



# KUHN

**Behavioral Consulting Services**

Kuhn Behavioral Consulting Services

Hawai'i, Utah, Colorado and Wyoming

*Current revision 08/2022*

Hello!

Kuhn Behavioral Consulting Services is excited to have you as a valuable member of our team!

In our philosophy, each employee contributes directly to our success and we hope that your employment will be challenging, rewarding, and enjoyable.

This Employee Handbook was developed to outline policies and procedures and as a resource for employees. Employees should familiarize themselves with the Employee Handbook so that they will have an understanding of the expectations required of Kuhn Behavioral Consulting Services employees.

To signify that the employee has received, read, and will comply with the policies and procedures in the Employee Handbook, an “Employee Handbook Acknowledgement Signature Page” must be signed and returned in a timely manner (two weeks).

Kuhn Behavioral Consulting Services reserves the right to revise and add to the policies and procedures in the handbook as necessary. Employees will be notified, in writing, of all revisions and additions.



3-Year Accreditation



## **CONTACT INFORMATION**

**MAIN Administrative Office:** 120 Alpine Drive  
Gillette, WY 82718

PHONE: 1-877-KUHNBCS(584-6227)

FAX: 808- 356-1310

**Hawai'i Mailing Address:** 7192 Kalaniana'ole Highway  
Suite A143A #314  
Honolulu, HI 96825

**Utah Mailing Address:** 90 West 500 South #413  
Bountiful, UT 84010

**Colorado Mailing Address:** 4164 Austin Bluffs Parkway #593  
Colorado Springs, CO 80918

**Wyoming Mailing Address:** 120 Alpine Drive  
Gillette, WY 82718

**E-mail Address:** [info@kuhnbc.com](mailto:info@kuhnbc.com)

**Web Site:** [www.kuhnbc.com](http://www.kuhnbc.com)

**Facebook:** <https://www.facebook.com/kuhnbc/>

**CEO:** **Stacey E. Kuhn, MS, BCBA, LBA**  
Board Certified Behavior Analyst Certification  
#1-06-3170  
Hawaii Licensed Behavioral Analyst #16  
PA Certified School Psychologist  
PA Licensed Behavioral Specialist #20  
Utah Licensed Behavioral Analyst  
#12711893-2506

## **MISSION STATEMENT**

Kuhn Behavioral Consulting Services mission is to provide high quality, comprehensive, empirically validated and effective Applied Behavioral Analysis Services to all clients in a manner which is child centered, family focused, and integrated into all aspects of the family's daily life. Our goal is that clients and their families benefit from our services so that they will be prepared to meet the challenges of everyday living.

### **Core Values**

Kuhn Behavioral Consulting Services Believes In:

- Prudence: Careful, good judgement, that defines our ability to govern and discipline ourselves through the use of reason and good management.
- Knowledge: Facts, information, skills and data acquired through education and experience are a driving force of overall improvement.
- Discretion: The quality of behaving and speaking in such a way as to avoid causing offence or revealing private information.
- Discernment: The quality of being able to grasp and comprehend what is obscure, along with being able to judge well, is paramount of a successful ABA program.
- Excellence: In all areas, including interactions with clients, families, and other staff members.

### **General Belief Statements**

Kuhn Behavioral Consulting Services Believes That:

- All clients are individuals with their own strengths, abilities and unique needs.
- Excellence in therapy requires the commitment of time, effort, and support through a working partnership with the parents, school, and community.
- The ABA program provides the opportunity for all clients to reach their potential and successfully function in an ever-changing society.
- The directors and team leaders strive to act in the best interest of the staff while maintaining client responsibility.
- The professional and support staff are the providers of a secure, supportive, caring therapy environment.
- The therapy environment contributes to acquiring positive behavioral status.
- We follow the Professional and Ethical Compliance Code for Behavior Analysts.

*In no particular order, here are some important things to know about being a member of the KBCS team -*

**We function best when we respect each other's time.** Our business runs on our total group efficiency. We respond to texts and calls within 24 hours and check our @kuhnbc.com emails every weekday. We expect all team members to enter and complete our session notes at the end of each of our daily interactions with the family.

**We work hard and live well.** We are high achievers who work hard to get the job done, no matter what. We believe in striving to accomplish great things during work hours, as well as outside of work. We work hard when we are at work! This means, be present where your feet are. When we are at work, we work focused, and with intention, and we are excellent at it. When we are not at work, we live well and enjoy ourselves.

**We value and respect rest.** We all need time off! We find time to rest and recharge each week.

**We pay attention to detail.** Our work is meant to be precise. We make sure that all of our submissions are clear, concise and correct. It is important that we all have accuracy and attention to detail in all of our written communication.

**We believe in inclusion, not exclusion.** We are a culture of people who are kind to everyone and respectful to everyone. We create a place in our team where we interact with people who are more different than alike, and we do it with respect and joy.

**We have open communication with all our team members.** If we see something we like, or something we don't like, within the company, we share that information, so we can celebrate a success or fix something that is broken. We have an open-door communication policy. Nothing is too big or too small to address.

**We are better today than we were yesterday.** We are growth minded. Our only competition is with who we were yesterday. We are open to feedback, self-aware, we celebrate milestones, we cheer each other as we work to our own personal gains. We are self-starters and life-long learners, who strive for candid and real time feedback from our peers to learn and grow. We believe in asking "How can I help?"

**We do not take things personally.** When we are working with our clients and families, we do not take anything too personally, because what the family or child may say or do that day is not necessarily a reflection of you or your skills as a clinician. Our families all have many burdens to bear, and we are there to help with their load. Some days they are happy to see us, some days they are just too overwhelmed to even be interactive with us. It's not personal!

**We are truthful.** We speak with integrity and speak what we mean.

**We avoid gossip.** We know our words have power, and we are aware of how we choose to wield them. Before we share something, we think - Is it kind? Is it true? Is it necessary?

**We Choose JOY.** We choose a positive outlook on our jobs, our lives and our surroundings. We ground ourselves in gratitude. We must manifest the feelings of joy in ourselves so we can share that light into the world. Even in the darkness, we can share our own light.

**Above all – we do our BEST!** We all make mistakes, and if a mistake occurs, we are forthcoming with the problem, so we can fix it before it becomes a mountain we have to tackle!

**It's not about perfect, it's about effort. When we bring that effort every single day, that is where transformation happens. That is how change occurs. That's how we make a positive difference in the lives of the families that we serve. To whom much is given, much is expected.**

## - POLICY ON CLIENT RIGHTS -

Those seeking mental health services have the right to be treated with dignity and respect regardless of sex, race, age, color, creed, ethnicity, national origin, marital status, sexual orientation, religion, or disability. Each client will retain all civil rights that have not been curtailed by Court Order.

### ***Each client is assured and guaranteed these designated rights:***

1. The right to be fully informed of all regulations, rights, and rules governing conduct and responsibilities while receiving services.
2. The right to privacy and confidentiality. All information related to evaluation and/or treatment will be held in strictest confidence by all staff having access to the clinical record. Records are kept in a secure and protected environment. No information will be released, either verbally or in writing, to any outside person or entity unless written permission is given by the individual receiving services. In the case of children under the age of 14, written permission must be given by a parent or legal guardian. Written permission involves the signing of Release of Information form(s).
3. The right to be informed that the court is legally permitted to request information about a client's evaluation and treatment if that client is ordered services by the Court.
4. The right to be informed that necessary information may be released without signature in medical emergencies/life-threatening situations.
5. The right of a client to refuse being photographed, audio taped, videotaped, or observed without specific written approval of that client or, in the case of a minor, the specific written approval or his/her parent or legal guardian.
6. The right of the client to review and comment on his/her clinical record. A request must be made, in writing, to the primary assigned staff and requires 24 hours advance notice. Review must take place in the central office and in the presence of a qualified mental health professional. Full disclosure of the record's contents may be denied if another's confidentiality may be breached through such a disclosure. Any decision limiting access to the case record may be appealed, in writing, to the Agency director.
7. The right to request, in writing, the correction or the removal of inaccurate information and the right to submit rebuttal data for inclusion in the case record
8. The right to receive services in the least restrictive setting and manner to accomplish treatment goals.
9. The right to receive a copy of the agency's Grievance Procedure, to voice or to submit in writing, grievances, or recommended changes in treatment, from which no discrimination or reprisal will result.

## - CHILD ABUSE MANDATED REPORTING -

**It is Kuhn Behavioral Consulting Services policy that all therapists must discuss any suspected child abuse with the Agency director or a Team Leader after filing a report.**

If you treat children, notify parents and the child near the beginning of therapy of your responsibility to report suspected child abuse. This should be part of informed consent.

Definition of child abuse:

1. Serious physical or mental injury that is not explained by the available medical history as being accidental.
2. Sexual abuse or exploitation.
3. Serious physical neglect of a child under 18 years of age.

### Mandated Reporters

Mandated reporters are:

Persons who in the course of their employment, occupation or practice of their profession, come into contact with children shall report or cause a report to be made...when they have reasonable cause to suspect on the basis of their medical, professional or other training and experiences, that a child coming before them in their professional or official capacity is an abused child.

### Professionals Required to Report

Rev. Stat. § 350-1.1

The following persons are required to report:

- Physicians, physicians in training, psychologists, dentists, nurses, osteopathic physicians and surgeons, optometrists, chiropractors, podiatrists, pharmacists, and other health-related professionals
- Employees or officers of any public or private school
- Child care employees or employees or officers of any licensed or registered child care facility, foster home, or similar institution
- Employees or officers of any public or private agency or institution, or other individuals, providing social, medical, hospital, or mental health services, including financial assistance
- Employees or officers of any law enforcement agency, including, but not limited to, the courts, police departments, departments of public safety, correctional institutions, and parole or probation offices
- Employees of any public or private agency providing recreational or sports activities

### Reporting by Other Persons

Rev. Stat. § 350-1.3

Any other person who becomes aware of facts or circumstances that cause the person to believe that child abuse or neglect has occurred may report.

### Institutional Responsibility to Report

Rev. Stat. § 350-1.1

Whenever a person designated as a mandatory reporter is a member of the staff of any public or private school, agency, or institution, that staff member shall immediately report the known or suspected child abuse or neglect directly to the department or to the police department and also shall immediately notify the person in charge or a designated delegate of the report made in accordance with this chapter

### Standards for Making a Report

Rev. Stat. § 350-1.1

A report is required when, in his or her professional or official capacity, a reporter has reason to believe that child abuse or neglect has occurred or that there exists a substantial risk that child abuse or neglect may occur in the reasonably foreseeable future.

### Privileged Communications

Rev. Stat. § 350-5

The physician-patient, psychologist-client, husband-wife, and victim-counselor privileges are not grounds for failing to report.

### Inclusion of Reporter's Name in Report

The reporter is not specifically required by statute to provide his or her name in the report.

### Disclosure of Reporter Identity

Rev. Stat. § 350-1.4

Every reasonable good-faith effort shall be made by the department to maintain the confidentiality of the name of a reporter who requests that his or her name be confidential.



## - PROFESSIONALISM -

A professional is:

- A trained/educated person with substantial knowledge of the field in which they work;
- Able to demonstrate and apply technology and education in a skilled manner
- Demonstration of effective oral and written skills;
- Able to exercise good judgment in both crisis and non-crisis situations;
- Ability to work with other professionals in teams but also independently and creatively;
- One who avoids engaging in a dual relationship (ex: personal and professional) with client or family members, since it impairs professional judgment, reduces objectivity, and increases the risk of exploiting the youth and/or family;
- Able to recognize emotionally charged situations and is able to respond in a non-emotional, non-judgmental, and respectful manner.

All employees are considered professionals and should conduct themselves accordingly. Failure to do so is considered gross misconduct and is grounds for disciplinary action and/or immediate discharge. Examples of unprofessional behavior include but are in no way limited to the following:

- Socializing with client or family members during non-working hours.
- Sharing of social media profiles with clients – i.e. – friending on Facebook, following on Instagram, etc.
- Accepting private employment with the family within one year of services provision or termination of the contract.
- Sharing personal information/history with the client or family.
- Engaging in sexual relationship with client or family members.
- Taking client or family to your home for any reason.
- Selling products/ services.
- Driving the family's car.
- Providing, sharing, consuming, or purchasing tobacco and/or alcohol, products for/with the client or family members.
- Borrowing or lending money to the client or family.
- Conducting personal business during scheduled sessions.
- Failing to notify family of cancellation of session in a timely manner.
- Habitual tardiness.
- Violation of the agency's policies, procedures, and safety rules.
- Breach of confidentiality and HIPAA regulations.
- Insubordination.
- Theft or dishonesty.
- Falsification of documentation and billing.

- Physical harassment, sexual harassment or disrespect toward fellow employees, visitors, clients, therapists, or other members of the public.
- Talking on a cell phone during meetings or when interacting with clients.
- Other behaviors considered to be unprofessional by the administration of Kuhn Behavioral Consulting Services.

### - EQUAL OPPORTUNITY EMPLOYER -

Kuhn Behavioral Consulting Services is committed to offering equal opportunity employment to all applicants and subscribes to the following:

- This organization will not discriminate against any employee based on, but not limited to age, race, religion, sex, marital status, national origin, physical or mental disability, or veteran status.
- The employee can discuss equal employment opportunity questions with the Agency director.

### - DIVERSITY and CULTURAL HUMILITY -

Each employee will be required to attend an annual cultural humility training, to address cultural awareness and appreciation of cultural diversity, to define and understand concepts and identify how to incorporate these concepts into your day-to-day work activities.

### - STANDARDS OF CONDUCT -

Each employee has an obligation to observe and follow the organization's policies and to maintain proper standards of conduct at all times. Kuhn Behavioral Consulting Services complies with all standards of conduct as outlined by the State of Hawaii and the insurance companies. Self-check systems and controls are in place to assure that all employees comply with the standards of conduct. If an employee's behavior interferes with the orderly and efficient operation of the agency, corrective disciplinary measures will be initiated.

Disciplinary action may include a verbal warning, written warning, suspension without pay, and/or discharge. The appropriate disciplinary action imposed will be determined by the organization. The organization does not guarantee that one form of action will necessarily precede another.

The following misconduct may result in disciplinary action up to and including discharge: flagrant misconduct, violation of the agency's policies or safety rules; insubordination; poor attendance; possession, use or sale of alcohol or controlled substances on work premises or during work hours; poor performance; theft or dishonesty; physical harassment; sexual harassment or disrespect toward fellow employees, visitors, clients, therapists, or other members of the public. These examples are not all inclusive. Discharge decisions will be based on an assessment of all relevant factors.

### - ETHICAL CONCERNS -

Each employee has an obligation to observe and follow the organization's policies and ethical standards. Any areas of ethical concern should be brought to the attention of the agency Human Resources director, who will then inform respective and appropriate personnel in order for the issue to be addressed within the constraints of the current BACB Ethical Guidelines.

### - EMPLOYEE PUBLIC IMAGE AND RELATIONS -

Our agency's reputation has been built on excellent service and quality work. To maintain this reputation requires the active participation of every therapist. The opinions and attitudes that clients have towards our agency may be determined for a long period of time by the actions of one therapist. It is sometimes easy to develop a relationship which is too relaxed with a client and their family and to lose focus on the treatment plan goals and objectives.

Our agency has been built by word of mouth. Many employees in this field say that "you are only as good as your last case"; meaning that others will remember the services that you provided most currently. It is also human nature to remember the worst and best examples, with the average in the middle or just getting lost. As such, please remember that this agency always strives to be the best!

Kuhn Behavioral Consulting Services expects its employees to:

- Be positive and upbeat when in contact with clients and other staff.
- Dress professionally, neat, clean, and model adequate hygiene skills for the clients.
- Schedule appointments with clients and schools in advance.
- Complete the prescribed hours each week for each client.
- Choose appropriate activities to engage in with the clients.
- Use appropriate language in front of clients and/or families.
- Speak positively in public about this agency's policies, procedures, personnel, or community partners.
- Do not smoke while providing services or use a designated smoking area.
- Implement the goals and objectives in the treatment plan.

## - ATTENDANCE AND PUNCTUALITY -

Attendance and punctuality are important factors for your success within our organization. Teamwork is essential and requires that each employee adhere to the locations and times given to them based upon their case assignments.

If an employee is absent for three days without notifying the Agency director, it is assumed that the employee has voluntarily abandoned their position with the agency, and they may be terminated from employment.

## - DRESS CODE -

Employees are expected to maintain the highest standards of personal cleanliness and present a neat, professional appearance at all times. Appropriate attire, as defined by Kuhn Behavioral Consulting Services, is required for all employees.

Our clients' satisfaction represents the most important and challenging aspect of our business. Whether or not your job responsibilities place you in direct client contact, you represent the agency with your appearance as well as your actions.

## - CONFIDENTIALITY -

Kuhn Behavioral Consulting Services is bound by Federal and State laws to guard and protect client information. All employees must comply with Federal and State of Hawaii HIPAA (Health Insurance Portability and Accountability Act) regulations which govern our actions concerning the clients' right to confidentiality.

All client information, including personal, clinical, medical, or financial information, is considered as "Confidential Information." A "Breach of Confidentiality" can occur anytime client information is disclosed without properly signed releases or disclosed to anyone, including but not limited to, family, MH/MR agencies, other providers, etc, who are not specifically authorized to receive information on a specific client.

Employees are legally bound by the following:

- All writings, records, or services which the employee, while an employee, may make, conceive, discover, or develop at any time, which relate to, are used by, or intended for use in connection with the business carried on by Kuhn Behavioral Consulting Services shall be and hereby are, the sole and exclusive property of Kuhn Behavioral Consulting Services.
- The employee agrees to make full disclosure to Kuhn Behavioral Consulting Services of all such writings, records, or services. Kuhn Behavioral Consulting

Services is the owner of all such property. The employee waives any right to these products.

- The employee agrees that they are not entitled to any other payment in regard to any such writings, records, or services since the employee is fully and fairly compensated for these products.
- If the employee resigns from Kuhn Behavioral Consulting Services the employee will surrender to Kuhn Behavioral Consulting Services, all writings, records, books, training manuals and materials, and any other documents of any kind, including, but not limited to any computer-generated files or records pertaining to Kuhn Behavioral Consulting Services, business affairs.

FAQs for “red flag” areas:

1. What is considered confidential information?

Treatment plans, psychological evaluations, client programs, names, addresses, and phone numbers of clients, all correspondence and client records, school information and records, and schedules.

2. To whom and how can information be released?

Information can be released if there is a signed written consent from the client, if the client is over 14, or by the parent/legal guardian. Information can be released within a team of MH Professionals working for the same agency. The only information which can be released is information that we have generated; for example, if there have a psychological evaluation but the psychologist is with a different agency, it can- not be released.

3. What is considered “a breach of confidentiality”?

Discussing a child’s treatment, schedule, programming information with unauthorized individuals (those for whom we do not have a signed authorization from the parent/client to share information).

\*\*\*\*\*Be cautious; it is very easy to share information with friends/relatives/people who happen to be in the client’s home but we can not do this without expressed written consent. This is considered sharing written and/or verbal information with unauthorized people.

Using the clients name in public even when participating in a team meeting or when writing notes or on your personal calendar or when you are on a cell phone.

Disposing of client information including copies of billing/encounter forms, progress notes without blacking out the names or shredding the materials.

4. Who are typically considered team members?

The BCBA, BCaBA and RBT who work on the same individual case or agency administrative personnel who work for Kuhn Behavioral Consulting Services insurance representatives, or the psychologist/psychiatrist (if he/she works for our agency).

## - HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT - (HIPAA)

All employees are required to be trained in HIPAA on an annual basis.

HIPAA trainings are scheduled at various intervals during the year. Attendance at these ongoing trainings is required and certificates of attendance will be issued to each participant.

Each employee will be required to sign a "Privacy Attest Sheet" which will become a permanent part of their personnel file.

Attendance at these trainings is mandatory and is a condition of employment. Failure to participate in HIPAA training will result in disciplinary action being taken by the Agency director.

General Therapist/Office HIPAA guidelines:

- THERE MUST BE A SIGNED CONSENT TO RELEASE OR REQUEST INFORMATION and these consents are in effect for one 52-week cycle.
- Releases of information only apply to that information which was generated by this agency, not any information received from other sources.
- Cases must not be discussed with relatives, teachers, other agencies, etc. without properly signed release forms.
- Therapists cannot share information about a case unless they are jointly on the case.
- If it is necessary to comment on a case, the client's last name or any identifying information must not be disclosed.
- Therapists are not permitted to discuss cases in public including public telephone conversations.
- It is never acceptable to leave case notes, billing, etc. in the client's home or public areas.
- When working in the field, all therapists must carry all confidential information in a lock box or a secured briefcase.
- Documentation and/or reports that reflect a client's name cannot be visible in a locked automobile. This includes documentation and/or reports stored in the trunk.
- When working on the computer compiling any documentation, including but not limited to, treatment plans, 30-day reviews, progress notes, etc., the files must be backed-up to an encrypted source (not the computer's hard drive). Company policy indicates the use of our secure platform, Egnyte for all storage.
- Secondary information backup (from Egnyte) will take place monthly onto an encrypted hard drive, and completed by the Human Resource Director.
- All information must be shredded when discarded or returned to the office for proper destruction by shredding.
- In the event that the employee resigns, the employee will surrender all information pertaining to their assigned cases, all books, training manuals and materials, and all computer-generated files to Kuhn Behavioral Consulting Services,

- In the event of a HIPAA violation such as a theft or breach, Kuhn Behavioral Consulting Services will comply with the KBCS Breach Notification Policy and/or procedures for reporting such occurrences adopted by the State of Hawaii. Reporting will be done in a timely manner and copies of all reports will be filed.

## - POLICY ON SEXUAL HARASSMENT -

It is this organization's policy to prohibit harassment of one employee by another employee or supervisor on any basis including, but not limited to, age, race, color, physical/mental disability, national origin, religion and/or sex.

In addition to the above, pregnancy, childbirth, and other medical conditions, creed, and familial status are protected classes in Hawaii.

The purpose of this policy is not to regulate the employee's personal morality. Rather, it is to assure that, in the workplace, no employee harasses another employee. Our organization is committed to providing a work environment where males and females can work together comfortably and productively, in an environment that is free from sexual harassment. Such behavior is illegal under both Federal and State law and will not be tolerated!

### Prohibited Behavior

Prohibited sexual harassment behavior includes any offensive or unwelcome conduct, verbal or physical, that is based on a person's gender. It also includes discrimination or discriminatory comments based on a person's gender.

Prohibited sexual harassment also includes unsolicited and unwelcome contact that has sexual overtones. This includes:

- Written contact, such as sexually suggestive or obscene letters, notes, texts and invitations.
- Verbal contact, such as sexually suggestive or obscene comments, threats, slurs, epithets, jokes about gender-specific traits, sexual propositions.
- Physical contact, such as intentional touching, pinching, brushing against another's body, impeding or blocking movement, assault, or coercing sexual intercourse
- Visual contact, such as leering or staring at another's body, gesturing, displaying sexually suggestive objects or pictures, cartoons, posters or magazines.

Sexual harassment also includes continuing to express sexual or social interest after being informed directly that the interest is unwelcome and using sexual behavior to control, influence, or affect the career, salary, or work environment of another employee. It is not permissible to suggest, threaten or imply that failure to accept a request for a date

or sexual intimacy will affect an employee's job prospect. For example, it is forbidden either to imply or withhold an appointment, promotion, or change of assignment, or to suggest that a poor performance evaluation will be given because an employee has declined a personal proposition. Also, offering benefits, such as a promotion, favorable performance evaluations, favorable assignment to duties or shifts, and recommendations or reclassifications in exchange for sexual favors is forbidden.

#### Harassment by Non-employees

This organization will take reasonable steps to prevent or eliminate sexual harassment by non-employees, such as clients, family members, suppliers, and outside agency employees who are likely to have workplace contact with our employees.

#### Monitoring

This organization will take all reasonable steps to determine that this policy prohibiting sexual harassment is complied with by all employees and others who have contact with employees. This prevention plan will include training sessions, ongoing monitoring of the worksite and confidential employee surveys to be completed and submitted to the Agency director, when necessary.

#### Discipline

Any employee found to have violated this policy will be subject to appropriate disciplinary action, including warnings, reprimands, suspensions, or discharges, according to the findings of the complaint investigation. If the investigation reveals that sexual harassment has occurred, the harasser may also be held legally liable for their actions under federal and state anti-discrimination laws or in separate legal actions.

#### Retaliation

Any employee filing a sexual harassment complaint or assisting in investigating such a complaint will not be adversely affected in terms and conditions of employment, or discriminated against or discharged because of the complaint. Complaints of such retaliation will be promptly investigated and addressed.

#### Complaint Procedure and Investigation

All complaints of sexual harassment and retaliation for reporting or participating in an investigation shall be directed to the Agency director, either in writing or by requesting an individual interview. All complaints will be handled as confidentially as possible. The Agency director will promptly investigate and resolve complaints involving violations of this policy and impose the appropriate sanctions against violators.



## - SAFETY -

Safety can only be achieved through the diligence and teamwork of all employees. Each employee must practice safety awareness by thinking defensively, anticipating unsafe situations, and reporting unsafe conditions immediately.

This organization is committed to maintaining a safe workplace with a goal to minimize the risk of work-related injury or illness. An effective safety program requires the on-going support and commitment of both management and employees since services are provided off-site.

Safety precautions include an emergency action plan and employees trained in first aid and CPR/BLS.

When providing services in the home and community, it is essential that all employees exercise good judgment and be aware of safety issues concerning both themselves and their clients. Employees are expected to abide by the company's safety policy and emergency procedures. Employees must comply with the company's Drug and Alcohol Policy.

It is the policy of the Kuhn Behavioral Consulting Services, to ensure that all employees at risk for occupational exposures to blood and/or body fluids comply with the Occupational Safety and Health Administration (OSHA) standard for Blood Borne Pathogens. OSHA has issued regulations mandating the use of standard/universal precautions for prevention of blood borne infections in the workplace. Employees have two basic rights under OSHA regulations: employees have the right to report to OSHA any safety or health conditions without being penalized for doing so; and employees have the right to refuse to work if they think the workplace is unsafe.

Standard/Universal precautions are used to prevent exposure to potentially infectious materials, regardless of the source. Hand washing is considered the MOST important method of preventing the spread of infection and proper hand washing techniques are essential. Hands and other skin surfaces must be washed immediately after contact with blood or other body fluids, when handling potentially contaminated materials, after using the bathroom, and upon removing gloves. Disposable, one time use gloves must be worn when there is reasonable likelihood of contact with blood or other potentially infectious materials including mucus membranes, or non-intact skin.

Employees must observe the following safety precautions:

- Notify your supervisor of any emergency situations. If you are injured or become sick at work, no matter how slightly, you must inform your supervisor immediately.
- Use, adjust, and repair machines and equipment only if you are trained and qualified.
- Understand your job fully and follow instructions. If you are not sure of a safety procedure, don't guess...ask your supervisor.

On the job, employee injury, no matter how minor, must be reported within 24 hours to the Agency director. Employees should seek medical treatment if necessary, utilizing the proper Workers' Compensation procedure. If a client is injured during a scheduled session, emergency procedures must be utilized, and an incident report submitted immediately to the Administrative Office. Any potential health or safety concern should be reported to the administrative office so that corrective action can be initiated.

### - LIFE THREATENING EMERGENCIES -

If an employee, client, visitor, or guest incurs an injury/illness that appears to be life-threatening, the person reporting the incident should immediately call 911 and provide the dispatcher with:

- his or her name;
- his or her location;
- name of the injured/ill person, if known;
- nature of the injury/illness, if known;
- any special directions regarding the situation or location.

Unless otherwise requested or indicated, the injured/ill person should be transported by ambulance to the appropriate health care facility.

### - SENTINEL EVENTS -

The Director will review any potential Sentinel Event to determine whether it qualifies as a Sentinel Event as defined in this policy. The Director will use guidelines in the definitions section of this policy to determine whether the event under review requires reporting to accrediting entities. At a minimum, sentinel events must be reviewed and acted upon as appropriate, with root cause analyses to commence within two (2) business days of the sentinel event and/or determination of the sentinel event.

Sentinel events include "unexpected occurrences involving death or serious physical or psychological injury, or the risk thereof", even if the outcome was not death or major permanent loss of function.

### - LIFE-THREATENING ILLNESSES IN THE WORKPLACE -

Employees with life-threatening illnesses, such as cancer, heart disease, AIDS, etc. often wish to continue their normal pursuits, including employment, to the extent allowed by their condition. Kuhn Behavioral Consulting Services, supports these endeavors as long as employees are able to meet acceptable performance standards. As in the case of all disabilities, Kuhn Behavioral Consulting Services, will make reasonable accommodations

in accordance with all legal requirements, to allow qualified employees with life-threatening illnesses to perform the essential functions of their jobs.

Medical information on individual employees is treated confidentially as per HIPAA regulations. Kuhn Behavioral Consulting Services, will take reasonable precautions to protect such information from inappropriate disclosure. All employees with access to employee medical records have a responsibility to respect and maintain the confidentiality of employee medical information. Anyone inappropriately disclosing such information is subject to disciplinary action, up to and including termination of employment.

Employees with questions or concerns about life-threatening illnesses are encouraged to contact the Human Resources Department for information and referral to appropriate services and resources.

### - INFECTION CONTROL -

Infectious waste is any waste that is contaminated with organisms capable of transmitting an infectious disease such as HIV and hepatitis. Infectious waste includes items saturated with blood or other potentially infectious body fluids; it must be disposed of in a red biohazard bag. Other potentially infectious body fluids include amniotic, pleural, pericardial, synovial, and peritoneal fluids, saliva, and any time you cannot differentiate between fluids. Disposal of materials such as needles, syringes, and other sharps must always be disposed of in red leak proof, puncture-resistant containers that are clearly marked with a biohazard warning label. Never throw these items in the trash.

### - EMERGENCY PROCEDURES -

An emergency situation is one in which the health or well-being of the therapist, client, family or others are in jeopardy or potential jeopardy.

Some examples include but are not limited to:

1. Child who threatens or attempts suicide
2. Therapist, client, designated adult or caregiver is injured and requires medical attention
3. Child is missing for more than 30 minutes
4. No designated adult or caregiver is present when the therapist arrives or is leaving
5. Designated adult or caregiver is intoxicated
6. Child's behavior escalates and cannot be de-escalated within a "typical" period of time for that child
7. Therapist witnessed physical, sexual, or emotional abuse
8. Extensive damage to property (fire, flood, etc.)

## 9. Outbreak of disease

In such cases, the employee should, as soon as possible:

- Contact the case supervisor
- Contact the police, fire department, or paramedics as the situation warrants

### - DISASTER PLAN -

A disaster situation is one in which serious injury may result, including but not limited to: active shooters, hurricane, tsunami, flood, fire, hostage situation, earthquake, explosion, severe weather, or other natural disaster.

When presented with a disaster situation, if able, employee is to first contact 911. When calling 911, report the incident and give your name and the name of our company and the address and phone number in which you are currently located

In the event of a disaster or emergency staff of Kuhn Behavioral Consulting Services will make sure all staff and clients are escorted out of the building/home or to a designated safe area in the safest way possible.

Disaster Planning and Evacuation procedures will be discussed at public meetings and supervisions.

For individuals whom are visually impaired explain the nature of the emergency. Offer to guide them to safety. As you walk, explain your destination, where you are, any obstacles, which way you are going to turn, the number of steps, etc. Upon reaching safety, orient the individual to their surroundings. Ask if further assistance is needed.

For individuals whom have a hearing impairment gain their attention by turning lights on and off, tap on shoulder, wave your hands, etc. Indicate through gestures, or in writing what is happening and what to do.

For individuals whom are mobility impaired ask them instructions on how to be helped to safety (i.e. transferring them from the wheelchair to be carried if necessary).

Escort children to nearest exit during an evacuation. Make sure children are away from harm. Each provider is responsible to the evaluation of the child they are working with during the session. Office staff and other providers/stakeholders on the premises are responsible for all other children or individuals (not receiving therapy at the time such has siblings or parents of children receiving therapy).

Continuation of services will be reviewed once disaster situation is stabilized. Contact with client and family will take place via electronic means (email) or phone, whichever is readily available.

## - ACCESS TO PERSONNEL FILES -

Kuhn Behavioral Consulting Services maintains a personnel file on each employee. The personnel file includes such information as the employee's application, resume, records of training and supervision, documentation of performance evaluations, and other employment records.

Personnel files are the property of Kuhn Behavioral Consulting Services and access to personnel file information is restricted. Generally, only the employee, management, and human resources personnel of Kuhn Behavioral Consulting Services, who have a legitimate reason to review information in a file, are permitted to do so. Employees who wish to review their own file should contact the Agency director. With reasonable advance notice, employees may review their own personnel files in Kuhn Behavioral Consulting Services offices and in the presence of an individual appointed by the Agency director to maintain the files.

## - PERSONNEL FILE CONTENT -

The content of the employee's personnel file must include certain specific items in order to be considered as complete. Please refer to the list of required personnel file items given to each newly hired employee. Items will be added as necessary.

While all of the required items are important, there are certain items which are crucial. The Human Resources Office will allow a short time for the employee to submit all of the required items. The absence of these items will result in the employee not being assigned to a case(s).

Therapist Personnel File Crucial Items:

- Current Clearance checks are required.
- BLS/CPR
- A copy of the employee's highest degree.
- A copy of the employee's driver's license.
- Copy of the employee's BCBA, BCaBA or RBT certification
- Copy of any applicable individual liability coverage
- Copy of Social Security Card/NPI number as appropriate

## - CHANGES IN PERSONNEL INFORMATION -

Personnel records are maintained as up-to-date as possible. It is the employee's responsibility to promptly submit, in writing, any changes in name, address, telephone number, marital status, or tax information to the Human Resources Office. The organization will not be responsible for incorrect or misdirected communications due to out-of-date personnel information.

## - LIST OF REQUIRED EMPLOYEE PERSONNEL FILE ITEMS -

THERAPIST: The following items are required in each Therapist's personnel file, and is non-inclusive. If additional items are required by State and Federal guidelines, the employee will be notified:

- Resume
  - Provided by Candidate
- BCBA, BCaBA, RBT Certification
  - Provided by Candidate
- Background Check
  - Completed by Human Resources
- Basic Life Support/CPR
  - Provided by Candidate/Agency
- Highest Degree (Diploma)
  - Provided by Candidate
- Copy of Valid Driver's License
  - Provided by Candidate
- Completed W4 Tax Form
  - Completed by Candidate
- Completed Direct Deposit Authorization Form
  - Completed by Candidate
- Signed Appropriate Job Description(s)
  - Completed by Candidate
- Signed Employee Handbook Acknowledgement
  - Completed by Candidate
- Signed Therapist Privacy Attest Sheet
  - Completed by Candidate
- Signed Workers' Compensation Notice
  - Completed by Candidate
- Signed Electronic Materials Acknowledgement
  - Completed by Candidate as Needed
- HIPAA Training
  - Completed by Candidate (Annual)
- Appropriate New Employee Training Verification
  - Training Provided by KBCS
- Cultural Humility Training
  - Completed by Candidate (Annual)

These required personnel file items may be revised, as necessary.

## - EMPLOYEE STATUS -

Kuhn Behavioral Consulting Services defines employee status as follows:

- Full-Time employees are those employees who work 20-40 hours per week.
- Part-Time employees are those employees who work 19 or fewer hours per week.

## - PROBATIONARY PERIOD -

The probationary period is intended to give new employees the opportunity to demonstrate their ability to achieve a satisfactory level of performance and to determine whether the new position meets their expectations. Kuhn Behavioral Consulting Services uses a probationary period of ninety (90) days to evaluate employee capabilities, work habits, and overall performance.

During this time, employees will have frequent contact with their supervisors regarding the expectations and duties of their position, will receive assistance on learning how to perform their job duties to the standard expected, and will be offered additional training as necessary. During this period, the employer or the employee may decide that this employment arrangement is not a good match. The employee will be subject to the same disciplinary standards as “regular” employees, which include verbal and written warnings, meetings to review issues and develop corrective action plans, and immediate dismissal if necessary.

In the event that there are performance issues during the probationary period, an interim Performance Evaluation will be completed and discussed with the employee.

As the end of the probationary period, a Performance Evaluation will be completed on the employee by the supervisor and discussed with the employee.

Upon satisfactory completion of this probationary period and with a satisfactory 90 Day Performance Evaluation, employees enter the “regular” employment classification.

## - JOB DESCRIPTION -

All employees will be required to sign an appropriate Job Description specific to their position. Employees are expected to comply with the expectations listed on the Job Description. Personnel actions will be initiated for non-compliance. Revisions to Job Descriptions will be forwarded to each therapist for review and signature. Newly defined Job Descriptions will be added as necessary.  
(See Appendix A)

## - PERFORMANCE EVALUATION -

Supervisors and employees are strongly encouraged to discuss job performance and goals on an informal, day-to-day basis.

- A formal written Performance Evaluation will be conducted at the end of an employee's initial period of hire, known as the probationary period (90 days). The employee must have a satisfactory 90 Day Performance Evaluation before entering into the "regular" employment classification.
- In the event that there are performance issues during the probationary period, an Interim Performance Evaluation will be completed and discussed with the employee.
- Subsequent Annual Performance Evaluations, by the Supervisors are completed to provide employees the opportunity to discuss job tasks and expectations, identify and correct weaknesses, encourage and recognize strengths, and discuss positive, purposeful approaches for meeting goals.
- Performance Evaluations for newly defined Job Descriptions will be added as necessary.

## - QUALITY ASSURANCE -

Kuhn Behavioral Consulting Services prides itself on providing high quality services, beneficial to clients as well as employees. The clinical management team will work to assure staff selection, training, and evaluation are effective in promoting the development of a high-quality team and effective transitions of care with the clinical care teams. All staff will be involved in performance reviews (see above) and employee satisfaction surveys. Clients will be surveyed annually as to overall satisfaction of care.

## - POLICY ON TRAINING -

Employees of Kuhn Behavioral Consulting Services must make every effort to attend all scheduled trainings. In addition to new employee training, additional general staff trainings may be scheduled. Payment for attendance at general staff trainings are at the discretion of Administration.

As a condition of continued employment, all clinical employees must receive documented training each year as per Best Practices guidelines. To comply with this requirement, ongoing trainings are distributed to all clinical employees.



It is the employee's individual responsibility to obtain and review all of the information presented at any training that they did not attend.

It is the employee's responsibility to follow and adhere to any new or revised policies, procedures, etc. that were presented and distributed at any training.

#### - POLICY ON REFERENCE MATERIALS -

All reference materials, manuals, booklets, videos, materials, etc., distributed to employees for their use while they are employees of Kuhn Behavioral Consulting Services are the property of this agency.

As such, these materials cannot be shared with any other provider of ABA services. Upon termination of employment with Kuhn Behavioral Consulting Services all materials must be returned.

#### - POLICY ON RESPONSIBILITIES FOR PERSONAL POSSESSIONS -

Kuhn Behavioral Consulting Services cannot be held responsible for personal possessions that are lost, stolen or damaged, including personal automobiles, etc., while the employee is providing services to clients. Please use good judgment about securing belongings in a safe place.

#### - POLICY ON STAFF MEETINGS -

Employees of Kuhn Behavioral Consulting Services must make every effort to attend all scheduled staff meetings and trainings.

It is the employee's individual responsibility to obtain and review all of the information presented at any meeting that was not attended.

It is the employee's responsibility to follow and adhere to any new or revised policies, procedures, etc. that were presented and distributed at any meeting.

Payment for meeting attendance may be approved by Administration and is decided on an individual meeting basis.

## - ESSENTIAL FUNCTIONS -

Employees must be able to perform all of the essential functions required by their position within the acceptable timeframes as determined by ABA Best Practices Guidelines.

These essential functions include, but are not limited to, reading and comprehension of written materials, completion of paperwork in the acceptable manner, face-to-face interaction with all appropriate parties in the home, school, and community, appropriate telephone interaction, mobility to perform tasks associated with the position, and travel as required.

Physical and cognitive requirements also include: gross motor skills (ability to navigate stairs and lift a minimum of twenty pounds); fine motor skills (writing); visual processing (read and comprehend psychological evaluations, treatment plans, pertinent agency documents, etc.); and auditory processing (interact with clients, etc.).

The essential functions may be revised as necessary due to changes in ABA procedures. All essential functions must be performed within HIPAA guidelines.

## - ALTERNATE EMPLOYMENT -

Employees may hold employment with other employers as long as they meet the performance standards and expectations of their position with Kuhn Behavioral Consulting Services. All employees will be judged by the same performance standards and expectations and will be subject to Kuhn Behavioral Consulting Services scheduling demands, regardless of any other employment requirements.

If Kuhn Behavioral Consulting Services determines that an employee's alternate employment interferes with performance or the ability to meet the expectations and requirements of Kuhn Behavioral Consulting Services, the employee may be asked to terminate the alternate employment if he/she wishes to continue to be employed by Kuhn Behavioral Consulting Services. Alternate employment that constitutes a conflict of interest is prohibited.

Employees may not receive any income or material gain from agencies or individuals outside of Kuhn Behavioral Consulting Services for materials produced or services rendered while performing their duties for Kuhn Behavioral Consulting Services.

## - POLICY ON CASE ASSIGNMENT -

Kuhn Behavioral Consulting Services provides services six days a week (Monday – Saturday). The majority of service delivery needed weekly is after school hours, in late afternoon, evenings, and on weekends. Every effort will be made to coordinate the schedules of the client and the therapist. These schedules will be revised, as necessary.

All therapists (BCBA, BCaBA, RBT) are hired on an hourly, full-time salary, or part-time basis. Due to the nature of the business, a specific number of hours per week cannot be guaranteed and schedules can and will change. Upon the receipt of a referral, it is not known how long the case will remain active with our organization. Factors outside of our control such as parent preferences, hospitalization of a client, etc. arise frequently.

All therapists employed by Kuhn Behavioral Consulting Services are hired for cases within the specific areas serviced by the company, and this will be designated upon hire. All therapists must have reliable personal transportation in order to provide services to clients in home, school, and community settings.

While administration will make every effort to assign or reassign therapists to cases that are relatively close to the therapist's residence, this is not always possible for the following reasons: the therapist's expertise is needed on a particular case to bring strength to the team; the parent/guardian has specifically requested that a male or female therapist be assigned to the case; the designated adult or caregiver has requested a particular therapist be assigned to the case; the designated adult or caregiver has requested a particular therapist be removed from the case; or the team is not compatible and therapists must be reassigned.

As per this policy, any therapist can be assigned or reassigned to any case, as deemed necessary, within the geographic areas serviced by the company.

Kuhn Behavioral Consulting Services documents all hours offered and declined by therapists. No therapist is permitted to refuse work because of the age of the client, race, religion, sex, the type of service/programming or the physical characteristics or the nature of the client's disability. If the therapist refuses work due to personal scheduling preferences, such as no evenings/weekends, no back-to-back sessions, geographical location of a client, etc, the therapist must understand that this may significantly reduce the amount of cases to which they are assigned. Kuhn Behavioral Consulting Services cannot be held liable for hours lost due to those reasons. Because it is the practice of the Kuhn Behavioral Consulting Services to encourage employees to continue their education, the refusal of sessions that conflict with class schedules will not be considered willful misconduct. Additionally, if at the time of hire, agreements were made to schedule the therapist around particular personal commitments, such as another part-time job or particular social or religious activities, refusal to work that conflicts with those commitments will not be considered willful misconduct.

Individual clients will be assigned to the therapist. Cases are assigned on the basis of the therapist's availability, client and therapist geographic areas, therapist's strengths, client's needs, and need of the organization.

Therapists will be provided with pertinent client information on case assignments such as: directions to the client's home, FBA, psychological evaluation, treatment plan, and contact telephone numbers. It is the therapist's responsibility to review this information prior to working with the client. The therapist must contact the supervisor concerning the case prior to providing services.

When providing services to clients, the therapist:

- Must work with only one client at a time. It is fraud to provide and bill for services to multiple clients on the same day and same times.
- Is strictly prohibited to take a client to the therapist's home to provide services and submit billing for the services. This act is fraud.
- Is prohibited to be alone with the client in the client's home while providing services. There must always be a designated adult or caregiver available.
- Must not transport the client in their own personal vehicle.

### - POLICY ON CASELOAD/HOURS -

Clinical employees are not assured a certain amount of hours per week and the assigned number of hours per week can change at any time. The changes in hours can be either an increase or decrease of hours and/or a change in the scheduled delivery times of the hours.

Kuhn Behavioral Consulting Services does not, and cannot, control the distribution of cases and service hours to providers within the counties served. These factors are controlled by the funders and parents. Because of these factors, assigned therapist hours are not constant and may be revised as necessary dependent on caseload.

When a clinical employee's caseload or hours are decreased, the employee must notify the Supervisor of their availability for assignment to new cases/hours.

## - POLICY ON REMOVAL FROM CASES -

A therapist can be removed from a case(s) for the following reasons:

- Supervisor requests the removal of a therapist from a case.
- The family requests the removal of a therapist from a case.
- The Insurance Company requests removal of a therapist from a case.
- School personnel request the removal of a therapist from a case.

Dependent on the reason for the request for removal, the therapist will either be removed immediately or as soon as another therapist is assigned to the case. However, in most cases, the therapist must give two weeks notice and must continue to provide services during that period. Each case will be evaluated on an individual basis.

- The therapist requests removal from a case. In this instance, it is the agency policy that to ensure the continuity of services, the therapist is required to continue with the case for no less than two weeks.

## - POLICY ON REFUSAL OF CASE ASSIGNMENT -

It is the policy of Kuhn Behavioral Consulting Services that cases are staffed in the fastest and most efficient manner. To accomplish this, therapists are assigned to cases as needed dependent when they are available. Repeated refusal of case assignments can result in the initiation of a personnel action.

## - POLICY ON NOT PROVIDING SERVICES -

When a therapist must call off due to illness or an unforeseen circumstance, it is the responsibility of the therapist to notify both the client family and the BCBA Team Leader. If the Team Leader is not available, the therapist should notify the Administrative Office. This notification must be before the services are to begin for the day.

## - POLICY ON DOCUMENTATION -

To comply with State, Federal and Insurance regulations, and as a condition of employment, therapists are to submit accurate billing, time sheets, and progress notes each week. When the weekly documentation is not submitted in a timely manner, the Agency director will initiate disciplinary action.

Documentation must be typed into the online practice management system.

All documentation is time stamped when received in the online practice management system. The date received is compared to the pay period schedule relating to each pay date when the payroll is calculated biweekly. All session notes must be submitted at the completion of each session, and marked as complete in the Practice Management system. In the event there is an unforeseen circumstance, which prevents the therapist from submitting on a daily basis, it is the therapist's responsibility to contact the Office immediately.

If documentation is submitted by the therapist with missing items or with errors, the therapist will be notified of the errors and will be required to make the necessary corrections.

Therapists are required to maintain accurate records of services provided to clients. The therapist will be held legally responsible for any fraud including, but not limited to, billing, progress notes, etc. The company assumes no liability for fraudulent submissions by the therapist. The company will pursue legal means to retrieve monies paid to a therapist for fraudulent submissions.

It is the responsibility of the therapist to only provide services in the amount of hours, type of service, and within the dates authorized and approved on the Plan of Care. The therapist must follow the hours assigned with each approval and with each revision to the approval.

When all of the approved hours are not provided during the week, a reason and explanation must be provided, via email, to your BCBA supervisor.

## Progress Note Content

A progress note must be written for every billable service submitted. Progress notes are to be written professionally and must be complete, containing all necessary information and signatures. Appropriate grammar, sentence structure, and terminology must be utilized.

### **Content of progress notes must reflect the therapeutic goals of the client as written in the Treatment Plan.**

Progress notes are reviewed monthly by the Team Leaders and if it is determined that revisions are necessary, the progress note(s) will be returned to the therapist for rewriting. Progress notes submitted by new employees are immediately reviewed for content by the Agency director. If it is determined that revisions are necessary, the therapist will be required to meet with the Agency director to review the requirements of the progress note content. The therapist will be required to rewrite the progress notes and submit them before payment for services can be made.

### **SEE ADDENDUM D FOR ADDITIONAL PROGRESS NOTE WRITING INFORMATION**

## - POLICY ON SECLUSION AND RESTRAINT -

Kuhn Behavioral Consulting Services strictly prohibits all therapists from using seclusion and/or restraint with their clients without documented training.

It should be emphasized that our services are designed to emphasize crisis prevention and de-escalation techniques. All of our clients also have the local Crisis telephone number and can utilize it at any time. A detailed crisis plan, unique to each client, is embedded into each parent training manual.

If situations emerge during a session, which would be unsafe for the client or others, the supervisor on the case should be notified as soon as possible. If the supervisor is unavailable, the therapist can also contact the Director.

It is the responsibility of any school designee to control the behavior of their students even though a therapist from Kuhn Behavioral Consulting Services may be present.

While working in the home with a client, it is the responsibility of the designated adult or caregiver, other than the therapist, to control the client if their behavior is perceived to be outside the range of appropriate behaviors.

The only time that a therapist may use the seclusion and/or restraint is when there is a clear and present danger to the client or others, and only if previously trained.

If restraint is used, the therapist must write a detailed report of any incident that requires seclusion and/or restraint. This report must be submitted to the Administrative Office of Kuhn Behavioral Consulting Services within three (3) days of the incident.

## - POLICY ON CLIENT TRANSPORTATION -

Kuhn Behavioral Consulting Services does not require that the therapist transport the client alone, under any circumstances, in their personal vehicle. Transportation of the client or family is considered outside the scope of employment with this agency.

When community integration objectives are identified in the client's Treatment Plan, it is the responsibility of the designated adult or caregiver, not the therapist, to transport the client to the identified community outing location, or the therapist may utilize public transportation if that is appropriate to treatment.

## - CRIMINAL CLEARANCES -

As a condition of employment, all clinical employees must obtain updated Background Check Clearances when offered employment by Kuhn Behavioral Consulting Services. Previous clearances cannot be accepted.

## - PROBLEM RESOLUTION -

Kuhn Behavioral Consulting Services is committed to providing the best possible working conditions for its employees. Part of this commitment is encouraging an open atmosphere in which any problem, complaint, suggestion, or question receives a timely response from Kuhn Behavioral Consulting Services management.

Kuhn Behavioral Consulting Services strives to ensure fair and honest treatment of all employees. Employees, regardless of their respective positions, are expected to treat each other with mutual respect and are encouraged to offer both positive and constructive criticism of each other.

If employees disagree with established rules of conduct, policies, or practices, they can express their concern through the problem resolution procedure. No employee will be penalized, either formally or informally, for expressing a complaint with Kuhn Behavioral Consulting Services or for using the problem resolution procedure.

If a situation occurs when employees believe that a condition of employment or a decision affecting them is unjust or inequitable, they are encouraged to discuss the problem or issues with the Agency director.

If, following the discussion with management, employees need to seek additional information or clarification of their issue; they are encouraged to make use of the following steps. The employee may discontinue the procedure at any step.

1. Employee presents problem/issue in writing to immediate supervisor. If supervisor is unavailable or employee believes it would be inappropriate to contact the supervisor, employee may present the problem/issue to the Agency director.
2. Supervisor responds to problem during discussion and responds in writing to employee within five (5) business days.
3. If problem is not resolved, employee presents problem to the Agency director within five (5) business days after receiving the supervisor's written response.
4. The final decision concerning the problem/issue will be decided on by the Agency director.



## - WORKPLACE VIOLENCE PREVENTION -

Kuhn Behavioral Consulting Services is committed to preventing workplace violence and to maintaining a safe work environment. Given the increasing violence in society, Kuhn Behavioral Consulting Services has adopted the following guidelines to address intimidation, harassment, or other threats of (or actual) violence that may occur during business hours or on its premises.

All employees, including regular and temporary employees, should be treated with courtesy and respect at all times. Employees are expected to refrain from fighting, "horseplay," or other conduct that may be dangerous to others. Firearms, weapons, and other dangerous or hazardous devices or substances are prohibited from the premises of Kuhn Behavioral Consulting Services.

Conduct that threatens, intimidates, or coerces another employee or a consumer, at any time, during work or outside of work, will not be tolerated. This prohibition includes all acts of harassment, including harassment that is based on an individual's sex, race, age, or any characteristic protected by federal, state, or local law.

All threats of (or actual) violence, both directly and/or indirectly, should be reported as soon as possible to the Agency director or any other member of management. This includes threats by employees, as well as threats by consumers, vendors, solicitors, or other members of the public. When reporting a threat of violence, you should be as specific and detailed as possible.

All suspicious individuals or activities should also be reported as soon as possible to a member of management. If at all possible, employees should not put themselves in peril.

Kuhn Behavioral Consulting Services will promptly and thoroughly investigate all reports of threats of (or actual) violence and of suspicious individuals or activities. The identity of the individual making a report will be protected as much as is practical. In order to maintain workplace safety and the integrity of its investigation, Kuhn Behavioral Consulting Services may suspend employees, either with or without pay, pending completion of the investigation.

Anyone determined to be responsible for threats of (or actual) violence or other conduct that is in violation of these guidelines will be subject to prompt disciplinary action up to and including termination of employment.

Kuhn Behavioral Consulting Services encourages employees to discuss their disputes or differences with other employees with members of management before the situation escalates into potential violence. Kuhn Behavioral Consulting Services is eager to assist in the resolution of employee disputes, and will not discipline employees for raising such concerns.

## - POLICY ON PERSONNEL ACTIONS -

Personnel actions in the form of a written “Warning Notice” are utilized by Kuhn Behavioral Consulting Services when employees do not comply with the policies and procedures of this agency. The “Warning Notice” is initiated by the Agency director and forwarded to the employee for review. The employee is required to sign and return the “Warning Notice”. The employee is encouraged to meet with the Agency director to discuss the circumstances which precipitate the initiation of the “Warning Notice”. First and second level warning notices are utilized for the same offense. After a second warning notice has been issued, continuation of the offense can lead to the employee’s suspension and subsequent termination.

## - POLICY ON DISCIPLINE -

This policy states Kuhn Behavioral Consulting Services position on administering equitable and consistent discipline for unsatisfactory conduct in the workplace.

Kuhn Behavioral Consulting Services own best interest lies in ensuring fair treatment of all employees and in making certain that disciplinary actions are prompt, uniform, and impartial. The major purpose of any disciplinary action is to correct the problem, prevent recurrence, and prepare the employee for satisfactory services in the future.

Disciplinary action may call for any of four steps – verbal warning, written warning, suspension with or without pay, or termination of employment – depending on the severity of the problem and the number of occurrences. There may be circumstances when one or more steps are bypassed.

These steps of discipline, with respect to most disciplinary problems, will normally be followed: a first offense may call for a verbal warning; a second offense may be followed by a written warning; a third offense may lead to a second written warning or suspension and, a fourth offense may lead to termination of employment.

Kuhn Behavioral Consulting Services, recognizes that there are certain types of misconduct which is serious enough to justify either a suspension, or, in extreme situations, termination of employment, without going through the usual disciplinary steps.

While it is impossible to list every type of behavior that may be deemed as a serious offense, the “Standards of Conduct” for employees includes both examples of problems that may result in immediate suspension or termination of employment and examples of unsatisfactory conduct that may trigger disciplinary steps.

By utilizing these disciplinary steps, most employee problems will be corrected at the early stage, thus benefiting both the employee and Kuhn Behavioral Consulting Services,

## - SUBSTANCE ABUSE -

Kuhn Behavioral Consulting Services is a drug free, alcohol free, and smoke free work place. While interacting with families and children, therapists are to refrain from smoking and using alcohol.

No employee shall work, report to work, or be present on agency premises, or engage in agency activities while under the influence of alcohol, drugs, or any controlled substance, which significantly affects job safety and/or performance. In addition, the unlawful or unauthorized manufacture, distribution, dispensation, possession, or use of controlled substances, drugs, or alcohol on agency premises, or while engaged in agency activities are strictly prohibited.

Each employee taking a drug that could affect job safety or performance is responsible for notifying his/her supervisor and providing a physician's certification stating that he or she is able to safely and efficiently perform his/her duties while on such medication. This certification must be provided before you report to your work area.

Each employee must also notify the agency of any criminal drug statue conviction within 5 days of such conviction. Driving under the Influence (DUI) arrests or citations must be reported to Administration. As per State of Hawaii regulations, a drug conviction may affect your continued employment at Kuhn Behavioral Consulting Services.

Your employee status with our agency is conditional upon your full compliance with the foregoing drug-free workplace policy. Any violation may result in disciplinary action up to and including discharge. Kuhn Behavioral Consulting Services complies with all local, state, and federal laws regarding employment and substance use and/or abuse.

If you feel that you may be experiencing difficulty with substance abuse, you may speak to a member of Administration regarding this matter.

## - POLICY ON COMMUNICATION -

So that there is no communication breakdown, it is the responsibility of the employee to respond to emails, return telephone calls and answer messages left by the Administrative Office, supervisor, School, Insurance company, etc. no later than **24 hours** (Monday – Friday) from the receipt of the call or message.

## - PURCHASING ITEMS OR SERVICES -

In order to be reimbursed for purchases, employees who purchase items or services for their client must first receive approval for the purchase from the Agency director.

## - POLICY ON GIFTS -

Receiving or offering gifts of any type, may violate applicable state or federal law, including the federal anti—kickback statute, and present a conflict of interest. BACB guidelines indicate 1.06(d) Behavior analysts do not accept any gifts from or give any gifts to clients because this constitutes a multiple relationship. When presented with possibility of accepting or offering a gift, consult this code, the company’s policies and procedures for guidance before accepting or offering a gift.

## - SOLICITATION AND DISTRIBUTION -

Distribution of literature, handbills, or other printed materials not relative to agency business in work areas including client homes, etc. is strictly prohibited at all times. Gambling, including, but not limited to, selling raffle tickets in work areas including client homes, etc. is strictly prohibited at all times.

## - VISITORS IN THE WORKPLACE -

Unauthorized visitors are not allowed to attend home based sessions. HIPAA regulations require that authorized visitors receive directions to or be escorted to a designated area by office personnel. Employees are responsible for the conduct and safety of their visitors.

## - POLICY ON PRINTED AND ELECTRONIC MATERIALS -

Employees are responsible for all Kuhn Behavioral Consulting Services property, materials, or written information issued to them or in their possession or control.

Employees are not permitted to use or give any Kuhn Behavioral Consulting Services materials to any other provider or employer.

Upon resignation, all Kuhn Behavioral Consulting Services property and materials must be returned to the Administrative Office by employees on or before their last day of work

## - ELECTRONIC MAIL -

An electronic mail address is provided for employees so that there is an additional resource that can be used to contact employees.

All employees will be provided with a HIPAA Compliant email address, and this must be used for all agency correspondence.

Important information will be sent electronically to each employee and the employee is responsible for all information contained in those transmissions.

## - BILLING AND PAYROLL -

Billing week is Sunday to Saturday, which is in conjunction with the pay week. All session notes and daily session data need to be entered into system daily and marked as COMPLETE prior to verification of session, which will allow for billing and payroll to take place. Payment for service cannot be rendered until session note entered, and session note verified.

Payroll and pay periods are on a biweekly cycle. Total wages for any specific pay date are calculated taking into consideration the date the employee submitted the weekly billing, session notes, time sheets, and any additional documentation. Documentation submitted within the timeframe of the pay period will be reflected in the wages for that specific pay period's pay date.

The amount of wages will be determined by the number of hours of services provided and the date of submission of the correct, required documentation. Wages are calculated from the submission date, not from the date services were provided.

No advances on future wages are permitted.

## - DISBURSEMENT OF PAYCHECKS -

Paychecks will be available on a bi-weekly basis, through direct deposit. Paperless paystubs are accessible via Intuit Workforce account which will be assigned upon hiring.

## - OVERTIME HOURS -

In certain situations, the agency director may approve overtime on a case-by-case basis. The definition of overtime is more than forty (40) hours worked in a one (1) week period. The overtime rate is time and one-half of the regular wages.

## - DISTANT CLIENT BONUS -

From time to time an emergency situation may arise in which a therapist must travel much further than the normal and customary distance to fulfill his or her hours.

The director may approve a bonus to help defray transportation costs. Each case is evaluated on an individual basis.

## - WAGE GARNISHMENT -

Kuhn Behavioral Consulting Services complies with all laws regarding garnishment of wages. Wages may be garnished due to back taxes, alimony, delinquent school loans, and/or child support.

When an order is sent from a judge to attach or garnish wages, Kuhn Behavioral Consulting Services, must comply with this order. Once an order is received, it will be reviewed carefully and the deadlines will be met for complying with the terms and timetables of the garnishment.

## - INSURANCE -

### WORKERS' COMPENSATION INSURANCE

Kuhn Behavioral Consulting Services provides comprehensive Workers' Compensation Insurance coverage at no cost to employees. This insurance covers any injury or illness sustained in the course of employment that requires medical, surgical, or hospital treatment. Subject to applicable legal requirements, workers' compensation insurance provides benefits after a short waiting period or, if the employee is hospitalized, immediately.

When hired, each employee must review and sign a Workers' Compensation Insurance form in order to be covered by the agency's policy.

Employees who sustain work-related injuries or illnesses must inform the agency director or administrative offices immediately. No matter how minor an on-the-job injury may appear, it is important that it be reported immediately. This will enable an eligible employee to qualify to submit a claim as quickly as possible provided that the employee follows instructions for the proper filing of claims. It is the employee's responsibility to file a claim immediately, fill out the required claim forms, and submit them to the Administrative Office. Failure to submit the required forms may lead to non-payment by the insurance carrier. Kuhn Behavioral Consulting Services and the insurance carrier will not be liable for any charges if the employee does not follow procedures.

Neither Kuhn Behavioral Consulting Services nor the insurance carrier will be liable for the payment of workers' compensation benefits for injuries that occur during an employee's voluntary participation in any off-duty recreational, social, or athletic activity sponsored by Kuhn Behavioral Consulting Services.

#### PROFESSIONAL LIABILITY INSURANCE

Kuhn Behavioral Consulting Services requires Professional Liability Insurance coverage. BCBA's will need to provide proof of this coverage upon hire.

#### HEALTH INSURANCE

A group Health Insurance policy is available. The employee must meet guidelines set forth by the Affordable Care Act to be eligible, and Health Insurance options will be reviewed by the company. Any employee who works full time and wishes to participate may enroll for coverage on the annual open enrollment date. Automatic payroll deduction will be utilized for payments. Employees become eligible to meet Health Care qualification after 90 days of steady employment. Qualification minimums are 20 hours per week, over a four week period.

#### SUPPLEMENTAL INSURANCE

Optional Supplemental Insurance, i.e.: short term disability, life insurance, and medical bridge; is available to purchase through a group carrier. Options will be reviewed by the HR agency moderating the current employment options. Employees who wish to participate may apply for this coverage on the annual open enrollment date. Automatic payroll deduction will be utilized for payments.

### - POLICY ON REQUESTED TIME OFF -

#### VACATION

Kuhn Behavioral Consulting Services permits employees to take an unpaid vacation. However, to ensure the continuity of care, notification of intended vacation must be submitted no less than two weeks prior to the requested vacation time. Excessive use of unpaid time off will result in review of performance and determination of potential course of action. Consistent, regular attendance with clients is paramount in ABA service provision.

For PTO information, please see addendum.

Each request will be reviewed by the agency director and, if acceptable, approval will either be given or withheld.

Kuhn Behavioral Consulting Services has a paid time off policy based upon number of hours worked. Employees can accrue paid time off, and must submit any requests in writing to the Agency for approval.

#### SICK TIME/DAYS OFF

When an employee is ill and cannot provide services to client(s), they must immediately notify the main office as well as the client's family. Medical/Doctor excuses are requested following an extended illness.

#### FAMILY AND MEDICAL LEAVE (FMLA)

Kuhn Behavioral Consulting Services permits employees to take FMLA. However, to ensure the continuity of care, notification of intended time off must be submitted to the agency as soon as it is known to the employee.

For additional FMLA information, please see the addendum.

#### - UNEMPLOYMENT COMPENSATION -

State laws give the employee rights to apply for unemployment compensation in certain situations.

If the employee chooses to apply for unemployment compensation due to lack of work, Kuhn Behavioral Consulting Services requires the employee to comply with the following:

- The employee must meet with the Agency director.
- The Agency director will make every effort to offer the employee case assignments within the geographic area.
- If case assignments are refused, and the employee decides to apply for unemployment compensation, Kuhn Behavioral Consulting Services will choose to appeal your request on the basis of the refusal of case assignments.



## - EMPLOYMENT TERMINATION -

Termination of employment is an inevitable part of personnel activity within any organization, and many of the reasons for termination are routine. Below are examples of some of the most common circumstances under which employment is terminated:

- Resignation – voluntary employment termination initiated by an employee.
- Discharge – involuntary employment termination initiated by the organization.
- Layoff – involuntary employment termination initiated by the organization for non-disciplinary reasons.
- Retirement – voluntary employment termination initiated by the employee meeting age, length of service, and any other criteria for retirement from the organization.

## - EMPLOYEE RESIGNATION -

When the employee decides to resign from their position, a letter of resignation must be submitted to the Agency director at least two weeks prior to the anticipated last day of work.

Management employees are requested to submit a letter of resignation to the Agency director at least six weeks prior to the anticipated last day of work.

Adequate notification of resignation will be noted should the employee ever reapply for employment with this organization, or request references for employment elsewhere.

All paperwork for services, which were provided as an employee of Kuhn Behavioral Consulting Services must be submitted upon resignation

Additionally, all client information and Kuhn Behavioral Consulting Services forms and reference materials must be returned as per policy.

# APPENDIX A

## SUPERVISION

## POLICY ON SUPERVISION

### Registered Behavioral Technician

An RBT is a paraprofessional who practices under the close, ongoing supervision of a qualified RBT Supervisor who is responsible for the work performed by the RBT.

The purpose of ongoing supervision is to improve and maintain the behavior-analytic, professional, and ethical repertoires of the RBT and facilitate the delivery of high-quality services to clients (i.e., any recipient or beneficiary of behavior-analytic services).

Appropriate activities: An RBT may perform activities identified on the RBT Task List under the supervision of a qualified supervisor (see the Supervisor Requirements below). It is at the discretion of an RBT's Supervisor to determine if the RBT can competently perform activities outside of the Task List.

Amount of supervision: Each RBT must obtain ongoing supervision for a minimum of 5% of the hours spent providing behavior-analytic services per month.

Supervision activities: RBT supervision activities may include the following:

- Development of performance expectations
- Observation, behavioral skills training, and delivery of performance feedback
- Modeling technical, professional, and ethical behavior
- Guiding the development of problem-solving and ethical decision-making repertoires
- Review of written materials (e.g., daily progress notes, data sheets)
- Oversight and evaluation of the effects of behavior-analytic service delivery
- Ongoing evaluation of the effects of supervision

Structure of supervision: Supervision must include at least 2 face-to-face, real-time contacts per month. The supervisor must observe the RBT providing services in at least one of the monthly meetings. In-person, onsite observation is preferred. However, this may be conducted via web cameras, videoconferencing, or similar means in lieu of the supervisor being physically present. Although only one observation is required, the BACB encourages direct observation of service delivery as much as possible. At least 1 of the 2 supervision sessions must be individual (i.e., RBT and supervisor), but the other may occur in a small-group meeting. Small-group meetings are interactive meetings in which 2-10 RBTs who share similar experiences participate. If non-RBTs are present during the meeting, their participation should be limited so as to increase the interaction opportunities of RBTs.

# POLICY ON SUPERVISION

## Board Certified Assistant Behavioral Analyst

BCaBA staff must receive ongoing supervision by a BCBA as follows:

- Supervision of BCaBA staff by ABA supervisors (BCBAs, BCBA-Ds, or other qualified authorized independent providers) shall be in accordance with BACB guidelines.

Purpose of Supervision:

- Every Board Certified Assistant Behavior Analyst™ (“BCaBA®”) must be supervised by a Board Certified Behavior Analyst® (“BCBA®”). All BCaBAs must meet these supervision requirements, even if they are not currently providing behavior analysis services. If not currently providing behavior analysis services, supervision may focus on guiding the development and maintenance of the BCaBA’s professional knowledge and skills and remaining current with the professional literature in the field.
- BCaBAs and their supervisors are responsible for ensuring that any supervision provided or received is consistent with current BACB standards, any applicable state regulatory standards (e.g., licensure), and relevant third-party payer requirements.

Nature of Supervision:

- Qualifying supervision shall (a) occur only through two-way interactions involving real time visual and auditory contact (i.e., face-to-face meetings or electronic video chat sessions), (b) involve prior and follow-up submission of materials by the BCaBA concerning his or her professional work, as requested by the BCBA supervisor, (c) include some observation of appropriate professional skills, (d) ensure that the quality of the services provided by the BCaBA to his or her employer and to consumers meets the minimum standards of the profession as defined by the current BACB Task List, the Professional and Ethical Compliance Code for Behavior Analysts, current BACB rules and regulations, and the professional literature in the field (including textbooks and peer-reviewed journals), and (e) guide the professional development of the BCaBA in ways that improve the practitioner’s knowledge and skills.
- Supervisory interactions should generally include review, discussion, and recommendations focusing on the following topics: (a) case background information, (b) planned behavioral assessment procedures, (c) assessment outcomes, (d) data collection procedures, (e) possible intervention procedures and materials, (f) intervention outcome data, (g) modifications of intervention procedures, (h) ethical issues associated with behavior change services or

employment, and (i) professional development needs and opportunities. When needed or desired, the supervision relationship may include informal contacts via telephonic, email, and postal communication. These exchanges, however, do not qualify towards the once per month requirement

- BCaBA staff must receive ongoing supervision by a BCBA, as set for by the BACB standards
- BCBA supervisors will be responsible for the work of the BCaBA that he/she is supervising
- BCBA will be publicly identified on the certificant registry
- BCBA supervisor may not be related to or subordinate to the BCaBA
- Volume of supervisory activity must be commensurate with ability to be effective
- Supervision will be provided at a rate of 2% of hours of ABA services provided per month. Supervisors may require more when appropriate
- Supervision must occur at a minimum of once per month, but the supervisor will be available for consulting during service delivery periods
- New BCaBA's – supervision will be provided for 5% of hours of ABA services per month for the first 1000 hours of practice, with no less than one hour of supervision per every two weeks
- Supervision can occur in real time, and face-to-face, or can take place using in-vivo HIPAA compliant video chat programs
- Observation will occur quarterly via any appropriate means
- Group supervision can occur, for up to 50% of total supervision time, in small interactive groups.
- Ongoing documentation of supervision meetings will occur and maintained, to provide to BACB if requested.
- BCaBA will engage in a contract situation with BCBA that specifies
  - Nature and frequency of supervision
  - Mechanism for reporting caseload to supervisor
  - Methods of supervisory observation
  - Mandatory third-party consent for supervisor involvement
  - Written feedback retained by both parties
  - Supervisory responsibility over services and client consent for supervisor's involvement
  - Provision terms for supervision
  - Termination and verification criteria

# APPENDIX B

## JOB DESCRIPTIONS

# Kuhn Behavioral Consulting Services

**JOB DESCRIPTION:** Board Certified Behavioral Analyst (BCBA)

**MINIMUM QUALIFICATIONS:**

- Master's degree in Psychology, Special Education or related human services field
- Successful completion of BCBA certification
- Must hold appropriate licensure for the state in which services will be rendered
- Ability to demonstrate competence in behavior management skills, instructional skills, oral and written communication skills, organizational skills and interpersonal relationships
- Ability to work with a variety of clients in regards to age, functionality and with minimal direction
- Knowledge of Word, Excel/Numbers and email systems
- Ability to utilize phone system, data collection system and schedule system as necessary
- Ability to respond quickly to phone calls, text messages and emails
- Flexible schedule availability, including evenings and weekends, in order to effectively supervise RBTs
- Current on all required trainings and certifications
- Driver's license and insurance, along with reliable transportation

**RESPONSIBILITIES:**

The duties and responsibilities of the Board Certified Behavioral Analyst (BCBA) are as follows:

- Act in a professional and ethical manner when performing duties
- Follow all Contracted Insurance company, County, and State Best Practices guidelines
- Maintain client confidentiality using acceptable methods and ensuring HIPAA compliance
- Provides Behavioral Analyst services to children with behavioral disorders who are receiving ABA services
- Maintains a professional and ethical relationship with clients and families, and remain in compliance with the BACB Code of Ethics
- Keep current with literature, new research findings and resources. In addition, attend CE courses to maintain BCBA certification as necessary and set for by BACB guidelines.
- Must have reliable personal transportation
- Devises and implements appropriate reports, FBA's and behavioral management plans as needed, to include objective and measurable goals, along with baseline and mastery criteria for all goals
- Directs implementation of disorder-specific techniques and interventions
- Acts as case team leader and supervises staff providing direct interventions to children and families, as set forth in the required minimum guidelines provided by BACB and Contracted Insurance providers, including maintaining availability for contact from RBT's during session times.
- Maintains contact with all team members including BCaBA and Registered Behavioral Technicians
- Works and communicates regularly with families to assist them in acquiring skills enabling the family and client to maximize the client's progress
- On-going face-to-face contact with the family, client, and other team members as identified by Best Practice guidelines
- Maintains therapeutic records and data necessary to monitor progress
- Collaborates with other involved professionals and agencies in order to provide services and continuity of care to client and family
- Attend any appropriate meetings as team leader

- Attend psychological evaluations, psychiatric appointments or provide updates of current concerns and progress to the psychologist/psychiatrist prior to the scheduled evaluation
- Act as a liaison with the county, school, and other professionals involved in the client's care
- Maintain current on all duties relating to cases in which they are the team leader
- Submit all paperwork including meeting materials, treatment plans, reviews, discharge summaries, etc. within the acceptable time frame and so that there is no loss of authorization for services
- Devise updated treatment plans to coincide with the plan of care cycle dates
- Submit progress notes, data, billing, time sheets, etc. on a weekly basis
- Submitted hours must be an accurate representation of hours provided
- Cannot share any training materials, forms, etc. with any other provider
- Return all training materials, forms, etc. upon ending employment with this company
- Additional responsibilities as identified by Agency director

**RESPONSIBLE TO:** Agency director

My signature below indicates that I have read and will comply with this job description. I understand that the above statements may not describe the full nature of the position, but are intended to describe the general nature and the level of qualifications and skills required for the position. I will work to my fullest potential to satisfy the requirements of this position and understand that if I fail to meet any aspects of these job requirements, disciplinary action may result up to and including termination from the agency.

It also signifies that I understand that changes and revisions to this job description will be made as necessary.

\_\_\_\_\_  
**BCBA Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Agency Representative Signature**

\_\_\_\_\_  
**Date**

job description BCBA  
 August 2016



# Kuhn Behavioral Consulting Services

**JOB DESCRIPTION:** Board Certified Behavioral Analyst (BCaBA)

**MINIMUM QUALIFICATIONS:**

- Bachelor's degree in Psychology, Special Education or related human services field
- Successful completion of BCaBA certification
- Must hold any appropriate or required licensure for the state in which services will be rendered
- Ability to demonstrate competence in behavior management skills, instructional skills, oral and written communication skills, organizational skills and interpersonal relationships
- Ability to work with a variety of clients in regards to age, functionality and with minimal direction
- Knowledge of Word, Excel/Numbers and email systems
- Ability to utilize phone system, data collection system and schedule system as necessary
- Ability to respond quickly to phone calls, text messages and emails
- Flexible schedule availability, including evenings and weekends, in order to effectively supervise RBTs
- Current on all required trainings and certifications
- Driver's license and insurance, along with reliable transportation

**RESPONSIBILITIES:**

The duties and responsibilities of the Board Certified assistant Behavioral Analyst (BCaBA) are as follows:

- Act in a professional and ethical manner when performing duties
- Follow all Contracted Insurance company, County, and State Best Practices guidelines
- Maintain client confidentiality using acceptable methods and ensuring HIPAA compliance
- Provides supervised Behavioral Analyst services to children with behavioral disorders who are receiving ABA services
- Maintains a professional and ethical relationship with clients and families, and remain in compliance with the BACB Code of Ethics
- Keep current with literature, new research findings and resources. In addition, attend CE courses to maintain BCaBA certification as necessary and set for by BACB guidelines.
- Must have reliable personal transportation
- Devises and implements appropriate reports, FBA's and behavioral management plans as needed
- Directs implementation of disorder-specific techniques and interventions
- Acts as case team leader and supervises staff providing direct interventions to children and families, as set forth in the required minimum guidelines provided by BACB and Contracted Insurance providers
- Maintains contact with all team members including BCBA and Registered Behavioral Technicians
- Works and communicates regularly with families to assist them in acquiring skills enabling the family and client to maximize the client's progress
- On-going face-to-face contact with the family, client, and other team members as identified by Best Practice guidelines
- Maintains therapeutic records and data necessary to monitor progress
- Collaborates with other involved professionals and agencies in order to provide services and continuity of care to client and family
- Attend any appropriate meetings

- Attend psychological evaluations, psychiatric appointments or provide updates of current concerns and progress to the psychologist/psychiatrist prior to the scheduled evaluation
- Act as a liaison with the county, school, and other professionals involved in the client's care
- Maintain current on all duties relating to cases in which they are assigned
- Submit all paperwork including meeting materials, treatment plans, reviews, discharge summaries, etc. within the acceptable time frame and so that there is no loss of authorization for services
- Devise updated treatment plans to coincide with the plan of care cycle dates
- Submit progress notes, data, billing, time sheets, etc. on a weekly basis
- Submitted hours must be an accurate representation of hours provided
- Cannot share any training materials, forms, etc. with any other provider
- Return all training materials, forms, etc. upon ending employment with this company
- Additional responsibilities as identified by Agency director

**RESPONSIBLE TO:** Agency director, BCBA supervisor

My signature below indicates that I have read and will comply with this job description. I understand that the above statements may not describe the full nature of the position, but are intended to describe the general nature and the level of qualifications and skills required for the position. I will work to my fullest potential to satisfy the requirements of this position and understand that if I fail to meet any aspects of these job requirements, disciplinary action may result up to and including termination from the agency.

It also signifies that I understand that changes and revisions to this job description will be made as necessary.

\_\_\_\_\_

**BCaBA Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Agency Rep Signature**

\_\_\_\_\_

**Date**

## **Kuhn Behavioral Consulting Services,**

**JOB DESCRIPTION:** Registered Behavior Technician (RBT)

### **MINIMUM QUALIFICATIONS:**

- Successful completion of Registered Behavioral Technician certification
- Must hold any appropriate or required licensure for the state in which services will be rendered
- Ability to demonstrate competence in behavior management skills, instructional skills, oral and written communication skills, organizational skills and interpersonal relationships
- Ability to work with a variety of clients in regards to age, functionality and with minimal direction
- Knowledge of Word, Excel/Numbers and email systems
- Ability to utilize phone system, data collection system and schedule system as necessary
- Ability to respond quickly to phone calls, text messages and emails
- Flexible schedule availability, including evenings and weekends, in order to effectively provide support to family in the role of RBT
- Current on all required trainings and certifications, including BLS/CPR
- Driver's license and insurance, along with reliable transportation

### **RESPONSIBILITIES:**

The duties and responsibilities of the Board Certified Behavioral Analyst (BCBA) are as follows:

- Act in a professional and ethical manner when performing duties
- Follow all Contracted Insurance company, County, and State Best Practices guidelines
- Maintain client confidentiality using acceptable methods and ensuring HIPAA compliance
- Provides RBT services to children with behavioral disorders who are receiving ABA services
- Maintains a professional and ethical relationship with clients and families, and remain in compliance with the BACB Code of Ethics
- Keep current with literature, new research findings and resources. In addition, attend training to maintain RBT certification as necessary and set for by BACB guidelines.
- Must have reliable personal transportation
- Implements appropriate reports, FBA's and behavioral management plans as needed
- Provides implementation of disorder-specific techniques and interventions
- Works and communicates regularly with families to assist them in acquiring skills enabling the family and client to maximize the client's progress
- On-going face-to-face contact with the family, client, and other team members as identified by Best Practice guidelines
- Maintains therapeutic records and data necessary to monitor progress
- Collaborates with other involved professionals and agencies in order to provide services and continuity of care to client and family
- Attend any appropriate meetings
- Submit progress notes, data, billing, time sheets, etc. on a weekly basis
- Submitted hours must be an accurate representation of hours provided
- Cannot share any training materials, forms, etc. with any other provider
- Return all training materials, forms, etc. upon ending employment with this company
- Additional responsibilities as identified by Agency director

**RESPONSIBLE TO:** Agency director, BCBA supervisor

**My signature below indicates that I have read and will comply with this job description. I understand that the above statements may not describe the full nature of the position, but are intended to describe the general nature and the level of qualifications and skills required for the position. I will work to my fullest potential to satisfy the requirements of this position and understand that if I fail to meet any aspects of these job requirements, disciplinary action may result up to and including termination from the agency.**

**It also signifies that I understand that changes and revisions to this job description will be made as necessary.**

\_\_\_\_\_  
**RBT Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Agency Representative Signature**

\_\_\_\_\_  
**Date**

job description RBT  
November 2016

# APPENDIX C

Fraud, Waste and Abuse

## INSURANCE FRAUD

What are some examples of Fraud?

- not putting in all of the hours that you have listed on your billing sheet which has been signed off on by the parent
- having unauthorized people sign for your services
- billing for services which are not authorized in the treatment plan (ex. helping the family with budgeting or assisting a child with ways to deal with anxiety when there are no goals in the treatment plan related to anxiety)
- billing for work not produced (material development, intervention development, collaborative contact) or over reporting the time that was actually spent doing such interventions

Insurance Companies are increasing their monitoring of and consequence of medical insurance fraud. Consequences for Fraud have included:

- the individual therapist being brought up on charges of fraud, which can consist of the therapist being arrested and have fines and or prison time
- the individual therapist being “precluded” from working within the field
- the agency that the therapist worked for is made to pay triple the amount of the damages
- the agency that the therapist works for may lose their ability to provide services to all clients either for a specified period of time or may lose their contract altogether.

**Kuhn Behavioral Consulting Services has confidence in the work its employees are doing. The administration of Kuhn Behavioral Consulting Services is charged with preserving this agency, and the jobs of its employees.**

In order to comply, the following Fraud Prevention Policy has been developed:

- All families will be educated on the job description of each therapist and of what constitutes fraud. This will be done by the Supervising BCBA who will give the family a Parent Handbook, which lists the therapist classifications and their job duties (particular to providing services) at the time services are initiated. Families of clients currently in services will be educated immediately in the same manner. The family will be required to sign an acknowledgement form stating that they have been educated on this topic, which includes understanding that by signing an encounter form when services were not provided, they are also liable.
- Client families will be contacted periodically to verify receipt of services.
- Overtime allowances will be limited and overtime hours will be assigned only after approval from the Director. Overtime hours are used sparingly since the regulatory agencies can determine that Kuhn Behavioral Consulting Services put the therapist in a vulnerable position by assigning too many hours to an individual therapist.

- Insurance companies can specifically target therapists who work for more than one employer. Investigations and audits are done to determine if there are overlaps in times reported by therapists as working for more than one agency. This is considered to be a major infraction if there are duplications in billing. Therapists who work for more than one employer must not conduct business regarding Kuhn Behavioral Consulting Services when at another employer. This agency is not responsible to have knowledge of the total amount of hours a therapist works when that therapist has more than one employer. Kuhn Behavioral Consulting Services does not have a NON-COMPETE CLAUSE (that means this agency has no restrictions regarding an employee's ability to work elsewhere) but that the employee agrees that they will not conduct other business when working for this agency and that they will not conduct Kuhn Behavioral Consulting Services, business when working elsewhere. The employee is responsible for managing their own schedule and that their work elsewhere will not affect their schedule with this agency.
- In an effort to prevent fraud regarding working without the proper educational or experience background or after there has been a criminal offense, any therapist who does not have all requested documents into the office after they have received notification that it has been due and has missed the submission of documents deadline date for two weeks or more will be suspended from their cases until the paperwork is turned in.
- If Kuhn Behavioral Consulting Services suspects fraud, it is our agency obligation to address it by conducting an internal investigation, then notifying the appropriate departments. The procedure utilized for an internal investigation include but are not limited to: comparison of signatures to other billing submitted by the therapist or other team members, contacting the family regarding their receipt of the hours, contacting any other resources who may be aware of the issue per the family (for example, if the parent states that the therapist was supposed to attend a meeting and did not and billed for the time), review of the clinical progress notes, and an interview with the therapist. It is not our position to prove fraudulent activities, but is our responsibility to report concerns and suspected fraud in order to protect the agency.

## WHISTLEBLOWER LAW

Kuhn Behavioral Consulting Services fully supports any employee who reports, in good faith, wrongdoing or waste to this agency or to an appropriate enforcement agency.

# APPENDIX D

DOCUMENTATION



***Rule: If you don't document it, then it didn't happen...***

Documentation provides:

- Measure of protection, as it substantiates compliance with auditors - Records may be viewed by judges, attorneys, clients, etc.
- A measure of outcomes
- Reminder to you
- Accurate history of crisis patterns
- Patterns of in/effective interventions
- Enhances quality of service, especially with heavy caseloads or in crisis situations

**REMINDERS:**

**Your session note is part of the Medical Record. It should be completed on the day that the session took place, immediately following your time with the child.**

Requirements for documentation for ALL progress notes are as follows:

- Date and Time (auto entered from Accupoint)
- Length of Session (auto entered from Accupoint)
- Notation of client current clinical status - mental status exam, alert (Check Boxes)
- Observation/Content - the details of the session (Narrative Summary)
- Statement summarizing techniques used (Check Boxes)
- Description of response to treatment (Check Boxes)
- Statement of overall progress (Check Boxes or Narrative)
- Intermittently (monthly) progress regarding progress in totality (Narrative)
- Legible name of rendering provider. (Electronic Signature)
- Provider credentials (Electronic Signature)
- Clinician Signature - electronic (by marking note as "Complete" in Accupoint, your note is signed) Please sign the square at the bottom of the note as well, either on the laptop or in the mobile application.

When engaged in your one-on-one sessions with the family, not completing a note is not an option. Completing a data entry in our Data collection portal only is not considered a session note. Data collection is important, but there needs to be a narrative component - such as did child comply, issues or difficulties with any particular target, description of what took place and not to be confused with written schedule - we did a, b, c, d etc. This is what we are entering into AccuPoint after each session.

The note should reflect what is going on in the client's world, ex – he had a fever yesterday, parents report didn't take meds, etc. – these are the setting events for his behavior.

Make sure to give context.

Note should be a short paragraph, **one or two sentences is not sufficient.**

Notes must justify the overall length of the session. If you have a 4-hour session, three sentences is not sufficient to justify the work completed.

Once you write a note and mark it complete, that is it. It is finished – you cannot erase, change, modify, etc.

**Spell Check! I cannot emphasize this enough. This document must stand up to insurance auditors, and should be clear, legible and understandable. If you are using a speak-to-text software, you must proof read your note before submitting.**

**Observation summary should include the following:**

- Clinical Status
- Interventions Used
- Degree of Progress
- Topography of behavior – what it looks like
- Clear verbal picture of what occurred during session, in how it relates to the treatment plan
- Anomaly – setting events or situations that cause unusual behaviors
- Change – behaviors that have not previously been noted.

**Notes should NOT include the following:**

- Therapist speculation, personal feelings or judgement about the client
- Any information, events, experiences or descriptions not relevant to the patient's functional status and treatment plan
- Identifying information about persons who are not directly involved in the patient's treatment
- Clinical judgements, conclusions, impressions or diagnoses that cannot be justified by accepted methods of assessment and treatment, therapist scope of practice and other acceptable forms of clinical evidence.

**SAMPLE TOPOGRAPHY STATEMENT:**

Jimmy engaged in hand flapping for 30 minutes.

Sally sat in front of the RBT during the session, and exhibited joint attention skills. She also engaged in guided play with her siblings, and was part of a turn taking game.

**SAMPLE CHANGE STATEMENT:**

Susan made 6 bids for attention from her sibling, which is a behavior that had not been observed prior to this session.

**SAMPLE ANOMALY STATEMENT:**

Annie ran out of the therapy area 10 times during the session. This is a much higher frequency than has been observed in the past. Towards end of session, her mother stated that she was up most of the night with a fever.

**SAMPLE OBSERVATION SUMMARIES:**

**ONE:** Today during session with Jane, the RBT focused on functional communication strategies and increasing manding. Jane's mother reported that she did not have much sleep last night, and that she had a poor appetite at breakfast. This setting event is hypothesized to be the reason for multiple episodes of escape and avoidance behavior during session. Jane displayed dropping to the ground and crying during transition between tasks, and needed frequent amounts of verbal and physical prompting to remain engaged with RBT. Use of highly motivating reinforcer of playdoh, earned through token system, was effective in eliciting positive response to request. Modeled first/then and use of token system for parents, to ensure skill transfer. Jane was able to earn gross motor play at end of session, by meeting the parameters of her token system.

**TWO:** Jimmy was slow to initiate with RBT upon start of session. Addressed sight words, speaking in sentences and requesting during session, while requiring Jimmy to mand for desired items, such as blueberries, etc. Session included outing to the park with sibling and mother. While on outing, Jimmy displayed elopement and was not responding to directions presented by mother and RBT. He displayed behavior of not listening and running away. He was highly prompt dependent during outing, and required multiple verbal and physical prompts to transition away from the preferred task. He displayed a strong, and tight hug with brother, although did not hit or pinch during today's session. We were eventually able to transition to home after park, with use of multiple prompt levels, and he was able to engage in preferred activity at the end of session.

**THREE:** RBT arrived for session and engaged in a community-based activity with Steve. RBT and Steve worked on compliance to directions and completing tasks. Steve had effectively demonstrated the ability to earn his token rewards for the session, and as such, was given access to a reinforcer. Additional community outing occurred in which RBT addressed community-based goals such as safety, waiting for his turn, etc. During home session, focus was on task completion, completion of activities of daily living and response to directions to complete daily routine. Overall, Steve was compliant and engaged and responded to the interventions utilized.

**FOUR: (Sample Supervision Session)** RBT implemented DTT and incidental teaching, targeting fine motor skills, receptive and expressive language, and decreasing patterns of rigid behavior. BCBA modeled least to most prompting for RBT and provided feedback on how to improve implementation of these procedures. Chrystal's aggression occurred 5 times during this session. Graphed data from most recent 6 session indicates that the frequency of aggression has been decreasing. Chrystal is making progress on goals relating to requesting and labeling.

**ADDITIONAL Note Taking Examples and Non-examples**

***Remember all sections need to be filled out each time, leaving it blank is not an option***

**Current clinical status: Description**

The clinical status of the beneficiary is the specific, observable and measurable behavior displayed by the beneficiary at the beginning of treatment that indicate his/her readiness for learning, presence of antecedents to target behaviors and setting events. These items typically influence the application of ABA principles throughout the session, including the frequency and type of preference assessments, behavior

momentum, type of teaching techniques utilized, modifications to the environment, and possible impact on performance. The diagnostic criteria for autism spectrum disorder, such as communication, socialization and repetitive behavior, are not sufficient for clinical status.

#### **Example:**

- The client was ready to work and sat down right away when the RBT (your name) came into the home. At the start of session the client (student's name) was directly accessing toys from the RBT's bag and pulled out a fish game. The student set the fish game up right away and asked the RBT "Play?".
- Client approached RBT upon arrival and signaled he wanted to play by taking the RBT's hand and pulling her outside to the trampoline. Client was smiling and giggling and was directly accessing the RBT's bag in an attempt to pull out toys. Client did not tantrum at all during session and actively participated throughout.
- Today, mom stated that the client had a difficult day at school because he is not feeling well. Mom stated that he was up all night with a cold and coughing. At the start of session, he was lying on the couch and refusing work. He was using sign language and stating "No work". RBT was able to use behavioral momentum to engage him into tasks and ABA activities.

#### **Non Examples:**

- Client wanted to play with me but became upset when I sat down. – ***This is very vague. Tell me what you observed when you came into the home. What does "Upset" look like, and what was the setting event or antecedent for this behavior?***
- Today we worked on NET, DTT and PRT. Child completed all tasks and had a good day. He was compliant and eager to do his session. – ***Vague, and does not have to do with the section you are completing. This section is asking about the child's behavior displayed at the onset of the session, and any indicators of setting events or antecedents to target behaviors.***

#### **Overview of Session content: Description**

The narrative summary should indicate the primary areas targeted from the treatment plan, describe the barriers to performance and be representative of the duration of the claim. A session note for a six-hour session would require greater content than a two-hour session. The documentation of all programs implemented within the session is not required; however, the session notes should support and justify the claim and include a strong representation of the ABA program implemented for the duration of the session. The note should cover, at a minimum, the domains targeted in the treatment plan along with highlighting progress and barriers on individual targets as appropriate. The notes should be individualized and reflect that active delivery of an ABA program was implemented for the full duration of the session. Session notes for beneficiaries who are receiving ABA intervention in a school setting should be representative of the goals in the treatment plan and demonstrate the active delivery of ABA techniques for the duration of the session.

#### **Example:**

- The RBT focused on the student's target goals of responding to name, expressive ID of colors, following one step instructions, gross motor imitation and manding. RBT engaged in NET activities, to address responding to instructions. John was on a VI5 schedule for reinforcement. During that time, John would respond to RBT antecedent requests 40% of time with an average latency of 6 seconds. John actively attended in the NET activities for up to 16 minutes. RBT prompted John when needed, and average rate of prompt was 35% of the time. Errorless learning was utilized during session as well, to address expressive language skills. Elopment

was noted mid-session, and occurred 3x prior to RBT using FR1 schedule of reinforcement to repair with John.

- Upon arrival of RBT, the child indicated a desire to go outside. RBT redirected him to the location of his PECS book, which resulted in James taking off the icon for Trampoline, and handing to RBT. RBT reinforced appropriate manding, and James was given access to request. When outside James went on the swing where RBT used the highly motivating reinforcement to get him to respond to imitation trials and 1-step direction trials. RBT heard client say the G sound when wanting to "go" or be pushed on the swing. No other approximations of words or sounds were made. Client requested that RBT go on the trampoline where RBT worked on 1-step directions. Client also engaged in parallel play and interactive play with RBT and brother. James engaged in joint attention looking at brother and then at RBT during trampoline play. James only engaged in one instance of PICA during session. Mom participated, running both imitation and 1-step direction goals. No corrective feedback was necessary.

#### **Non-Example:**

- RBT Arrived for session at 4:00pm to meet the family at the beach to work on community-based goals. The RBT worked with the student on walking safely with an adult in the community. The student was about to do this task with 100% fidelity. The RBT left session at 7:00pm. It was a good session. **This started out great with describing your target behavior, however this is/was a 3 hour session. This is not enough information nor does it paint a "whole" picture". When reading this, a third party could assume all you did was walked on the beach with the student.**
- Today's session took place at the beach where we were focusing on community-based goals. Today's main focus was working with the student on effectively demonstrating an ability to go over with disappointment. We also worked on safety. **First, Spelling. I cannot express how important it is to review/re-read what you type/write. In this example, I am not even sure what program was targeted at the beach. When writing these reports focus on the methods you are using (remember techniques must be in ABA terms). How did you collect data? What did your session look like from start to end, how did the student react to different treatments?**

#### **Intervention Strategy/ABA techniques: Description**

ABA techniques such as discrete trial training (DTT), pivotal response treatment (PRT), and chaining and prompting can be listed or marked in a check box. The session notes should highlight how changes in teaching techniques (for example, increasing prompt level or new error correction procedures) are being implemented within the content of the session.

#### **Example:**

- The RBT used Positive reinforcement in the form of verbal praise on a FR1 schedule throughout the session. The client required an average of three verbal prompts of "look at me" before the client respond. The RBT used Errorless learning (delayed prompting of 3 seconds) to ensure the student's success when asking him "which fish is purple?". The RBT provided the student with hand over hand to have the student choose the correct color. The RBT used NET throughout the

session by withholding certain items the student would need next and requiring him to mand either verbally or through PECS.

- NET and PRT were used in order to increase attending with client and have to client complete trials in a more natural setting. RBT used positive reinforcement by pushing client on the swing or making him bounce higher on the trampoline to reinforce correct responses to trials. Gestural prompts were used with PECS once when he manded to go outside at beginning of session. Redirection was also used at that time. Physical prompt was used in motor imitation to prompt client to correctly touch his nose. A gestural prompt was also used to guide client to mom when RBT placed an instruction to go to mom. No other prompts were needed this session.

#### **NON-Example:**

- During session the RBT engaged in floor time with the student where they worked on identifying different colors. Next the RBT read a social story to the student on how to walk safely in public. The student required 3 prompts in the form of hand holding to practice what we learned. **Although this may sound great, there was no mention of any ABA techniques.**
- During session, the student worked on his programs. The RBT used DTT, PRT, NET, and prompts. **What else? What did it look like and what specific ABA technique did you use for which target goal?**

#### **Response to treatment/Out comes: Description**

The narrative description should include of how the beneficiary responded within the current session given the implementation of the treatment plan goals. The narrative should focus on areas of strong performance and provide an explanation of barriers to performance where the beneficiary did not meet mastery criteria. Individual data points are not sufficient.

#### **Example:**

- Initially the client resisted doing trials by engaging in elopement behaviors, but when the RBT found an effective reinforcer, the student sat with the RBT and completed his trials. The client was highly reinforced with the play dough ice cream builder. The client made significant gains from previous session in the form of attending to a preferred activity.
- For the fourth consecutive session client has not engaged in tantrum behavior and is responding positively to treatment, with increased attending and participation in trials. A positive response is also seen socially when client engaged in parallel and interactive play on the trampoline with brother and RBT, and displayed joint attending, looking at brother and then at RBT when engaging in play

#### **NON-Example:**

- The client made no gains today. He sat in his room and tantrummed. **Although this may occur, you must describe how long this lasted, what did it look like and is this typical behavior? What techniques did you try and how did the student react to it?**

### **Location and who was present**

To evaluate concurrent billing scenarios, session notes should identify the location of services rendered and all people present for the session. For example, "The beneficiary (name) was in the living room with the behavior technician (name); the BCBA (name) was in the kitchen with the parent without the beneficiary present."

#### Examples:

- Today's session took place in the student's home in the living room. Mom, dad, and brother were all present in the home at the time of therapy. The BCBA (name) and RBT (your name) were also present throughout therapy time.

#### Non-Example:

- Session was located in the home. Client was present throughout session. **Where at in the house was session located and who else was present in the home?**

### **Progress towards goals**

Session notes should indicate the progress the beneficiary is making within the current session or as compared to the prior session with the same individual. When session is rendered by behavior technicians, they are not expected to report on progress over time; however, it is within their scope to compare their last session with the current session, report on progress toward the individual goal, and highlight for the ABA supervisor barriers to progress.

#### **Example:**

- During the session, the student did not engage in tantruming behaviors. The student increased his average attending of task from 5 minutes to 15 minutes during today session. The student was able to verbally identify color 70% of the time. The student only required hand over hand prompting 1 time throughout the session. Client also made significant progress from previous session where he was able to only complete 1 trial without physical prompting and struggled to attend to RBT.

#### Non-Example:

- Student made significant progress today. **That's great, but in what target goal? How did the client do compared to their last session?**

## **BCBA NOTE SAMPLES**

Rendering clinicians must maintain narrative summaries that relate to the goals and objectives outlined in the beneficiary's treatment plan. These narrative summaries, also referred to as session notes, must correspond to applied behavior analysis (ABA) claims filed for that beneficiary.

Below are general recommendations on some of the key requirements to help ensure providers maintain complete session notes. *This list is not all-inclusive.*

### **Narrative**

A narrative description for each session is required. The presence of individual data points lists of targets or goals with performance data (for example, 80 percent), tally marks, circled responses (for example, positive, negative, present or not present) are not a substitution for a narrative description.

### **Location and who was present**

To evaluate concurrent billing scenarios, session notes should identify the location of services rendered and all people present for the session. For example, "The beneficiary (name) was in the living room with the behavior technician (name); the BCBA (name) was in the kitchen with the parent without the beneficiary present." **This is where we indicate Pat Present or Pat Not Present on our notes for Tricare.**

### **Current clinical status**

The clinical status of the beneficiary is the specific, observable and measurable behavior displayed by the beneficiary at the beginning of treatment that indicate his/her readiness for learning, presence of antecedents to target behaviors and setting events. These items typically influence the application of ABA principles throughout the session, including the frequency and type of preference assessments, behavior momentum, type of teaching techniques utilized, modifications to the environment, and possible impact on performance. The diagnostic criteria for autism spectrum disorder, such as communication, socialization and repetitive behavior, are not sufficient for clinical status.

### **Session content**

The narrative summary should indicate the primary areas targeted from the treatment plan, describe the barriers to performance and be representative of the duration of the claim. **A session note for a six-hour session would require greater content than a two-hour session.** The documentation of all programs implemented within the session is not required; however, the session notes should support and justify the claim and include a strong representation of the ABA program implemented for the duration of the session. The note should cover, at a minimum, the domains targeted in the treatment plan along with highlighting progress and barriers on individual targets as appropriate. The notes should be individualized and reflect that active delivery of an ABA program was implemented for the full duration of the session. Session notes for beneficiaries who are receiving ABA intervention in a school setting should be representative of the goals in the treatment plan and demonstrate the active delivery of ABA techniques for the duration of the session.

### **ABA techniques**

ABA techniques such as discrete trial training (DTT), pivotal response treatment (PRT), and chaining and prompting can be listed or marked in a check box. The session notes should highlight how changes in teaching techniques (for example, increasing prompt level or new error correction procedures) are being implemented within the content of the session.

### **Response to treatment**

The narrative description should include of how the beneficiary responded within the current session given the implementation of the treatment plan goals. The narrative should focus on areas of strong performance and provide an explanation of barriers to performance where the beneficiary did not meet mastery criteria. Individual data points are not sufficient.

### **Progress towards goals**

Session notes for direct service should indicate the progress the beneficiary is making within the current session or as compared to the prior session with the same individual. When Direct Service is rendered by behavior technicians, they are not expected to report on progress over time; however, it is within their scope to compare their last session with the current session, report on progress toward the individual goal, and highlight for the ABA supervisor barriers to progress. Session notes for Program Modification completed by an ABA supervisor or assistant behavior analyst can report on progress over time on the goal to date and identify barriers to the anticipated acquisition rate. The session note should include any goals that are met and/or any progress towards discharge.

### **Program modification**

Session notes for Program Modification should document what was modified in the program during the session (for example, changes to acquisition charts, progression of objectives/benchmarks, modification to procedures, and behavior intervention plan) and what modeling of the new or modified protocols were demonstrated to the behavior technician and/or parents/caregivers.



### **Parent training**

Session notes for Parent Training should document what ABA principles were covered with the parent/guardian and progress on the parent/guardian goals. The note should include a narrative about what recommendations the ABA supervisor or assistant behavior analysis provided to the parent/guardian on how to improve performance on parent goals, implementation of the behavior intervention plans and generalization of mastered skills outside of programming. When the beneficiary is present during parent training, the session note should document what the parent modeled or implemented during the session and the feedback provided. Please note, that clear documentation of who was present during the session (for example, presence or absence of beneficiary) should be included.

### **Report Writing**

A session note is required for each encounter billed for the assessment completed. The note must include a narrative summary with all documented requirements identified above (Data collection is insufficient for a medical record.)

*Summary should also include:*

Content of the session to include what activity and measures were administered during the assessment.

- **Report Note Sample -**
- **Consultation with team to update current report and review intervention strategies in the home and community domain. Completed IOA with family and team. Data review of current targets and goals, including updated mastery criteria. Observation of client engaged in daily routines and naturalized environment, to review skill acquisition. Parent interview updated, along with current ancillary services. Standardized testing was scored and reviewed as well.**

## **ADDITIONAL SAMPLE BCBA NOTES**

### **Program Modification**

*Program modification is defined as evaluating progress; progressing programs through new targets, especially during DTT; modeling modification of programs or intervention strategies and probing skills of client.*

***\*\* Treatment fidelity checks and providing feedback are not considered part of this code moving forward!***

***As such, no reference to supervision of RBT or providing feedback to family/RBT should be indicated the note. It is reported that providing "Direction" is not equivalent to providing "supervision", and as such, we should make sure to be very specific when documenting these sessions.***

SAMPLE 1: John has mastered current Sd in target of manding for drink. Probe of ability to request additional items, and inability to request at this time is noted. Modeled for family and team technique to use to increase rate of manding for additional item of snack. Demonstrated effective use of prompt hierarchy and stimulus control to increase rate of mand.

SAMPLE 2: Family dynamic adjustment noted as father will be away for three weeks for training. Demonstrated strategies to address change in environment such as increased use of visual supports, increase of rate of reinforcement and use of antecedent strategies to increase rate of positive response to target skills.

SAMPLE 3: Evaluation of current progress towards treatment targets in area of social domain and communication domain. At this time, Bill is near mastery one target in communication skill of asking WH

questions, "What" but is not at mastery, and as such, is not ready to move forward to next target in the goal, "When". Skill will continue to be addressed, and once mastery is met, BCBA will model for team effective use of strategies to provide skill acquisition programming for "When". In the social skill domain, Bill is making consistent eye contact with care giver from 3 feet distance. Program to be modified to increase distance to 6 feet distance, and BCBA modeled use of interventions for this change in target definition.

#### **Questions, Comments or Concerns (Parent/RBT):**

SAMPLE 1: Parent asked for clarification on how to present items to increase rate of mand. BCBA modeled techniques.

**Follow Up Items:** BCBA to continue to monitor programming and to provide updated targets and protocol modification as needed. Parent training to take place in one week.

**Program Modification:** Today's session took place in the client's home with the client's mother. Today the BCBA worked on Probing of skills acquisitions to test generalization and maintenance of skills. The BCBA was able to model for the team on how to effectively use verbal prompts to help the client with his self-management skills. The BCBA was able to determine if any programs needed updates or modifications. No maladaptive behaviors were noted today in any domains. The BCBA was able to model for the RBT and family how to increase the client's compliance behaviors in the home with a non-preferred task. The BCBA also modeled how to use the client's current reinforcer, the ipad, as a motivator for following the client's morning visual aid for getting ready independently for school. No modifications were needed at this time.

**Comments:** The client's RBT was able to ask the BCBA about using a DRL for the client's video recording behaviors in the community. The BCBA will schedule a community outing with the family to conduct a Probe for this behavior.

**Program Modification:** Probe current targets to determine if updates or modifications are needed. Client has mastered problem solving skill in the home, with RBT only. Problem solving has not been generalized but will discuss during parent training this week adding more community outings where client can practice the skill in the environment. He struggles to have impulse control in regard to filming fans and lights. Client has mastered and generalized the understanding and use of idioms. Preference assessment done to determine new possible reinforcers. Probe was done of basic living skills to determine new goals for upcoming treatment plan.

**Program Modification:** Probe of maintenance of skill acquisition goals, 2 step instruction, PECS program, identification of people and animals, and behavior reduction goals. Client continues to maintain mastery of target goals as well as generalization. Tantrum behavior has been reduced though client does engage in some escape behaviors for ABA team and for mom. BCBA gave suggestions to mom about naturalistic instruction for running maintenance trials and discussed strategies for decreasing behaviors, including use of antecedent interventions. Crossing the street goal has not been addressed yet due to weather and other barriers. This goal will be continued on next treatment plan. Inappropriate undressing continues to be a problem but mom and BCBA have modified the operational definition to be more socially appropriate, changing undressing to mean taking pants off only, unless out in the community. It is acceptable for boys and men to take their shirts off here in Hawaii.

**Program Modification:** Data indicates that the client is making progress in behavior reduction goals, social goals, cognitive goals, and adaptive goals. The BCBA probed the skill of matching using novel stimuli. The client was able to complete the task with 100% accuracy. The BCBA probed responding to his name using the new procedures. The client required a full physical prompt to respond to the stimulus, "Nathan." The

BCBA conducted multiple trials using highly preferred items to contrive motivation. The client responded to 4/10 trials independently. The BCBA marked a slight increase in behavior since the beginning of the new procedures. When address pointing, the BCBA use a hand over hand prompt to build behavior momentum and faded the prompt to a partial physical prompt. The BCBA implemented an error correction procedure during DTT. The BCBA demonstrated an appropriate error correction procedure while addressing the target goal of motor imitation.

**Program Modification:** Client's program was modified by how the goal of joint attention was addressed. Client engaged in joint attention activities with brother and RBT's but not mom and alternate caregivers in the home. Joint attention activities will now be addressed with mom and alternate caregivers. Also joint attention activities were only addressed in one environment (the living room) now joint attention activities will be addressed outdoors and in varying rooms within the home. The program modifications were described defined and modeled by behavior analyst. Since client has displayed near mastery of 2 to 3 step related instruction the goal will now utilize 2 to 3 unrelated instructions in an effort to attain a higher level of mastery. The new way of addressing this current intervention was modeled by behavior analyst as well as defined and described in detail

**Parent Training:(2 hrs).** Today's parent training took place at the client's home in the client's bedroom with mom and dad. Today's parent training the BCBA and family addressed the use of reinforcers in the client's home, functional communication, and behavior reduction goals (climbing on the kitchen bar). The BCBA was able to model for the parents how to use reinforcers with the client using the premack principal. The client's family was able to model back and role-play with the BCBA. The BCBA used behavioral skills training to teach the family about Functional Communication training. Currently the client is able to use PECS in the school but has not generalized this skill in the home. The BCBA brainstormed with the family on how we can enrich our environments to create a need for the client to use his PECS. The BCBA reviewed strategies on how to decrease the client's climbing behavior through the use of a DRO and DRA.

Comments: The client's mother expressed that she was nervous the client would get hurt if he continues to climb on the countertop. Once the BCBA and family were able to create an effective plan of a DRO and DRA the client's family stated they felt confident in their ability to continue with that goal.

**Parent Training: 1 hour.** BCBA reviewed client goals and progress with mom. Client has decreased amount of time attending to task over the last 2 weeks so BCBA and mom discussed strategies for encouraging client to remain in therapy area during session, including the use of timers to stay on task and increasing the time client sits at the table during non-preferred activities. BCBA reviewed current reinforcers and modeled running a preference assessment to identify new possible reinforcers. BCBA and mom discussed goals for upcoming treatment plan.

**Parent Training 1 hour.** Family and BCBA reviewed client's current behaviors to determine if current procedures are effective. BCBA was told client had episode of aggressive behaviors over weekend due to dad having an episode with his mental illness. BCBA reviewed with mom strategies to use to decrease behavior and increase communication during times of stress in the home. BCBA discussed with mom possible changes in client's rules for filming in the community and also strategies to make obsession with fans and lights into a functional behavior.

**Parent Response:** Mother informed BCBA that client met with his psychiatrist and she determined that even with client's increase in aggression recently she does not believe an adjustment in meds should be done at this time. Mom stated client attacked dad over the weekend and scratched up his face. Mom stated it was because dad was making no sense and was upset there was no food in the house and the kids would starve, and the yelling caused client distress. Mom stated she called the police to come help her and they arrested her husband based on the screaming during the 911 call. It has been noted that stress in the home, usually with dad, has caused client distress in the past and these situations in the home have been an antecedent to client's aggressive episodes before.

**Parent Training:** During parent training, the BCBA reviewed parent goals, as mentioned in the treatment plan. The BCBA addressed the Premack Principle, and the use of the reward system. The BCBA used the

implementation checklist to collect a baseline measure of the parent's ability to implement the Premack Principle. Review the rate of reinforcement when addressing new skills, and topography of behavior as written in the treatment plan. She mentioned client protests when told to go outside but observes that E does not protest when the RBT asks him to go outside. Continue to address the parent's involvement in treatment, and review antecedent, behavior, and consequence.

## **Content of Progress Notes**

Progress notes should document the following:

- Progress (or lack of) in meeting goals/objectives
- The interventions used that day
- Changes in physical or emotional condition
- Sudden changes in behavior
- Unusual happenings
- Response to Behavioral Therapist interventions
- Your interactions with the child and family
- The child's interactions with others
- Incidents which may have occurred

### **TIPS**

- All goals and objectives identified on notes must come from the Treatment Plan. Please make sure you have an up to date copy of the goals in the current treatment plan. If it is not in the plan, you should not be addressing it in session.
- DO NOT use the word "I". Substitute the word "I" with RBT, Behavioral Technician, Therapist, etc.
- DO NOT use any judgmental statements (e.g., The client's clothes don't match).
- DO NOT use any nicknames of the client (e.g., Danny for Daniel). You can use initials, ex DT
- If using any other names in the report, please specify who it is.
- Use personal quotes of things the child or parents may have indicated.

- Be objective not subjective (ex: “John stated he was ashamed.” NOT “John felt ashamed.”)”)”
- If there is a check box, or group of check boxes, use them. (ex: On note, identify interventions used, and progress in treatment session.)

## **The Five C’s**

- 1. Complete**

Include all pertinent information relevant to the child’s condition. Include factual statement and child’s quotes.

Describe in detail the child’s behavior in relation to setting, getting a full picture sufficient for the primary clinician to get an understanding of the child in context.

Document special treatment needs
- 2. Clear**

Use simple sentence structure.

Use basic or common terminology rather than psychological jargon.
- 3. Concise**

Provide only as much information as necessary.

Avoid excessive wordiness and irrelevant details.

Maintain a logical and natural flow of words.
- 4. Correct**

Include child’s name or initials (no nicknames),

Use precise measurements when possible.

Use correct spelling and grammar.
- 5. Current**

Make sure that the child’s condition, progress, and activities are recorded for a specific period.

Record observations as soon as possible following an incident or a significant or sudden change in the child’s behavior.

Do not report on behavior that was not observed during session, unless you are indicating it as possible setting events. Ex/ “In school, he...” You were not in school, so the documented information could be considered inaccurate.

DO document needed information for quality care of the child.	DON'T think <b>only</b> of possible lawsuits when documenting.
DO ensure the date and time are correct, and sign all entries.	DON'T document procedures in advance.
DO make entries in consecutive order.	DON'T back date, tamper with, or add to previously written notes.
DO spell words correctly; DO use good grammar and punctuation.	DON'T use ditto marks.
DO use concise phrases.	DON'T use vague terms (e.g., good day).
DO write your own observations and care given.	DON'T <b>write documentation for another person, especially for actions performed by another professional.</b>
DO use quotation marks when quoting the exact words of the child.	DON'T write another child's name on a Progress Note.

**MORE EXAMPLES, IDEAS AND WORDS OF WISDOM FOR  
IMPROVING WRITING STYLE**

**Operational Definitions of Behavior should be Measurable and Observable:**

Two factors must be characteristic of behavioral definitions:

Observable: The behavior must have physical dimensions that can be observed.

Measurable: The behavior must be subject to quantifiable analysis either in frequency, duration or intensity.

Verbs that are observable and measurable:

Say	Grab	Carry
Hold	Walk	Catch
Push	Point	Turn head
Pick up	Put in	Kick
Sit down	Touch	Raise hand

Verbs that are ambiguous:

Hear	Arrange	Respond to
Locate	Choose	Interact
Identify	Match	Finish
Select	Reject	Acknowledge
Listen	Accept	Perform

Verbs to avoid:

Recognize	Think	Cooperate
Understand	Learn	Discriminate
Appreciate	Know	Perceive
Realize	Enjoy	Be aware
Feel	Become competent	Concentrate

**If all of the team members involved in treating the child suddenly disappeared, a new team coming on the scene should be able to continue to provide the best possible care and treatment immediately---from the chart alone**

**Objectivity vs. Subjectivity:**

Objectivity: Reporting and recording information directly seen or heard by the person.

Documentation only of the facts and behaviors without interpretation or analysis.

Facts and behaviors documented simply, clearly and concisely.

Statements made by children written in "quotation marks."

Subjectivity: Person's own thoughts, feelings and interpretations of a situation or behavior are used to describe what happened with the child.

Documentation is done by writing positive and/or negative opinions or feelings about change in the child or behaviors from the writer's viewpoint.

### **Avoiding Judgmental Language**

When Behavioral Therapist workers are being complete, clear, concise, correct and current in their documentation, they are refraining from the use of judgmental language.

Some examples of judgmental language to avoid in documentation include:

- Amy "hated" her mother.
- Bill "manipulated" his therapist.
- Joe "went off on" his teacher.
- Betty "acted out of anger" towards her grandmother.
- John "was annoyed" with his classmates.
- Sarah "was fearful" of her father.
- Juan "was depressed" about the situation.
- Anna "was satisfied" with the outcome.

Note that these phrases are written in a way that reflects the worker's assumption or judgment about the person's behavior. It is acceptable to state a qualifier such as "it appeared that" or "it is my impression that" and to add specific observations. Also, if the person makes a different statement to describe his or her feelings, the documentation should reflect that, such as "Sarah stated that she was fearful of her father."

### **Avoiding Jargon**

Documentation that is complete and clear will include phrases that describe behavior, rather than labeling the behavior or a person.

Some examples include:

Jargon: Sam was verbally aggressive.

Descriptive: Sam cursed at his mother for two minutes and told her he wanted to shoot her in her sleep.

Jargon: Towanda is introverted.

Descriptive: Towanda spent the first ten minutes of recess sitting along the fence reading a book. She declined five different requests from classmates to join in their activities.

Jargon: Today we worked on Lillian's acting out behavior. (No further description)

Descriptive: Today we focused on how Lillian expresses her frustration. We spent 20 minutes developing a plan for Lillian to use to express her feelings in a positive way when she comes home from school and her younger brother has gotten into her private things.



## GOOD AND BAD EXAMPLES OF JARGON AND INTERPRETATION

### Acting-Out Behavior:

Jargon: “oppositional”  
“deviant”  
“verbally aggressive”  
“argumentative”  
“hyper”

Interpretation: “hostile”  
“manipulative”  
“defiant”  
“delinquent”  
“explosive”  
“agitated”  
“annoyed”  
“disruptive”

Useful Description: “struck”  
“pinched”  
“bit”  
“swore”  
“yelled”  
“shoved”  
“kicked”  
“interrupted”

### Passive, withdrawn Behavior:

Jargon: “passive aggressive behavior”  
“victim role”  
“autistic”  
“schizoid”  
“introverted”

Interpretation: “shy”  
“fearful”  
“anxious”  
“reserved”  
“depressed”  
“traumatized”

(Note: such descriptors are useful when they are preceded by a word such as “appears” and followed by specific observations).

Useful Description: “sat silently ten feet from her nearest peer”  
“did not make eye to eye contact when speaking”  
“responded with single words”

“appeared tearful”

## Writing Style

### Child Centered:

- Phrases, terms and sentences describe the individual and specific child.
- Words and descriptions are selected that are developmentally appropriate.
- The child’s strengths are incorporated into descriptions and observations whenever possible.
- The child is presented by name rather than in generic terms.

### Family-Focused:

- Phrases, terms and sentences are chosen that highlight the unique qualities and strengths of the family.
- The family is presented by name.
- The family’s input and perceptions are mentioned whenever possible in the chart indicating that the family is an equal partner in the delivery of services to the child.
- The family is presented as a collaborative system rather than in a patronizing manner.

### Community-Based:

- References are made to community characteristics and the individual’s environment.
- Interventions take place within the social and community context, and descriptions and observations of the child’s/family’s interaction with the environment are incorporated into all phases of the chart.

### Culturally competent:

- Terms, phrases and statements reflect cultural respect and recognition of individual cultural strengths.
- Efforts are made to incorporate references to the cultural values, beliefs, customs, language and practices of the child’s family.
- Cultural descriptors are ones that reflect the views and preferences of the child and family.

## Operational Definitions for Targets on Progress Notes

### **Clinical Status**

Active participation: To check this box you may note that the client was alert, cooperative, and/or compliant during ABA treatment. You may also mention objective reasons for this judgment.

Example: "Client was compliant during ABA treatment evident by client's attempt to answer all related questions and cooperating with verbal instructions issued during task A, B, C etc."

Non-example: "The client followed instructions during training session."

Partial participation: To check this box you may note the moderate level of the client's participation by use of ratios and percentages.

Example: "The client displayed partial participation evident by his/her compliance with 50 to 60% of tasks issued by RBT, or the client responded to 5 of 10 requests in 30 minutes thereby displaying partial participation during session."

Non-example: "The client didn't want to participate too much today."

Non-example: "The client participated 100% of the session."

Limited participation: To check this box you may note a low level of client participation by use of ratios and percentages.

Example: "The client displayed limited participation evident by his compliance with 10% to 20 % of tasks issued by RBT, or the client responded to 2 out of 10 requests in 30 minutes, thereby displaying limited participation during treatment."

Non-example: "The kiddo didn't cooperate with me today."

Avoidance: To check this box the client shows a behavior that indicates avoiding or trying to escape the presented activity evident by elopement, acting out (tantrum), and or task refusal.

Example: "The client showed escape/avoidance behaviors when asked to brush his teeth evident by the client continuously running out of the bathroom when asked to grab his toothbrush."

Non-example: "The client kept running out of the bathroom when we were trying to brush his teeth."

### **Intervention Strategy Used**

Positive Reinforcement: Positive reinforcement is used when a RBT uses verbal praise, a token, or reward of some kind after a behavior is displayed in the effort to have that behavior occur more often.

Example: "Positive reinforcement was used throughout the entire session in the form of verbal praise following desired behavior during activities A B C etc."

Non-example: "During activity A the client said the correct answer so I gave him a cookie."

Differential Reinforcement: You may check this box if you are using procedures such as DRA, DRL, DRH, DRO, DRI. Those are technical procedures that your supervisor will help you learn when needed. In a general sense, you may check this box if you reward the child for displaying a behavior that is more appropriate or acceptable than the undesired behavior you are trying to minimize. For example, if the undesired behavior of the child is picking his nose and you provide positive reinforcement in the form of verbal praise when the child independently blows his nose differential reinforcement is used.

Example: "Differential reinforcement via verbal praise was provided when client independently initiated blowing his nose rather than picking his nose."

Non-example: "The client got a prize for blowing his nose instead of picking it."

Gestural Prompt: A gestural prompt is any gesture added to the basic instruction that will help guide the client to the correct response. For instance, if your instruction was, "touch the card with the Apple on it", and the RBT uses a pointing gesture or motion towards the Apple card, then that is a gestural prompt.

Example: "Gestural prompts such as pointing were used during fruit recognition activity as client had difficulty choosing the correct response or action."

Non-example: "I helped the client by pointing to the correct card"

Physical Prompt: A physical prompt is used when you physically guide the client to the correct response e.g. using a hand over hand procedure to help the client choose the correct item or perform the correct behavior. You are in physical contact with the client in a fashion that guides him toward the desired response.

Example: "RBT used hand over hand procedure to guide the client during teeth brushing activity."

Non-example: "The RBT moved the client's arm to help him brush his teeth."

Redirection: Redirection is a way to distract the child from the problem behavior they want to engage in, remind the child they can make better choices, or present alternative ways to meet the same function of the problem behavior. When using redirection, the RBT guides the client physically, gestural, or verbally away from an undesired behavior or undesired choice towards a desired behavior or desired choice. For example, if you see your client picking up a rock to throw (undesired behavior) and you say "is that a good idea?" The client then decides to put the rock down. If this box is checked you may justify it with a statement such as....

Example: "Redirection in the form of a verbal prompt was used to deter the client from an undesired behavior of throwing a rock."

Non-example: "I told the client to stop throwing the rock and he did."

Modeling: Modeling is used when the RBT performs the desired behavior or response in an effort to get the client to learn the desired behavior or response

Example: "The RBT modeled for client how to build the puzzle, and the client responded by putting the puzzle piece in the correct area.

Non-example: "The RBT helped the child to build a puzzle"

DTT Discrete Trial Training: Discrete Trial Training is used when instruction is provided in a specific, trial-based format, using Sd (question or instruction)– give client a moment to respond- response (incorrect, correct) – consequence format (Reinforcement, Error Correction). Each trial teaches related information, such as identifying colors or animals, in first a Mass Trial, then Random rotation format. DTT is a skill that will be modeled and taught to you by your supervisor and requires a specific implementation of the intervention. A basic review is that trials are performed quickly and in rapid succession, with a RBT request (Sd), client answer (response) and RBT reply (consequence) format. For example, if I'm trying to teach a child the color blue I will present one blue card one card that is not blue for the child to choose from (Mass trial with field of 2). Once the child makes his/her choice, this is considered one trial whether the answer is correct or incorrect.

Example: "DTT consisting of 10 trials used when training client to recognize the color blue. Client was able to get 80% correct."

Non-example: "RBT used flashcards to teach the color blue."

*\*\* as with other intervention techniques, such as PECS, if this skill is to be used with a particular child, you will be taught the strategy by your supervisor.*

Reward System: You may check this box if you present positive reinforcement in a tangible fashion (e.g. tokens, small edible reinforcers, little toys) following a desired behavior.

Example: "Client was rewarded with primary reinforcers for completing 3 of 5 requested tasks."

Non-example: "After our DTT session, we went to the park."

Pivotal Response Training: Pivotal Response Training is a training system based on teaching pivotal behaviors. A pivotal behavior is a behavior that, once learned, will lead to other desired behaviors without more training. A key component behavior of PRT is motivation. If your client displays motivation by independently initiating a desired task or behavior whether correctly or incorrectly without having to be told or reminded he/she is displaying motivation. If the child displays motivation

and you positively reinforced that child to increase future similar behaviors you are performing pivotal response training. Another key component of PRT is responsivity to multiple cues. Many of the clients we work with will have a fixation on a certain part of an object (the buttons on your shirt) and they're unable to focus on anything else or attend to any instruction because of their focus on your buttons. Responsivity to multiple cues is getting the child to get their focus away from the buttons so they can focus on tasks at hand or verbal prompts. If you can get the client to refocus from an object that they desire to focus on your instruction or task at hand you have displayed responsivity to multiple cues.

Example: "The child displayed motivation in the form of independently initiating his clean up task without being reminded by RBT. The RBT rewarded the behavior with verbal positive reinforcement."

Non-example: "I took the child to the park because he cleaned up on his own."

PECS: Picture Exchange Communication System: PECS is a communication system used for clients with decreased vocalizations to communicate using simple familiar pictures. It is a set program that your supervisor will teach you when needed. If you are not utilizing this communication system you will probably not check this box.

Example: "throughout the session the client used PECS to mand for desired target items in the training environment."

Non-example: "the client used pictures to talk."

Visual Supports: a RBT uses visual supports such as flash cards, writing on a dry erase board or books during training. Items such as these would be considered visual supports.

Example: "Visual supports in the form of a picture schedule of our session and routine was utilized during first 45 minutes of session."

Non-example: "We used flashcards during training."

Facilitate peer/social interactions: A RBT can check this box if he/she helps the client initiate, maintain, and or terminate a social interaction with persons other than the RBT e.g. peers, siblings, significant adults etc. If the RBT is at an afterschool program and is able to organize a game, conversation, or simple interaction involving mutual communication between the client and peers he/she is facilitating peer/social interactions.

Example: "The RBT and client began playing a card game which attracted several of the client's peers. The client was verbally prompted to invite peers to play thereby increasing the client's social interaction for today."

Non-example: "We played a card game with the client's friends today."

FCT: Functional Communication Training: FCT is a structured communication program that we will teach you when necessary. This can be used in a general sense when an undesired method of communication is replaced with a desired method of communication. For example, rather than asking for a break from work that is too difficult, the client will hit himself in the head with a closed fist. If you can train the client to use a more acceptable form of communication to ask for a break (e.g. raising his hand, asking for a break) you are using functional communication training.

Example: "Functional communication training was used when teaching the client to raise his hand for a break rather than hitting himself in the forehead with a closed fist."

Non-example: "I told the client to raise his hand instead of punching himself."

Peer-Mediated Instruction and Intervention: This is the facilitation of a peer providing instruction or guidance for your client. This can be displayed when you encourage your client to get help on his assignment from his peer or if a peer is able to guide the client to perform a desired behavior. For example, if a peer is able to help the client to please stand in line to use the sliding board at the park, that is peer mediated instruction.

Example: "Peer mediated instruction was utilized in the form of a peer guiding client at the park to stand in line to use the slide."

Non-example: "the client's friend told him to get in line."

RIR: Response interruption/Redirection: Response interruption/redirection (RIR) involves the introduction of a prompt, comment, or other distractors when an interfering behavior is occurring that is designed to divert the learner's attention away from the interfering behavior and results in its reduction. Specifically, RIR is used predominantly to address behaviors that are repetitive, stereotypical, and/or self-injurious. RIR is particularly effective with sensory-maintained behaviors because learners are interrupted from engaging in interfering behaviors and redirected to more appropriate, alternative behaviors.

Example: "Client displayed repetitive head banging today, when given a non-preferred task to complete. RBT was able to use highly preferred task to interrupt self-injury and redirect to alternate task."

Non-example: "the RBT told the client to stop banging his head on the ground."

Self-management: Self-management occurs when a client is aware of and can modify their own behavior. This could be exemplified by a client, whose undesired behavior is rock throwing, motioning towards picking up a rock then stopping himself independently to reengage in current desired task or activity at hand.

Example: "the client displayed self-management by initiating the picking up of a rock, then refraining from picking up the rock independently, evidenced by the client reaching towards the rock, stopping himself, then re-engaging in the current activity."

Non-example: "the client started to pick up a rock then he stopped."

Social Narratives: Otherwise known as social stories, a social narrative is a short story specifically designed for your client to teach them a behavior or skill such as using the bathroom in school. The social narrative is exemplified by a short story made specifically for the client with pictures or illustrations that are desirable to the client while utilizing understandable words and sentences to teach a behavior.

Example: "We constructed a social story providing instruction using Lego Ninjago characters to help the client learn to ask a peer to play with him at the park."

Non-example: "I told the client a story about playing with friends, and then he did."

Structured Work Systems: A structured work system is instruction that uses visual aids to keep the client organized and on task complete with specific instructions on how to complete said tasks. For instance, if a RBT can use color-coded bins to separate different targets in an effort to keep the client organized. Each bin will have a specific set of instructions for the child to follow. You can check this box if you have developed or are using a predesigned system that keeps your child organized. (An example is the TEACCH method)

Example: "The RBT used color-coded bins to separate the materials needed for each task (e.g. red bin for sequencing, blue bin for comprehension, etc.) to keep the client organized and on task."

Non-example: "the RBT separated the client's homework in bins."

Task Analysis: A task analysis is used when instruction is provided in step-by-step understandable instruction in written form. A task analysis can be constructed by performing the task yourself and writing instructions as you go along or observing someone who is competent in the task and writing step-by-step instructions based on their performance.

Example: "The client and RBT worked together to construct a task analysis for teeth brushing. Step-by-step instructions were written down as the task was being performed by client and RBT."

Non-example: "the client used the instructions I wrote to brush his teeth."

Video Modeling: Video modeling is used when instruction for desired completion of a task or behavior is provided by video of someone successfully performing the task or behavior. The modeling subject must be someone who is able to perform the task or behavior appropriately.

Example: "I videotaped myself brushing my teeth to provide video modeling instruction for my client, as he is learning to brush his teeth appropriately."

Non-example: "After watching a video the client brushed his teeth."

Antecedent Based Intervention: This type of intervention comes before a desired or undesired Behavior. Basically, you are fixing the environment or providing the instruction to help the client to avoid engaging in an undesired Behavior or activity. An example of this would be to remind a child to wash his or her hands after using the restroom before the child enters the restroom.

Example: “the RBT used an antecedent based intervention by reminding the client to wash his hands before he enters the bathroom to perform toileting duties.

Non-example: “Client was told to wash his hands when he is done using the bathroom.”

Behavior Skills Training: BST consists of breaking up a behavior chain consisting of multiple steps into individual steps that you train one at a time, in the order that is most conducive to the clients learning. BST consists of 4 steps - instruction, modeling, rehearsal, and feedback. During the instruction phase, you provide clear concise instructions that are easily understood by the client. During modeling, the RBT will correctly model all the steps in the behavior to be trained. Rehearsal consists of consistent practice of the behavior. Feedback consists of the instructor providing verbal tactile or written feedback that helps guide the client to perform the behavior as desired.

Example: “the RBT used behavior skills training by providing step by step instruction, modeling, having client practice, and providing feedback in order for the client to a learn how to brush his teeth.”

Non-example: “the RBT brushed his teeth in front of the client to teach him the behavior.

Naturalistic Environmental Teaching: NET is used when the RBT utilizes a training program that will encourage the desired Behavior being taught to occur in its natural environment. A RBT is using naturalistic environmental teaching when he or she teaches a desired behavior in the natural environment occurs such as teaching a child to brush his teeth in his home bathroom.

Example: “the RBT used NET when teaching his client all necessary steps to brush his teeth appropriately in the bathroom at home.”

Non-example: “the child was instructed to brush his teeth in his home bathroom.”

High P or High Probability: High probability refers to a strategy of presenting a series of brief request and/or tasks with a high probability of compliance immediately prior to a request with a low probability of compliance. We can use these high probability behaviors to get the child to perform low probability behaviors. A low probability behavior is a behavior that is not a favorite of the child's and will not occur often such as eating vegetables, if the child does not like vegetables. We use both of these behaviors in conjunction as we can make an agreement with the client stating “if you eat all your vegetables you may have ice cream.”

Example: “the RBT used a high probability behavior e.g. eating ice cream to encourage the child to perform a low probability behavior e.g. eating vegetables.”

Non-example: “after the child ate his vegetables he received ice cream.”

# APPENDIX E



Kuhn Behavioral Consulting Services  
Employee Handbook Addendum

*This Employee Handbook Addendum contains the worksite policies and expectations of Kuhn Behavioral Consulting Services LLC (the "Company").*

### **Employment Classifications**

The Company employs regular full-time and regular part-time employees.

**Regular full-time employee** – Employees who have completed the three (3) month introductory period\* of employment and who on average are regularly scheduled to work 20 hours or more per workweek are considered regular full-time employees and are eligible for Company benefits, including but not limited to paid time off ("PTO") benefits, as well as statutory benefits if requirements are met.

**Regular part-time employee** – Employees who have completed the three (3) month introductory period\* of employment and who on average are regularly scheduled to work fewer than 20 hours per workweek are considered regular part-time employees and are eligible for Company benefits, including but not limited to PTO benefits, as well as statutory benefits if requirements are met.

\* *Introductory Period:* All new and/or rehired employees are subject to an introductory period of three (3) months, subject to extension at the discretion of the Company's management. Your workplace supervisor will evaluate your performance throughout the introductory period. Your employment, both during and after the introductory period, is considered to be at-will. Successful completion of the introductory period does not guarantee continued employment with the Company or alter the at-will employment relationship in any way.

### **Exempt Non-Exempt**

Under the Fair Labor Standards Act ("FLSA"), employees are classified as exempt or non-exempt. Employees will fall into one of these two (2) classifications depending on various factors including job duties and wage level.

**Exempt** employees are paid on a salary and/or commission basis and are not eligible for overtime pay. Such employees must meet certain job duties/responsibilities and salary level/basis tests to be eligible for exempt status.

**Non-exempt** employees are those hourly and salaried employees who are required by law to complete time records and who are eligible to earn overtime pay for work performed in excess of 40 hours per workweek.

### **Work Hours**

Your supervisor will inform you of your work schedule. Your work schedule is subject to change at any time at the sole discretion of the Company's management.

### **Attendance**

Your success as an employee depends upon you being appropriately attired and ready to work regularly and at the beginning of your assigned work schedule. Absences cause disruption in the

workplace. Therefore, you are expected to report to the workplace as scheduled by your supervisor.

If you will be absent from work, you must notify your supervisor at least two hours prior to your scheduled starting time. If you are unable to reach your supervisor, you must contact a member of the Company's management. Do not leave messages with fellow employees. If you are unable to personally contact your supervisor or a member of the Company's management due to emergency conditions, you must contact your supervisor as soon as possible. If you are unable to place the call yourself due to a serious medical emergency, please have your medical care provider contact your supervisor on your behalf. And, as soon as you are able, you must personally contact your supervisor.

The Company reserves the right to require a physician's certificate for any absence from work for an employee's own injury or illness. Any continuous absence of three (3) or more working days will require a doctor's note certifying illness/injury. Failure to report to work or contact your supervisor may result in disciplinary action, up to and including termination, due to misconduct based on the unexcused absence.

### **Performance Evaluations**

Your job performance is subject to periodic review by management generally once every twelve months with additional performance evaluations conducted as deemed necessary by the Company. When you receive a performance evaluation, you should take the opportunity to discuss your performance with your supervisor. Employees are asked to sign the performance evaluation document to show it was reviewed with you and to submit your own comments on the evaluation. Pay reviews may not necessarily be conducted at the same time as performance evaluations.

### **Pay Reviews and Pay Adjustments**

Pay scales for the job classifications are subject to review regularly. Your individual rate of pay within those scales may be reviewed generally once a year with additional pay reviews conducted as deemed necessary by the Company. However, the occurrence of a pay review does not mean that a pay adjustment will be automatically made. Pay adjustments are determined by your job performance and other meritorious factors. Pay reviews are within the sole and complete discretion of the Company. Pay reviews may not necessarily be conducted at the same time as performance evaluations.

### **Company Equipment**

Company equipment is for business use only and should be maintained in the best possible working condition. Company equipment must not be used for personal use without prior written authorization. Any employee found to neglect or misuse Company property will be sanctioned under the disciplinary policies. This may include termination.

### **Paid Time Off ("PTO")**

PTO is available to eligible employees as a benefit to be used for paid vacation, sick leave, or personal matters. Regular full-time employees and regular part-time employees are eligible for PTO. Eligible employees begin accruing PTO after three (3) months of continuous service based on the following table. Eligible employees may not use PTO until after completing three (3) months

of continuous employment. At the completion of three (3) months of continuous employment, PTO may be used as it is accrued with management approval according to the following table:

<b>Length of Employment</b>	<b>PTO Hours Accrued Per Hour Worked</b>	<b>Annual Leave Accrual* Per Anniversary Year</b>
Month 3 through Year 5	0.038 hours	10 days (80 hours)
Year 6 through beyond	0.05 hours	15 days (120 hours)

\* Annual Leave Accrual accumulations are based upon paid work hours up to 2080 paid hours per anniversary year (40 hours per workweek), excluding overtime.

PTO may be taken in a minimum of one (1) hour increments for non-exempt hourly employees and one (1) full day (8-hour) increments for exempt salary employees.

Carryover of up to 5 days (40 hours) of unused PTO is allowed at the end of the anniversary year. PTO will accumulate up to a maximum of 15 days (120 hours) per anniversary year. Employees who reach the maximum will no longer accrue PTO until they use some time and fall back below the maximum. It is the employees' responsibility to monitor their PTO balance so that they do not reach the maximum.

**Employees must submit requests for PTO in as far advance as possible but no later than two (2) weeks prior to the start of the requested PTO.** Employees must ensure that they have enough accrued PTO available to cover the dates requested. Requests will be evaluated based on a number of factors, including but not limited to operating and staffing requirements, and per Company management discretion.

The Company reserves the right to require a physician's certificate for any absence from work for an employee's own injury or illness. Any continuous absence of more than three (3) working days will require a physician's certificate of illness/injury.

Pay is not offered in lieu of PTO. Unused PTO is not paid out upon termination.

### **Holidays**

The Company observes the following holidays each calendar year:

- Thanksgiving Day
- Christmas Eve
- Christmas Day

90 days after hire, all regular full-time and regular part-time employees are eligible for an unpaid day off on all holidays observed by the Company.

### **Pay Policy**

The pay period runs from 12:00 a.m. Sunday through 11:59 p.m. Saturday. Employees are paid bi-weekly. Pay checks are generated bi-weekly and distributed every other Friday (or on the Friday following the end of the pay period).

## **Resignation Policy**

If you decide to resign (voluntary separation), please provide at least two (2) weeks' notices to your supervisor. This advance notice provides time for the Company to administer the payroll management of your paycheck. Employees who quit or resign without giving at least one (1) pay period notice of intention to quit will be paid wages due in full no later than the next regular pay day.

## **Exit Interview Policy**

Prior to an employee leaving the Company, your supervisor will perform an exit interview. You must return all property belonging to the Company.

# APPENDIX F

# Kuhn Behavioral Consulting Services BREACH NOTIFICATION POLICY

## **1. PURPOSE**

The purpose of this Breach Notification Policy is to provide guidance to the staff of Kuhn Behavioral Consulting Services “the Practice” when there is a breach an acquisition, access, use, or disclosure of the Practice’s patients’ unsecured protected health information in a manner not permitted under the Health Insurance Portability and Accountability Act of 1996 and its implementing rules and regulations, which compromises the security or privacy of the Protected Health Information. HIPAA requires that Kuhn Behavioral Consulting Services notify individuals whose unsecured PHI has been compromised by such a breach. In certain circumstances, the Practice must also report such breaches to the Secretary of HHS and through the media. Kuhn Behavioral Consulting Services’s breach notification process will be carried out in compliance with the Health Information Technology for Economic and Clinical Health Act of the American Recovery and Reinvestment Act of 2009 and its implementing rules and regulations, each as may be amended from time to time, including those regulatory amendments of the Department of Health and Human Services published at 78 Fed. Reg. 5566 (Jan. 25, 2013), collectively “HIPAA.”

## **2. DEFINITIONS**

**2.1 Breach.** Breach means the acquisition, access, use, or disclosure of Protected Health Information in a manner not permitted under HIPAA, which compromises the security or privacy of the protected health information. Breach excludes:

2.1.1 Any unintentional acquisition, access, or use of protected health information by a workforce member or person acting under the authority of a covered entity or business associate if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under HIPAA.

2.1.2 Any inadvertent disclosure by a person who is authorized to access protection health information at a covered entity or business associate to another person authorized to access PHI at the same covered entity or business associate, or organized health care arrangement in which the covered entity participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted under HIPAA.

2.1.3 A disclosure of protected health information where a covered entity or business associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

**2.2 Protected Health Information (PHI).** Protected health information means individually identifiable health information that is transmitted by electronic media,

maintained in electronic media, or transmitted or maintained in any other form or medium.

**2.3 Unsecured Protected Health Information (Unsecured PHI).** Unsecured PHI means any PHI which is not unusable, unreadable, or indecipherable to unauthorized persons through the use of technology or methodology, such as encryption or destruction, as specified by the HSS Secretary.

**2.4 Workforce.** Workforce means employees, volunteers, trainees, and other persons under the direct control of the Practice, whether or not they are paid by the Practice.

### **3. POLICY AND PROCEDURES**

In summary, HIPAA requires that covered entities notify individuals whose unsecured protected health information has been impermissibly accessed, acquired, used, or disclosed, compromising the security or privacy of the protected health information. The notification requirements only apply to breaches of unsecured PHI. In other words, if PHI is encrypted or destroyed in accordance with the HIPAA guidance, there is a “safe harbor”, and notification is not required.

**3.1 Discovery of Breach.** A breach shall be treated as discovered as of the first day on which such breach is known to the Practice or, by exercising reasonable diligence, would have been known to the Practice or any person, other than the person committing the breach, who is a workforce member or agent of the Practice.

Workforce members who believe that patient information has been used or disclosed in any way that compromises the security or privacy of that information shall immediately notify [list all as appropriate: his/her supervisor, the Practice administrator, the privacy officer, other].

Following the discovery of a potential breach, the Practice shall begin an investigation, conduct a risk assessment, and based on the results of the risk assessment, begin the process of notifying each individual whose PHI has been, or is reasonably believed by the Practice to have been, accessed, acquired, used, or disclosed as a result of the breach. The Practice shall also begin the process of determining what notifications are required or should be made, if any, to the Secretary of the Department of Health and Human Services (HHS), media outlets, [optional: or law enforcement officials].

**3.2 Breach Investigation.** The Practice shall name an individual to act as the investigator of the breach [or list that individual here: e.g., privacy officer, security officer, risk manager, other). The investigator shall be responsible for the management of the breach investigation, completion of the risk assessment, and coordinating with others in the Practice as appropriate (e.g., administration, security incident response team, human resources, risk management, public relations, legal counsel.) The Practice's entire workforce is expected to assist management in this investigation as

requested. The investigator shall be the key facilitator for all breach notification processes.

**3.3 Risk Assessment.** For breach response and notification purposes, a breach is presumed to have occurred unless the Practice can demonstrate that there is a low probability that the PHI has been compromised based on, at minimum, the following risk factors:

3.3.1 The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification. Consider:

3.3.1.1 Social security numbers, credit cards, financial data

3.3.1.2 Clinical detail, diagnosis, treatment, medications

3.3.1.3 Mental health, substance abuse, sexually transmitted diseases, pregnancy

3.3.2 The unauthorized person who used the PHI or to whom the disclosure was made.

3.3.2.1 Does the unauthorized person have obligations to protect the PHI's privacy and security?

3.3.2.2 Does the unauthorized person have the ability to re-identify the PHI?

3.3.3 Whether the PHI was actually acquired or viewed.

3.3.3.1 Does analysis of a stolen and recovered device show that PHI stored on the device was never accessed?

3.3.4 The extent to which the risk to the PHI has been mitigated.

3.3.4.1 Can the Practice obtain the unauthorized person's satisfactory assurances that the PHI will not be further used or disclosed or will be destroyed?

The evaluation should consider these factors, or more, in combination to determine the overall probability that PHI has been compromised. The risk assessment should be thorough and completed in good faith, and the conclusions should be reasonable.

Based on the outcome of the risk assessment, the Practice will determine the need to move forward with breach notification. The investigator must document the risk assessment and the outcome of the risk assessment process. All documentation related to the breach investigation, including the risk assessment, must be retained for a minimum of six years.

**3.4 Notification: Individuals Affected.** If it is determined that breach notification must be sent to affected individuals, the Practice's standard breach notification letter (as modified for the specific breach) will be sent out to all affected individuals. The Practice also has the discretion to provide notification following an impermissible use or disclosure of PHI without performing a risk assessment, if the Practice so chooses.



Notice to affected individuals shall be written in plain language and must contain the following information, which elements are included in the Practice's standard breach notification letter:

3.4.1 A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known.

3.4.2 A description of the types of unsecured protected health information that were involved in the breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved).

3.4.3 Any steps the individuals should take to protect themselves from potential harm resulting from the breach.

3.4.4 A brief description of what the Practice is doing to investigate the breach, to mitigate harm to individuals, and to protect against further breaches.

3.4.5 Contact procedures for individuals to ask questions or learn additional information, which includes a toll-free telephone number, email address, website, or postal address.

This letter will be sent by first-class mail to the individual at the last known address of the individual or, if the individual agrees to electronic notice and such agreement has not been withdrawn, by electronic mail. The notification shall be provided in one or more mailings as information is available. If the Practice knows that the individual is deceased and has the address of the next of kin or personal representative of the individual, written notification by first-class mail to the next of kin or person representative shall be carried out.

If there is insufficient or out-of-date contact information that precludes direct written or electronic notification, a substitute form of notice reasonably calculated to reach the individual shall be provided. If there is insufficient or out-of-date contact information for fewer than 10 individuals, then the substitute notice may be provided by an alternative form of written notice, by telephone, or by other means. If there is insufficient or out-of-date contact information for 10 or more individuals, then the substitute notice shall be in the form of either a conspicuous posting for a period of 90 days on the home page of the Practice's website, or a conspicuous notice in major print or broadcast media in the Practice's geographic areas where the individuals affected by the breach likely reside. The notice shall include a toll-free number that remains active for at least 90 days where an individual can learn whether his or her PHI may be included in the breach.

Notice to affected individuals shall be made without unreasonable delay and in no case later than 60 calendar days after the discovery of the breach. If the Practice determines that notification requires urgency because of possible imminent misuse of unsecured PHI, notification may be provided by telephone or other means, as appropriate, in addition to the methods noted above. It is the responsibility of the Practice to demonstrate that all notifications were made as required, including evidence demonstrating the necessity of any delay.

[A copy of all patient correspondence shall be retained by the Practice in accordance with state law record retention requirements.]

**3.5 Notification: HHS.** In the event a breach of unsecured PHI affects 500 or more of the Practice's patients, HHS will be notified at the same time notice is made to the affected individuals, in the matter specified on the HHS website. If fewer than 500 of the Practice's patients are affected, the Practice will maintain a log of the breaches to be submitted annually to the Secretary of HHS no later than 60 days after the end of each calendar year, in the manner specific on the HHS website. The submission shall include all breaches discovered during the preceding calendar year.

**3.6 Notification: Media.** In the event the breach affects more than 500 residents of a state, prominent media outlets serving the state and regional area will be notified without unreasonable delay and in no case later than 60 calendar days after the discovery of the breach. The notice shall be provided in the form of a press release.

**3.7 Delay of Notification Authorized for Law Enforcement Purposes.** If a law enforcement official states to the Practice or a business associate that a notification, notice, or posting would impede a criminal investigation or cause damage to national security, the Practice shall:

3.7.1 If the statement is in writing and specifies the time for which a delay is required, delay such notification, notice, or posting for the time period specified by the official; or

3.7.2 If the statement is made orally, document the statement, including the identify of the official making the statement, and delay the notification, notice, or posting temporarily and no longer than 30 days from the date of the oral statement, unless a written statement as described above is submitted during that time.

This applies to notices made to individuals, the media, HHS, and by business associates.

**3.8 Maintenance of Breach Information.** The Practice shall maintain a process to record or log all breaches of unsecured PHI, regardless of the number of patients affected. The following information should be collected for each breach:

3.8.1 A description of what happened, including the date of the breach, the date of the discovery of the breach, and the number of patients affected, if known.

3.8.2 A description of the types of unsecured protected health information that were involved in the breach (such as full name, social security number, date of birth, home address, account number, other).

3.8.3 A description of the action taken with regard to notification of patients regarding the breach.

3.8.4 Steps taken to mitigate the breach and prevent future occurrences.

**3.9 Business Associate Responsibilities.** The Practice's business associates shall, without unreasonable delay and in no case later than 60 calendar days after discovery of a breach of unsecured PHI, notify the Practice of such breach. Such notice shall include the identification of each individual whose unsecured PHI has been or is reasonably believed by the business associate to have been, accessed, acquired, used, or disclosed during the breach. The business associate shall provide the Practice with any other available information that the Practice is required to include in notification to the individual at the time of the notification or promptly thereafter as information becomes available. Upon notification by the business associate of discovery of a breach, the Practice will be responsible for notifying affected individuals, unless otherwise agreed upon by the business associate to notify the affected individuals.

**3.10 Workforce Training.** The Practice shall train all members of its workforce on the Practice's policies and procedures with respect to PHI as necessary and appropriate for the members to carry out their job responsibilities. Workforce members shall also be trained as to how to identify and report breaches within the Practice. Training will be provided annually via online. HIPAA security officer of Kuhn Behavioral Consulting Services will be responsible for keeping track of workforce training progress.

**3.11 Complaints.** The Practice provides a process for individuals to make complaints concerning the Practice's patient privacy policies and procedures or its compliance with such policies and procedures. Individuals also have the right to complain about the Practice's breach notification processes.

**3.12 Sanctions.** Members of the Practice's workforce who fail to comply with this policy shall be subject to disciplinary action, up to and including termination.

**3.13 Retaliation/Waiver.** The Practice may not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual for exercising his or her privacy rights. Individuals shall not be required to waive their privacy rights as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

**3.14 Burden of Proof.** The Practice has the burden of proof for demonstrating that all notifications were made as required or that the use or disclosure did not constitute a breach.

Kuhn Behavioral Consulting Services  
120 Alpine Drive  
Gillette, WY 82718  
877-KUHNBCS

**POLICY AND PROCEDURE ACKNOWLEDGEMENT SIGNATURE PAGE**

The Employee Handbook includes important information about Kuhn Behavioral Consulting Services and I understand that I should consult the Agency director regarding any questions not answered in the handbook.

I have entered into my employment relationship with Kuhn Behavioral Consulting Services voluntarily and acknowledge that there is no specified length of employment assured to me. I acknowledge that Kuhn Behavioral Consulting Services **is not required to give me a minimum or maximum number of hours**. Due to the nature of the business, a **specific number of hours per week cannot be guaranteed**. Every effort will be made to accommodate the needs of each therapist, but factors outside of our control, such as insurance funding, parent preferences, client hospitalizations, day and time hours are to be provided, family cancellations and no shows, and fading out of the services are routine occurrences in ABA services.

It is the policy of Kuhn Behavioral Consulting Services that no therapist is permitted to refuse work because of the age, race, sexual orientation, religion, or disability of a client. **Kuhn Behavioral Consulting Services cannot be held responsible or liable if the therapist declines cases offered.**

All revisions will be communicated in writing through official notices, and I understand that revised policies and procedures may supersede, modify, or eliminate existing policies. Only the Agency director of Kuhn Behavioral Consulting Services has the ability to adopt any revisions to the policies and procedures in this handbook.

Furthermore, I acknowledge that this handbook is neither a contract of employment nor a legal document. I also understand that I can terminate my employment with at least two weeks' notice in writing. My signature below indicates that I have received the handbook, and I understand that it is my responsibility to read and comply with the policies and procedures in this handbook and any revisions included at a later date.

I also understand that I must return this signed form to Kuhn Behavioral Consulting Services before I provide services to clients. I understand that upon receiving this Employee Handbook, I agree to follow all policies and procedures immediately.

EMPLOYEE'S NAME (printed): \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

AGENCY SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Original            December 2016  
Revised            December 2019, December 2020, August 2022