please see complete fee schedule for all other services and rates)

Learning and Behavior Solutions Prospective Client Info

This form has been designed to provide essential information before your initial appointment in order to make the most productive and efficient use of time. Please feel free to add any additional information which you think may be helpful in understanding your child. Please use the backs of the pages for additional information.

PLEASE PRINT

Person Completing this form: _____ Relationship to Child: _____

Child's Name: _____ D.O.B. _____ M F

SSN: _____

Nickname or name child routinely goes by: _____

Home Address: _____
 Street

_____ City _____ State _____ Zip

Guardian	Home #	Work #	Cell	Email
Mother				
Father				
Other				

Caregiver Contact Information: Name: _____ Cell: _____

Primary Physician: _____ Phone: _____

Fax: _____

Referring Physician: _____ Phone: _____

Fax: _____

AUTHORIZATION TO RELEASE INFORMATION

Client Name: _____ Birthdate: _____ Parent/Guardian Name(s): _____

Phone: _____ Work Phone: _____ Address: _____ City: _____ State: _____ Zip: _____

I understand this release is voluntary and applies to all programs and services operated under the auspices of Learning & Behavior Solutions, Inc. I understand that my personally identifiable information (PII) may be protected by the federal rules for privacy under the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act (HIPAA), and/or other applicable state or federal laws and regulations. I understand that my PII may be subject to re-disclosure by the recipient without specific written consent of the person to whom it pertains, or as otherwise permitted. I also understand that the recipient may not condition treatment, payment, enrollment or eligibility on whether I sign this form, except for certain eligibility or enrollment determinations. **I understand that I may revoke this authorization at any time by notifying Learning & Behavior Solutions, Inc., in writing but if I do, it will not have any effect on any actions taken before receipt of the revocation.**

I hereby authorize Learning & Behavior Solutions, Inc. to the parties I have indicated below (check all that apply):

- Exchange with
 Release to
 Obtain from

I hereby authorize Learning & Behavior Solutions, Inc. to exchange / release / obtain information:

- Verbally only
 In written form only
 Both verbally and in writing

As parent or legal representative of the above-named client, I request that information be released from:

Name of Facility: _____

Phone: _____ Fax: _____ Email: _____

To the Attention of: _____

Address: _____

City, State, Zip: _____

To the following:

Name of Facility or Person: Learning & Behavior Solutions, Inc.

Phone: 479-318-2300 Fax: 479-763-0059 Email: tmrla@learningandbehavior.org

To the Attention of: Tiffany Mrla, PhD, BCBA

Address: 1022 Jones Rd Ste 2

City, State, Zip: Springdale, AR 72762

Information Requested: Copies of all progress notes and evaluation information; to include referrals made to other agencies for evaluation, etc.

Purpose of the requested information: to work collaboratively in developing a comprehensive treatment plan as we develop ABA services and supports for the named client

I understand the purpose for which this information is being requested. I also understand that a copy of this request is valid in lieu of the original. This request will expire one year from the date signed. I understand that I have the right to revoke the authorization, in writing, before the expiration date.

Parent/Legal Representative Name: _____ Relationship to Client: _____

Parent/Legal Representative Signature: _____ Date: _____

AUTHORIZATION TO RELEASE INFORMATION

Client Name: _____ Birthdate: _____ Parent/Guardian Name(s): _____

Phone: _____ Work Phone: _____ Address: _____ City: _____ State: _____ Zip: _____

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Name of Facility: _____		
Phone: _____	Fax: _____	Email: _____
To the Attention of: _____		
Address: _____		
City, State, Zip: _____		

To the following:

Name of Facility or Person: <u>Learning & Behavior Solutions, Inc.</u>		
Phone: <u>479-318-2300</u>	Fax: <u>479-763-0059</u>	Email: <u>tmrla@learningandbehavior.org</u>
To the Attention of: <u>Tiffany Mrla, PhD, BCBA</u>		
Address: <u>1022 Jones Rd Ste 2</u>		
City, State, Zip: <u>Springdale, AR 72762</u>		

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Parent/Legal Representative Name: _____ Relationship to Client: _____

Parent/Legal Representative Signature: _____ Date: _____