



# 2025 Parent Handbook



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## Welcome Message to Parents

The Blue Sprig Pediatrics, Inc. and its affiliates and subsidiaries, including Florida Autism Center LLC and Trumpet Behavioral Health LLC, (collectively, “BlueSprig”) are committed to to your child’s health and well-being, the development of their language and communication skills, social capabilities, cognitive skills, and community integration. We look forward to working with you to build a strong, collaborative relationship. Our approach to treatment is based on decades of research studies, and endorsed by scientific, government, and professional associations that have concluded that applied behavior analysis (ABA) informed procedures represent the standard of care for individuals with autism spectrum disorder (ASD). Through clinical research, we strive to establish the most effective and efficient treatments as standard practice in our organization. If you are relatively new to the world of behavioral treatment services, we are delighted to provide information and resources that explain what we do, why we do it and why we expect success with our clients.

Our approach assumes you will play an active and critical role in the success of your child’s treatment, we rely on you to communicate with us regularly about your goals and needs. You will be an important team member in implementing the interventions developed to foster generalization and robust change.

It is important to the long-term success of your child that expectations are clearly communicated and understood. To achieve this, we have created the BlueSprig Parent Handbook. Our Parent Handbook provides you with information about our program, what you can expect from us and our employees, and what we expect from you as a partner in the care of your child. If you have questions about any information provided in this handbook, or any other aspect of the service you will be receiving, please do not hesitate to contact your center leadership team.

At BlueSprig we believe that the measure of good clinical support is the promise of helping you fulfill your vision for your child’s services. We understand that the road ahead can be a long and challenging one and we are honored to be taking this journey with you.

Sincerely,  
Your BlueSprig Clinical Team



## Why BlueSprig

Changing the world for individuals with autism is the mission that drives us every day. Our service model is straightforward –your child’s potential and progress inspire every decision we make. We are on a mission to transform the ABA landscape to maximize exceptional behavioral treatment services for individuals with autism and other developmental disabilities. We welcome and encourage involvement of the family and extended community to create a natural network of support for every client.

We built our company from the small idea of “What If?” What if we focused on quality services? What if we lead the provider field in pragmatic ABA research? What if we are strong advocates for all with autism rights? Rather than choose we decided to pursue all three together.

## ABA and the BlueSprig Way

ABA programming has been endorsed by many reputable sources, including the American Academy of Pediatrics because of its effectiveness in reducing challenging behavior and in increasing communication, learning and appropriate social behavior. Under the umbrella of ABA, there are many different methodologies that can be used as part of an individualized program. For example, while researching autism and ABA services, you may read about discrete trial training, verbal behavior programming or naturalistic environmental teaching. These are all interventions that are based on the principles of ABA and may be used with your child.

At BlueSprig, we believe in providing individualized service that is tailored to your child’s unique needs. This means that our trained clinicians design treatment programs that best suit your child’s learning style. BlueSprig uses proactive strategies to reduce the likelihood of challenging behavior occurring. However, if challenging behavior does happen, we respond with the use of noninvasive techniques. If more invasive techniques are warranted, this will be reviewed in a meeting with the clinical team and your family.

Research shows that providing repeated learning opportunities in a one-to-one environment will support skill development as well as lead to the generalization and maintenance of those acquired skills. The literature also shows that children can further develop these skills while in small group settings. To ensure your child receives learning opportunities in environments aligned with best practices, BlueSprig provides one-on-one and small group sessions. This will increase the likelihood that your child will continue to access the least restrictive environments.

Finally, to ensure that your child’s skills generalize across other people BlueSprig will slowly introduce multiple clinical staff to your child. We will also provide services in different locations, such as the home and community settings, to ensure your child can demonstrate their learned skills in various places.





### The primary principles that guide our approach are:

- All behavior occurs for a reason. It is important to understand why a behavior is occurring as well as the underlying motivation for a particular response.
- It is necessary to identify the triggers (antecedents) as well as the events that maintain a particular behavior (consequences). Behavior can only be changed when the antecedents and/or consequences are changed.
- Progress is not subjective. Data collection and behavioral observation are necessary for program development and ongoing intervention.
- When selecting goals, objectives, and targets, a focus on behaviors and changes that are valued by the individual, their family, and their community will lead to the greatest impact and long-term change. Certain behaviors, if left untreated, will significantly limit independence and long-term skill development.
- Language is a critical, functional skill for every individual and can take various forms including spoken, sign, and picture exchange. We focus on teaching functional communication regardless of the communication modality.
- In respecting the autonomy of each person, the least restrictive interventions are always used before more restrictive procedures are attempted, with appropriate consent. New behaviors and skill sets are always established to increase functional independence and maximize the potential of each client.
- All behavioral interventions should be empirically validated and based on evidence from peer-reviewed journals.
- Behavioral interventions are time-limited and person-centered. Objectives or benchmarks indicate progress toward goals and we identify key skills that will allow us to transition services to the natural environment.
- All behavior interventions are based on the least restrictive procedure including avoiding the use of punishment procedures when reinforcement has been proven effective. Functional skills are taught using positive behavioral supports to address skill deficits or alternatives to challenging behavior.
- Confidentiality and privacy are protected according to HIPAA regulations.



## Your BlueSprig Clinical Team

BlueSprig is committed to providing your child with the highest standard of ABA programming and the best treatment possible. We start by hiring and training a team of highly qualified staff who will work together to ensure your child's treatment plan is individualized to them to ensure the best possible outcome for your child.

We are also committed to providing ongoing professional development and training opportunities to our clinical team to maximize their learning and advancement. Professional development and training opportunities can include regular oversight of treatment implementation, video observation and review, clinical team meetings, case reviews, workshop and conference attendance, and performance appraisals.

These are the most common staff roles that you will interact with in our centers.

### Behavior Technician (BT) / Registered Behavior Technician (RBT)

Upon hire, each BT/RBT undergoes at least 40 hours of training. This educational experience uses behavioral skills training (BST). BST is an active-response training procedure that has proven very effective for teaching individuals a variety of new skills. Using BST, our BT/RBTs are taught: 1) foundational knowledge of the field of ABA, 2) fundamentals of ABA techniques (e.g., use of reinforcement, prompts and prompt fading, shaping), and 3) how to implement structured programming, naturalistic teaching strategies, behavior-reduction strategies, and professionalism. Our rigorous training curriculum consists of e-learning modules and hands-on practice with a designated trainer with special experience in training. Both the e-learning and hands-on practice are competency-based, meaning each BT/RBT cannot progress through the training without demonstrating competency through successful rehearsal of the skills and through knowledge assessments.

### Intern

An Intern is an RBT who is currently pursuing their certification to become a Board Certified Behavior Analyst. Within their internship program, Interns will assist with assessment and treatment plan construction in addition to their role as an RBT under the direction of your Clinical Supervisor.

### Assistant Clinical Supervisor

The Associate Clinical Supervisor operates under the supervision of a BCBA to assist the Clinical Supervisor to conduct assessments, develop treatment plans, and support the implementation of the treatment plan. An Associate Clinical Supervisor has experience in ABA and has earned a bachelor's or master's degree in a related field, such as psychology or ABA, and may have a Board Certified Assistant Behavior Analyst (BCaBA) certification.





## Clinical Supervisor

The Clinical Supervisor completes assessments, develops the treatment plan, and oversees the implementation of the treatment plan. The Clinical Supervisor also implements family guidance. A Clinical Supervisor has earned a master's or doctorate degree in a related field, such as psychology or ABA, has passed a national exam to become a Board Certified Behavior Analyst (BCBA), and obtains continuing education to maintain their credentials. For more information, please refer to the BACB website: <https://www.bacb.com/>. If you have questions about your child's treatment program and/or progress, please talk with your Clinical Supervisor.

## Center Director

A Clinical Director is a practicing clinician, typically a BCBA, who oversees the implementation and quality of clinical services within a center. This position oversees treatment programs for all clients and supports the staff delivering clinical programming.

## Center Operations Leader

Depending on the size of your center, you may have one or two operational leaders who work collaboratively with the Clinical Director to oversee the operational performance of the center. This position also manages the administrative responsibilities of client services such as acquiring authorizations, making daily schedule updates, and ensuring accurate billing and collections for services rendered. If you have questions about your child's authorization, schedule, or treatment invoices, please talk with your center operations leader.

## Director of Clinical Services

The Director of Clinical Operations is a BCBA who is responsible for the operational and clinical excellence of services delivered to each client. They are responsible for coordinating and overseeing strategic and tactical activities across multiple centers to ensure positive client and employee experiences.





## Ethics and Professionalism

BlueSprig’s clinical team strives to provide high quality, ethical services to our clients and their families. BlueSprig employees abide by the [BACB’s Ethics Code for Behavior Analysts](#). Four overarching principles guide our expectations for ethical conduct: professionalism, respecting confidentiality, striving to do no harm and ensuring appropriate boundaries.

- Conflicts of Interest and Multiple Relationships:** We must avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. This means that BlueSprig employees cannot engage in relationships outside of the therapeutic relationship (e.g., babysitting services for your child or family, exchanging personal email, phone calls, texts, and engaging in social media as “friends” or “followers.”) Such external arrangements may lead to the termination of both the employment agreement and client services.
- Scope of Services and Reliance on Scientific Knowledge:** Our clinicians only provide services that are within the boundaries of their education, training, license, and certification. We cannot advise you on topics outside of ABA, such as diets for children with ASD, and we cannot implement services that we are not trained to provide, such as occupational therapy treatments. If you so choose to implement non-evidence-based services concurrently with your child’s ABA programming (i.e., facilitated communication or rapid prompt method) we may suspend or terminate your child’s services as these variables may interfere with the efficacy of your child’s programming.
- Gifts:** We cannot accept gifts from clients with a monetary value of more than \$10 US dollars as this is a conflict of interest and constitutes a multiple relationship. This is often an issue around the holidays when parents/guardians like to show their appreciation. Additionally, invitations to parties are not permitted per our ethics code. A fantastic substitute for gifts and invitations is a drawing from your child; these tokens of appreciation are worth their weight in gold to our employees!
- Mandated Reporting:** Behavior analysts follow the law and the requirements of their professional community (e.g., BACB, licensure board. The Federal Child Abuse Prevention and Treatment Act (CAPTA) requires each State to have provisions or procedures for requiring certain individuals to report known or suspected instances of child abuse and neglect. All BlueSprig employees are mandated reporters.
- Emphasis on least restrictive interventions:** All behavior interventions are based on the least restrictive procedure including avoiding the use of punishment procedures when reinforcement has been proven effective. Functional skills are taught using positive behavioral supports to address skill deficits or alternatives to challenging behavior.





## Client Rights

As a recipient of behavioral health services, you and/or your child have the right to receive medically necessary services that are effective, individualized, and least restrictive (i.e., based on scientific literature, adapted to the individual client, and enhances the client’s ability to function without interference or loss of freedom). BlueSprig is dedicated to providing an environment free of harassment of any kind for both clients and team members. This includes discrimination or harassment based on race, color, sex/gender, religion, relationship status, sexual orientation, age, culture, national origin, physical or mental disability, medical condition, economic status, educational background, primary language spoken, or payor. You have the right to be treated with respect, dignity, and compassion and receive services in a setting free from abuse, neglect, retaliation, humiliation, restraint, seclusion, coercion, and/or exploitation (financial or otherwise). For more information about your rights, please see the “Client Rights” document in your intake packet. This document is also posted in the lobby of your center and on our website. If you feel your rights have been violated, please refer to the Communication section for information on our grievance procedures.

## Privacy Practices

BlueSprig is committed to safeguarding the protected health information (PHI) of your child and your family. PHI includes, but is not limited to, diagnoses, assessment results, diagnostic reports, treatment plans, and data collected during treatment. All BlueSprig employees have an ethical and legal obligation to protect the privacy of your health information. For more information about your rights, please see the “Notice of Privacy Practices” document in your intake packet. This can also be found in the lobby of your center and on our [website](#).

It is important for you to know that there are limits to maintaining confidentiality. All BlueSprig employees have an ethical and legal obligation to protect your child from harm, which means they are mandated reporters. If a BlueSprig employee believes your child has been the victim of abuse, neglect, or domestic violence, we may disclose PHI as required by law to protect or prevent potential harm to your child. BlueSprig employees may also disclose PHI to the following entities:

- Health care entities for review purposes
- Third parties to obtain payment
- Public health authorities to prevent or control diseases
- Legal officials in response to a court order, subpoena or similar legal process as required by law
- Protective agencies if you are a danger to yourself or others

Of course, you may choose to give consent to share confidential information, especially for the purposes of coordination of care. Please see the “Consent to Release Information” form in your intake packet which is required for the release of records or verbal information to other family members, providers, legal counsel, and more. You can revoke consent at any time by providing notification in writing to [compliance@bluesprigpediatrics.com](mailto:compliance@bluesprigpediatrics.com).



## Legal Guardianship & Custody Agreements

In instances in which guardianship is awarded to one or both parents in legal proceedings (e.g., divorce, legal filing), BlueSprig must have official documentation outlining the court decision. If changes are made to the status of legal guardianship, please provide updated official documentation to your center operations leader. In the event that no legal documentation is provided, the guardian listed in the most recent treatment packet will be used for decision-making.

BlueSprig endeavors to work with all members of a client's family in an effort to provide consistent quality of care. In the event that a client's parents are divorced or separated, BlueSprig policy is to honor court-approved divorce agreements. Where feasible, we will attempt to include both biological parents in the treatment of their child. Custody and visitation arrangements can be addressed during initial clinical sessions with the clinician. BlueSprig expects families to resolve conflicts that may interfere with the treatment process. If concerns regarding the right to make medical decisions and/or parent conflict interfere with treatment, BlueSprig will seek and may require legal documentation from counsel or the applicable court to reach resolution. BlueSprig must be notified of any changes to visitation schedules or custody in writing (letter or email) indicating the specific changes to custody and/or visitation schedule 2 weeks prior to changes being implemented.

## Assessment and Re-Assessment

All treatment programs begin with a multi-day intake and assessment process that allows us to assess your child's current skills and needs as well as your family's needs in multiple environments. If your child has more significant and/or intense challenging behavior, a separate informed consent will be provided to describe a specialized assessment process. The assessment process for challenging behavior may take up to 2-4 weeks prior to implementing intervention but will increase the likelihood of effective intervention. From there, our clinical team, led by a Clinical Supervisor, creates an individualized treatment plan that addresses your child's unique needs. Assessments are a complex process that involve face to face services, document or record review, and treatment plan development. Please be aware that you may receive an invoice for multiple days of service for assessment, including days when a face-to-face service did not occur but assessment activities took place.

Throughout your child's journey receiving ABA services, your Clinical Supervisor will conduct periodic reassessments, typically every 6 to 12 months. A reassessment report will be completed with data documenting your child's response to intervention. The report will be sent to your insurance case manager (or other third-party payor) to obtain an authorization for ongoing services as necessary. Prior to submitting the report, a member of the Clinical team will meet with you to discuss your child's assessment results, receive your approval on treatment services, including signed consent, prior to services starting. In addition, some funding sources, such as school districts or related programs, may require more frequent reports. BlueSprig will provide these reports as required.

A comprehensive diagnostic evaluation to confirm your child's diagnosis will be required prior to intake. Once services begin, diagnostic evaluation may occur regularly, according to the guidelines set by your



insurance company. Failure to obtain an updated diagnosis, if required by the payor, may result in discharge from services due to payor denial. Assessments will be required at intervals designated by your payor. Failure to return required documents or sign treatment plans may result in services being placed on hold or discharge from services.

It is our philosophy to change an existing program or add in new programs when it is in the best interest of the child, based on data. Appropriate times to change or add new programming:

- When the child's data indicate no progress within an appropriate amount of time. (Please note that an appropriate rate of progress will vary from child to child and across programs.)
- When the child's data indicate mastery of all target components in a program.
- When the child's data indicate that they are reaching age-appropriate levels for a program.
- When a child is ready to acquire a new skill to address an emerging need.

## Treatment Plan Updates and Progress

As part of the assessment process, a treatment plan will be written in collaboration with you and other significant team members for your child. You will meet with your Clinical Supervisor to review and approve this treatment plan before services are implemented. We will only implement what has been reviewed and approved by you. Throughout the implementation of the treatment program, changes will be made to ensure your child's continued progress. These changes will also be reviewed and discussed with you during family guidance meetings, and any significant changes will require your approval. If you have questions regarding any area of your child's treatment plan, you will have the opportunity to ask your Clinical Supervisor prior to your child's treatment plan being implemented. It is important that you feel comfortable signing and agreeing to the treatment plan, so please ask any questions you may have before you sign. Data-based modifications to targets and goals are possible during the course of treatment to produce the best outcomes for your child. Of course, you will have the ability to review your child's data at any time on our electronic data collection platform. If significant updates or changes are made to your child's treatment plan mid authorization, additional consents may be obtained.





## Transition Planning and Discharge

Although it may seem premature to discuss discontinuing services when you are just getting started, it is important for you to understand the progression of treatment. Per the BACB Ethics Code, best practices indicate that “services should be discontinued when some established criteria for discontinuation are attained and that these criteria should be discussed and agreed upon as early as is feasible in the therapeutic relationship.” While the discharge criteria will be individualized for each client, services are typically discontinued when the client:

- a) No longer needs the service as evidenced by the caregiver being able to manage behavior independently and the client can demonstrate skills in a less restrictive environment.
- b) Is not benefiting from the service, as evidenced by the client showing steady states of responding despite multiple intervention changes for an average of one year of service. In the event this is observed, the client’s case should be referred to the clinical review committee for review, which may include additional assessment and review of coordination of care before discharge and referral.
- c) Is being harmed by continued service (e.g., the case being outside the scope of the clinical team, in which a case referral to another professional would be made).
- d) Requests discontinuation.
- e) The family and provider are not able to communicate and collaborate to reconcile important issues regarding treatment planning and delivery.
- f) Payor’s decision to discontinue services due to requirements (e.g., 85% attendance rate, expectations for parent participation) not being met.

Before discontinuing services, our clinicians have an ethical responsibility to provide referrals to alternative services (e.g., respite services, job coaching) and/or create a transition plan in which ABA services are slowly reduced over time. While this may vary from child to child, discharge from a comprehensive ABA treatment program often requires multiple reductions in service hours over time.

It should be noted that participation in this program is voluntary. You may choose to discontinue participation and withdraw your child from the program at any time. In order to support appropriate transition in care, we ask for the opportunity to plan and support discharge, including collaborating with new providers. Ideally, requesting a 30 day withdraw/ transition notice, whenever possible or appropriate.

## What to Bring to Session

Please consider providing the following items, clearly labeled, in a bag or backpack:

- a) Comfortable clothing and appropriate shoes (closed-toed shoes preferred)
- b) A water bottle with your child’s name clearly labeled
- c) Depending on how long your child is with us during the day, please pack clearly labeled snacks and/or lunch which does not need refrigeration or microwaving
- d) Even if toileting is not a focus during sessions, it is recommended that multiple sets of clothing be sent with your child in the event changing clothes is needed (e.g., spill food, toileting accident). Sets should include the following: extra tops, bottoms, underwear or extra pull-ups or diapers. Items should be clearly labeled with your child(ren)’s name or initials and can be kept in your child(ren)’s backpack or a designated location within the center.



## What to Expect During a Session

BlueSprig strives to help all clients become as successful and independent as possible and, while this may look different for each client, the general format of each session will look similar.

### Preparing for Session

Prepare your child for an optimal session by ensuring the following things:

- Your child should be well rested and awake prior to the start of session.
- Ensure that your child has eaten and is not overly hungry. If feeding goals or food reinforcers are part of your child's treatment plan, please discuss with your clinician.
- Limiting highly preferred or desired toys or foods outside of session time may be recommended in order to effectively use them as reinforcers during sessions. We use a variety of items and activities to motivate your child to participate in therapy sessions. The use of reinforcement helps ensure successful learning and participation. In such a case, your clinician will work with you to identify reinforcers and what items should be limited outside of session.
- Ending activities such as screen time at least 30 minutes prior to a session is ideal. Your child may have a more difficult time transitioning from a highly- preferred activity (e.g. watching TV, eating a snack, playing with favorite toy/technology on the car ride to the session) to starting a session.
- It may be beneficial to provide a brief description of your child's day or any challenges at the start of the session. Some helpful information may include:
  - If your child is tired or may have missed a nap
  - If your child has refused to eat prior to session
  - Any disruptions to your child's routines, medication, or any behavior out of the ordinary
- The work/play area: When services are home-based, prepare the work and play area by ensuring that session items are easily accessible to the technicians and there is a quiet area where sessions can take place. In general, it is recommended that:
  - The work area is easily accessible and quiet.
  - There is room sufficient for your child and technician to move about and play.
  - There is an area to keep bins of materials and reinforcers, which cannot be accessed outside of sessions.





## During the Session

Once the assessment has been completed and the program is ready to start, we will begin working on establishing a positive and supportive relationship with your child. We often refer to this as “pairing.” Pairing is a process in which the clinician/technician pairs themselves (or other activities) with reinforcement. For example, the clinician/technician may maintain control of preferred items so that your child can start associating these items with the clinician. The goal in pairing is to establish a relationship between the clinician and other reinforcers, so that the child’s interest in the clinician and willingness to follow their instructions increases. Pairing is a process that could take a few sessions or several weeks, depending on the child. Pairing is one of the important things we do to ensure that your child benefits from and enjoys therapy sessions.

- a) The start of each session or day will begin with a check in with parents/caregivers to determine if there are any environmental factors that could impact sessions (e.g., medication adjustment, lack of sleep).
- b) Your child’s treatment plan and treatment session are individualized based on their assessment. Your child will then be oriented to start their session in the designated area. They will be encouraged to move around to various areas in the center or in the home throughout their session to promote independence and generalization. Each area will expose your child to different equipment and materials that will facilitate learning in different developmental domains.
- c) Throughout your child’s program, they will work with one or more clinicians who will implement your child’s treatment plan. If your child receives services in the center and if clinically recommended, your child may also spend a part of their session learning with other children.
- d) To ensure your child learns how to work and play independently, your child may also spend part of their session with minimal interaction with others (e.g., completing puzzles). Note that even during independent work, all clients are always supervised.
- e) Depending on your child’s treatment plan and to best benefit your child, they may receive some of their services in locations outside of the center (e.g., home or community). If it is clinically recommended, your Clinical Director or Clinical Supervisor will discuss this with you.
- f) Though your child’s programming is intensive, it is also age appropriate. Your child’s age, preferences, and stamina with programming will be taken into consideration when designing a schedule for sessions that keeps your child engaged and challenged, while learning in an atmosphere that is fun and enjoyable. Learning may take place in a 1:1 setting, with small groups, during snacks or meals, or on a playground!
- g) At the end of each session or day, someone from your clinical team will provide you with a brief verbal overview of the session/day. You can expect this to take approximately 1-3 minutes. A written overview of the session can be found on CentralReach (see below). If you have questions or concerns about the information provided, reach out to your child’s Clinical Supervisor for further discussion. Please be aware that the person picking up your child must be on the authorized pick-up list.



## During the Session – In-Home Services

- a) For in-home sessions, allow the technician to get prepared at the start of session. They will have to spend some time preparing materials and reinforcers and reviewing any data, notes or logs from other technicians or the clinician.
- b) Keep your child occupied to allow the technician time to set up. Once the technician has set up, they can dedicate their full attention to your child.
- c) It is encouraged that siblings and other children stay with parents and/or other adults in the home unless it has been previously discussed by you and the clinician that they can be an active part of session to address social, play, or other goals.
- d) To ensure everyone's safety, an external site checklist will be completed prior to beginning sessions in the home. Session activities should avoid swimming pools, trampolines, etc. to ensure the safety of the child and technician.
- e) Observe sessions as often as feasible. This can be a great opportunity to learn how we work with your child and how some of the same strategies can be used outside of session.
- f) You are welcome and encouraged to observe sessions. Sometimes a parent's presence can prove somewhat distracting or disruptive to the session. If so, your clinician will work with you and the team to address those concerns and give you the opportunity to observe while sessions continue to progress successfully.
- g) Questions and input are welcomed but may be disruptive to the flow of session. Please time questions for the first few minutes of the session or address questions directly to the clinician to facilitate a productive conversation. Remember that the technician may need to refer you to your clinician about questions regarding your child's programming.
- h) Be ready to monitor your child for a few minutes before the technician leaves to allow them time to complete any notes or logs, graph any data as appropriate, and/or finish any other program maintenance, in addition to cleaning up and organizing materials used during that session. The technician will also briefly check in with you to summarize the session.

## Hours of Operation

BlueSprig centers are typically open for services from 8:00 a.m. – 6:00 p.m. Monday through Friday. However, your center may offer additional hours to meet the various needs of our clients. Your center operations leader will communicate with you the center's hours of operation. Please note that due to the individualized nature of home-based services, our clinicians may provide services outside of our center hours of operations.

Our centers will be closed in observance of the following holidays:

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Christmas Day

Hours of operation may vary around the holidays depending on client need and staff availability.





## Attendance

### Session Drop-Off and Pick Up

Timely attendance is important to your child's progress. At the onset of services and as changes occur, you will be provided a schedule that outlines the daily start and end time for your child's treatment program. Each center may have slightly different drop-off and pick up procedures that will be communicated to you before starting services. Generally, for center-based services, you or an assigned caregiver should bring your child into the lobby at the start of the scheduled session time, sign in, and wait in the designated waiting area for a member of the clinical team to take your child into their session. If there is critical information to share with your technician (e.g., issues related to sleep, meals, or challenging behavior that may have recently occurred), or if you need to give the technician materials (e.g., specific snacks, change of clothes), please be brief to minimize loss of therapy time. Although you may stay until pick up time, a caregiver must have a working phone number and the center must have an accurate up to date list of emergency contacts available in case of emergency.

You are welcome to remain in the waiting room for the duration of your child's session. If you choose to wait and have another child waiting with you, that child must be supervised at all times. Please note that during scheduled meetings with you, childcare for other children will not be available. BlueSprig understands that managing care for another child/children can be difficult. If childcare issues make attending center-based meetings difficult, please address this with your child's clinician so that we can help problem solve.

At the end of the session, a member of the clinical team will bring your child out to the lobby, where you or an assigned caregiver will sign your child out. Your technician can provide a very brief overview of the session, but likely has another session scheduled for which they will need to prepare. For your child's safety, clients will not be released to anyone that is not on the authorized pickup list or anyone who is under the age of 18. During intake, you should have completed a form indicating emergency contact information and which adults are authorized to pick up your child. You may add or remove authorized people from the pick-up list at any time, in writing. A driver's license, or other form of picture identification, will be required at time of pick up in case you or someone on the authorization list is unfamiliar to a new BlueSprig staff member. Please speak with your center operations leader if you have any questions related to drop off or pick up from the center.

### Late Arrivals/Late Pick Ups

A late arrival or pickup is defined as dropping off or picking up your child more than 15 minutes after the session was scheduled to start or end. Consistently being late for drop off or pick up or missing sessions is disruptive to your child's therapeutic services and will result in a request for a meeting with your child's clinician to discuss possible solutions to ensure that your child's placement is not jeopardized. A good rule of thumb is to plan to arrive early to avoid unexpected delays. Due to the complex nature of scheduling our sessions, it is essential that clients and parents/caregivers arrive for their session on time. Being late to pick up your child from sessions may result in another child missing out on session time, as our technicians are often scheduled for back-to-back sessions. Chronic late arrivals or late pick-ups may result in changes in schedule including reduced therapy hours, cancellation of session, attendance agreements or additional actions.



We understand that unexpected events may arise from time to time and ask that you please call your center staff as soon as possible if you will be late to drop off or pick up your child. If we have not received any updates or had any communication after 15 minutes from the scheduled start time, the staff will be sent home, and we will cancel the session. If we have not received any updates or had any communication after 15 minutes from the scheduled pick-up time, staff will call emergency contacts on file to organize pick up. If no one can be reached, local authorities may be contacted to confirm everyone's safety and discuss next steps. Please note that you may incur charges for recurrent tardiness and/or no-shows to offset the cost of staff time.

## Consistent Attendance

Consistent attendance and engagement in therapy sessions are essential to your child's success. As professionals trained in developing individualized treatment programs, our clinical team has an ethical and professional responsibility to recommend what is needed based on thorough initial and ongoing assessment.

Research clearly shows that both treatment intensity and consistency are among the strongest predictors of meaningful progress in ABA therapy. For this reason, your child's supervising clinician will recommend a specific number of hours that reflect what is medically necessary to meet their goals and support their overall development.

We ask all families to commit to attending at least 85% of the recommended hours so treatment remains effective and clinically valid. If a family elects to begin services at a substantially lower intensity than recommended, the program may not meet medical necessity criteria, and services may not be initiated.

Likewise, if overall participation—including both the agreed-upon schedule and attendance—drops below this threshold, services may need to be paused or discontinued. We recognize that unforeseen challenges can arise, and our team will always partner with you to identify solutions before making any changes. Consistency and collaboration are the foundation of successful outcomes for your child.

Please note that progress and attendance information are shared with your insurance representative and are considered during future authorizations for continued services. Payers expect consistent participation in medically necessary treatment to ensure benefits are used effectively.

If you anticipate difficulty maintaining the recommended schedule, please speak with your Clinical Supervisor so we can discuss options and next steps together.

## Make-Up Sessions

When possible, we will try to make up any missed sessions. However, we cannot guarantee that any missed hours will be made up due to scheduling or funding source constraints. We will attempt to reschedule your child's hours within the guidelines required by your child's funding source (e.g., school district, managed care organization). An alternate clinician may provide the services to ensure that the hours are delivered; however, you will still receive a call, if that is the case.



## Planned and Unplanned Cancellations

Cancellations are defined as any schedule modifications, including: (1) termination of a session, (2) tardiness to begin a session (i.e., 15 minutes or more), (3) early termination of a session, and/or (4) tardiness to pick up your child from a session (i.e., 15 minutes or more).

Planned cancellations include vacations, doctor appointments, or other planned appointments which cannot be rescheduled outside of your child's usual schedule. During the holidays we understand that families want to take time off. When a cancellation is anticipated, we request at least one month's notice, with more notice given whenever possible. Please let your center operations leader know as soon as possible when canceling so your child's session can be rescheduled. We recommend providing additional availability to make up sessions when cancellations are identified in advance.

Unplanned cancellations include sickness and emergencies and should be communicated to the center operations leader as early as possible and no later than 7:30am on the day the session is scheduled.

- If your child is sick and absent for multiple days, their absence will be counted as one occurrence.
- Any extended absence of a week or longer may result in changes to the technicians assigned to your child's team.

Occasionally, clients may encounter short-term conflicts with their regular sessions due to extracurricular activities, other therapeutic services, or commitments of siblings or parents. Our clinical staff will work with you as much as possible to be flexible with making up missed sessions but know that extended requests for changes and/or repeated cancellations to your child's regular schedule may result in permanent changes to staffing.

If a client's attendance (planned or unplanned) falls below 85% for the month, the following course of action will be taken:

- Falls below 85% attendance within one month: Your clinical team will notify you of inconsistent attendance and schedule a meeting to review this policy and discuss the potential impact on your child's progress. The clinician will discuss potential modifications to your child's schedule that are in alignment with your child's needs and aim to minimize barriers to consistent attendance.
- Falls below 85% attendance within second consecutive month: Your clinical team will schedule a meeting with you to review this policy and implement an Attendance Agreement. The Attendance Agreement will outline specific criteria and a timeline, to continue services with BlueSprig.
- Noncompliance with Attendance Agreement: If the specific criteria are not met as outlined in the Attendance Agreement, your child's case will be reviewed for potential discharge. Data will be reviewed to evaluate the impact of inconsistent attendance on clinical progress and outcomes (e.g., current intensity is not clinically appropriate, contraindicated, etc.).

The discharge review process is in place to analyze potential client discharge decisions and ensure alignment with BlueSprig policy, BACB guidelines, and any insurance specific requirements for the discontinuation of services. Specific payors may include attendance expectations and requirements, which may result in failure to obtain ongoing authorization.



## Change of Schedule

BlueSprig attempts to fulfill the scheduling requests of all clients, but due to the complexity and time requirement to make these changes, it is important that any request be communicated to your center operations leader at least a month prior to the requested effective date. Please note that a request does not guarantee the schedule change, but all attempts will be made to accommodate clinically appropriate requests.

When insufficient notice is provided, a reduction in hours or a pause in services is possible until needs can be met. Additionally, we attempt to provide as much notice as possible for any schedule change on our end, yet sometimes late schedule changes occur. We understand the need for consistency in staffing and thus we will make every attempt to reschedule a missed session with a familiar technician and/or offer a qualified substitute when in the best interest of the child.

## Family Guidance and Participation

As part of your child's individual treatment plan, parent/caregiver participation in family guidance is required.

BlueSprig acknowledges the centrality of the family in all aspects of programming, views family members as active participants and decision-makers and supports the child's relationships with caregivers and their community. Your child is only with their clinical team a small portion of their week, and the more opportunities your child has to practice the skills they are learning in sessions with you and other caregivers, the sooner we can begin to see progress. Without consistent reinforcement of what your child is doing in sessions at home, the longer it may take your child to meet their goals. Likewise, if home activities differ from skills being built into sessions, it can be confusing for your child, and it may delay or regress progress. For these reasons, we require that parents/caregivers work closely with the clinical team and participate in family guidance activities.

At the onset of family guidance, you will be introduced to the Attend app which will provide information, guidance, and resources you can use during and outside your family guidance sessions. During your initial session, you will be asked about your perspective on your involvement in your child's treatment. This includes discussion about how you learn best (e.g., through observation, discussion, coaching), what you want to gain from the family guidance, and any concerns you have about your role in your child's program. From this discussion, a plan is created for family guidance that best meets the needs of you and your child. This plan will include a number of goals that parents/caregivers want to achieve so they can better support their child's progress. These may be general goals around how to respond to your child's behavior or targeted goals around a specific skill like toilet training. Parents/caregivers who are unwilling to participate in family guidance may impact their child's progress and per payor policy and best clinical practice, including ethical service delivery, discharge from services may be required.



## Communication and Collaboration

At BlueSprig, we recognize that you are the expert when it comes to your child. We value and want your input and feedback on your child's treatment program and progress. Collaboration and communication are critical components of a successful program for your child. To this end, we ask that you communicate with your BlueSprig team about any changes that may impact your child's program or any concerns or input you have about your child's progress.

### Communication with BlueSprig Employees

We expect our technicians to be professional, child-focused, and respectful while in your home/communicating with you, and respectfully ask that our families do the same. If you ask a technician a question and they refer you to the clinician, please understand they are following company-wide instructions. This communication policy is in place to ensure our families receive correct information always. Technicians may not be able to answer in-depth questions, or child-specific concerns regarding programming, policies, scheduling, or research on treatments. Referring questions to your clinician minimizes confusion and increases appropriate communication, which in turn supports program development and collaboration. If you have any concerns about a specific technician, please speak directly to your clinician. We greatly appreciate your feedback, both positive and constructive, and look forward to constantly improving what we do. We will address your concerns in a timely manner through our supervision and support to the team and will work with you to ensure we are providing the best possible program moving forward.

### Method of Communication

BlueSprig will provide communications to you to ensure you are always up to date with any changes or information that may impact you and your child. To ensure quality and timely communication, routine communication will occur during normal business hours (8:00 am-6:00 pm) unless otherwise stated by your Clinical Supervisor as part of your child's treatment plan. BlueSprig employees are able to communicate via e-mail, phone and, in the case of emergency (e.g., inclement weather), text. We also post general communication on an informational bulletin board at the entrance of our centers. With any communication platform there is some risk with communicating information and protecting your privacy. If you feel uncomfortable with any of these methods, please communicate with your center operations leader. Texts are not sent via a secure platform and therefore, will not include protected health information.

For any non-urgent matters, please talk with your Clinical Supervisor during your regular family guidance meetings. If this is not possible, please call the center during operating hours and schedule an appointment to speak with a member of your treatment team. To abide by our code of ethics, we ask that staff communicate with you only through business contact information and not be contacted on their personal phones or through texting. If you have any concerns related to your child's services, please contact center operations leader.

If you need to contact staff outside of normal operating hours (e.g., calling to notify that session needs to be canceled due to illness), please reach out to us via the HIPAA compliant messaging system on CentralReach, by phone, or email. Our centers have a voicemail system which is routinely checked by center staff.



## Crisis

As our programming is therapeutic in nature, we are not able to provide academic, respite, or crisis services. If a crisis occurs at any time in session, our staff are trained to contact 911 as well as the emergency contact. If a crisis occurs outside of session, please contact 911 or emergency services prior to notifying your Clinical Supervisor or clinical team.

## Health-Related Changes

When providing treatment, it is important that we have all information that could affect your child's behavior and progress. Please inform your Clinical Supervisor about any health-related changes that may impact your child's progress such as medication changes, diet changes, and new or ongoing health issues. If your child is hospitalized for any reason, you must communicate any discharge instructions to the team before your child returns to services. They will likely consider this information when analyzing the success of the treatment program. This is also a great source of objective data for you to have when making medication decisions with your physician. We may ask that parents or guardians support additional training, as needed, for any health-related conditions or special discharge instructions following any health-related changes.



## Life Changes

Significant life changes can impact your child's behavior. For the safety of your child and our employees, please communicate these changes so their behavior plan can be adjusted if needed. These changes may include changes to your child's living situation, changes to custody arrangements, or an illness or death of a loved one. If there are any changes to custody agreements, we respectfully request a copy of this document. Understanding your family's unique custody and guardianship issues is important when determining who can make changes related to your child's care. Please provide updates, preferably legal documents indicating any changes to guardianship impacting your child's care.

## Insurance Changes and Questions

If your insurance carrier or health plan changes, please communicate with your center operations leader, immediately. Failure to do so may result in services being placed on hold as well as financial liability for services not covered by a current and approved authorization.



## Collaboration with Other Professionals/Consent to Release Information

We understand that children often have numerous medical practitioners, educators, and specialists involved in their care and we believe that coordinating care with your child's treatment team will result in the best outcomes for your child. Your written requests to release information to professionals involved in the care of your child will be honored and we encourage you to provide us with access to the full team to consult and coordinate care and services as needed.

If your child is prescribed medication, collaboration with the prescribing medical practitioner is strongly encouraged. Additionally, we may ask you for your consent to gain information from other professionals who work with your child. Written consent is required in order to communicate with any external providers and needs to be updated annually. Regular coordination of care meetings is encouraged whenever there are multiple services being provided to your child.

You may access your child's records at any time through the parent portal on CentralReach. If you are unable to access the desired records, or you are unfamiliar with the process, please reach out to your center operations leader. If you still experience challenges, you may complete a record request using the link [here](#).

## Concerns and Grievances

BlueSprig is committed to developing an effective relationship with you and your child. We value open and honest communication. Should a concern arise, we urge you to discuss the issue directly with your child's clinician. The local team, including the Clinical Director and center operations leader are also available to address concerns. In the unlikely event your concerns are not resolved to your satisfaction, please contact your Director of Clinical Operations. Contact information for all leadership may be found in your center's front reception/sign-in area or by calling the center. Please know that aggressive and threatening communication or behavior toward any staff member will not be tolerated.

BlueSprig takes every complaint of discrimination and harassment seriously. Concerns or complaints that are not resolved after talking to your local leadership team may be directed to the BlueSprig Parent Line: 833-227- 0693. The parent line is available 24 hours, 7 days a week. This number will direct you to an actively monitored voicemail system where you can leave a message and can typically expect a call back within one working business day.





## Session Setting

### Clinical Setting

The setting in which sessions occur must be conducive to learning and specific to the child's needs, as outlined by the goals in the treatment plan. Settings in which sessions may occur include school, home, center, or community. Providing services at one of our centers allows us to control and adjust the environment for your child's programming (e.g., minimizing or systematically introducing distraction, setting up a mock classroom or work site) and access peers as appropriate. The ability to provide services in the community or school settings may be impacted by payor and district requirements. Please speak with your Clinical Supervisor if you have questions about the setting of your child's treatment.

### Home Sessions

All homes in which home-based therapy services are conducted, must be safe for team members and the client, including, but not limited to; sound structure in compliance with local building codes, relatively clean environment, a minimum space available for two people to conduct therapy sessions, working restrooms, running water, electricity, easily accessible entrance and exits, pets secured and/or removed from the therapy environment, void of persons with communicable diseases/illnesses, void of personal conflict and altercations during therapy sessions, and no use of drugs/alcohol/smoking during therapy sessions.

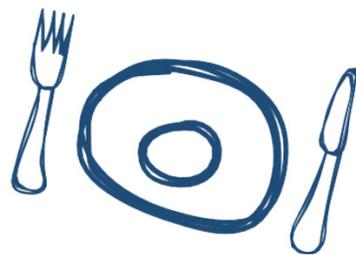
An external site safety checklist will be completed in person prior to the start of home sessions. If there are any cameras in the home (e.g., security cameras, nanny cams), this must be disclosed to staff to ensure they are aware they are being recorded. BlueSprig policy does not permit video or audio recording of any sessions without consent. If your child receives services in the home, it is important that a responsible adult (over the age of 18) is present for the entirety of the session in case of emergency. A BlueSprig team member cannot serve as the designated responsible adult. If you need to leave for any reason, you must take your child with you and end the session early. BlueSprig team members are not expected to cover the costs of entry fees or other fees associated with providing services in a setting outside of the home. BlueSprig team members are not allowed to transport clients in their car. If an outing is scheduled, please work with your child's clinician to plan the logistics. The clinician will meet the family at the outing location. The adult must be awake and available to staff throughout the session as needed. Please let the RBT in the home know where the responsible adult will be in the home so they may locate them if needed. Please note that if the responsible adult leaves home during the session, or if the adult is under the influence of any drugs or alcohol and incapable of caring for the client, the session may end, and services may be placed on hold or cancelled, and the emergency contact called. In addition, please ensure any siblings or other children are kept out of the therapeutic environment during sessions to allow your RBT to focus on your child's programming.

When your child's clinician arrives for the session, they will ask you for any information that may impact the session (e.g., how your child slept the night before). They will then spend the first few minutes setting up for the session before taking your child to the designated place to start services. If you are running late and will not be home at the start of the session, please call the center and let them know when you will be arriving so we can determine if your clinician can wait or if the session should be rescheduled.



## Meals

### Lunch



Due to the many dietary restrictions of our clients, BlueSprig does not provide food for our clients. For clients receiving services in the center, please pack a lunch that does not require refrigeration or use of a microwave, in addition, all clients should bring their own water bottle daily. Food should be prepared, mixed, and ready to eat. BlueSprig prefers that clients who require hot lunches should have them warmed at home and placed in a thermos to retain the desired temperature. If ice packs are needed, please include these in your child's lunch box. If your child has a special diet and this policy is problematic, please discuss any concerns with your Clinical Director to create a healthy environment for eating. BlueSprig employees will open containers for children who may not have the strength or fine motor skills to do so. If a client that attends your child's center has a severe allergy, additional information on restricted items will be communicated. For clients receiving services in the home, the available caregiver is expected to provide a prepared meal for the client. If meal preparation is a part of the client's program, we will discuss what is required.

BlueSprig may use small food items as part of the treatment plan. If your child has allergies or dietary restrictions, you should be sure to this information on the intake paperwork. You should also alert your child's clinician to this before your child's first center-based session. If your child has allergies or dietary restrictions, BlueSprig will only provide edible items (food and drink) that you supply directly from home.



### Nut Free Policy

BlueSprig cannot guarantee a "nut-free" facility, though our intent is to reduce exposure risk. Parents should understand that the implementation of a "nut-free" policy does not necessarily mean that there will never be food with nuts in the center setting, given that BlueSprig does not control all food items coming into the facility. Despite the "nut-free" policy, BlueSprig makes no guarantee that the premises will be completely nut-free. BlueSprig disclaims any liability for violations of the "nut-free" policy. If your child has a nut allergy, please notify the center staff to develop a preventive and emergency plan.

### Snacks

All clients are encouraged to pack a separate snack each day. Your child's schedule may include time to take a break and eat a snack. Like lunch, snacks should be prepared and ready to serve. Please label your child's lunch box and water bottle with their name. You may choose to include a separate drink for this time as well. If you do not, your child will be offered their water bottle.



## Diapering and Toileting Supplies

If your child is not yet toilet trained, you are required to send in the appropriate diapering and/or toileting supplies in your child's backpack each day. This includes at least one full pack of diapers or pull-ups, wipes, and at least three full sets of clothing. All items should have your child's name clearly written on them. In the event we are implementing a toilet training program with your child, additional changes of clothing may be required. If clients can independently use the restroom, staff will stand outside the door to provide the client with maximum privacy but also make sure they are safe. If clients need support with their toileting routine, they will be taken to the restroom on a regular schedule in adherence with our toileting policy. For sessions that occur in the home, the parent/caregiver is responsible for toileting and diapering.

## Personal Property

Unless requested or agreed upon with your child's clinician, please minimize the number of personal items your child brings from home. We will make every effort to ensure any personal property (e.g., communication devices) are well cared for however, BlueSprig is not responsible for damage that your child may cause to personal property. If personal items will be incorporated into sessions, you will be asked to complete a client [Personal Device Usage Waiver](#). Personal property that must be brought to the center should be protected as much as possible (e.g., a protective case for a communication device, properly insured) and labeled clearly with your child's name.



## Lost and Found

BlueSprig is not responsible for lost items. If you believe an item has been lost at the center, contact your center operations leader and we will try to locate the item. All lost unclaimed items will be kept in the center. If you are missing something please check with the office staff. If items remain unclaimed for 2 months they will be donated.





## Medication

BlueSprig recognizes that some clients may require scheduled prescribed medications. It is important to note that BlueSprig does not employ medical personnel (e.g., nurses or medication techs), therefore we are limited in our ability to store and administer medications to those required in an emergency situation. If your child can routinely self-administer medications in the home setting and such medication is required to be delivered during an ABA session, in the center setting and cannot be rescheduled, the prescribing medical practitioner will be required to complete a BlueSprig Request and Release for Medication form. Self-administration is dependent on a determination that the delivery is safe and appropriate in the center setting. Medication should never be placed in a food or drink that will remain with the client in the center. Please contact your center operations leader if you have concerns related to medication administration.

For those clients who require emergency medication, such as a rescue inhaler or Epinephrine autoinjector, a medical practitioner will be required to complete a BlueSprig Request and Release for Medication form. All medication must remain double locked in a designated location in the center with access by the Clinical Director or center operations leader only. The medication must remain in its original container with identifiable information including: the client's name, date of birth, medication name, dosage, and expiration date. No medications will be destroyed or discarded by the center staff and will be returned to the parent/caregiver following the expiration date. Parents or caregivers are required to demonstrate the appropriate usage and administration of the emergency medication to the designated staff and provide written guidance. This information will be stored in the client's record. A video may be recorded for training purposes and also stored in the client's record. Medications will be reconciled at least weekly and at the time of administration.

Emergency medications may be administered via inhaler, autoinjector, or sublingual (under the tongue). BlueSprig personnel will not administer medications via rectal suppository, enema, or gel. These emergency medications may be kept onsite, following Company approval, for paramedics or other certified emergency personnel to administer, following 911 contact.

All questions related to subcutaneous insulin pumps to control diabetes should be directed to the center operations leader. BlueSprig personnel are not allowed to program pumps. Bolus delivery prior to a meal or snack may be assisted if controlled by the parent/guardian.

Over-the-counter topical creams such as sunscreen, diaper ointment, and anti-itch creams will be applied upon request and must be supplied by parents.





## Physical Safety, Restraint, and Seclusion

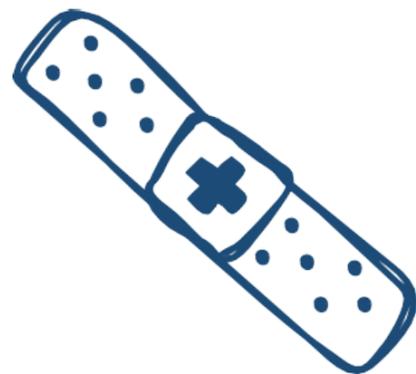
BlueSprig utilizes least restrictive measures to de-escalate client crises. All clinical staff are trained in crisis prevention and verbal de-escalation techniques. However, there may be emergent situations (e.g., a child refusing to leave a building filling with smoke) where physical safety methodologies (e.g., blocking or body positioning) or a physical restraint (e.g., using physical contact to limit a client's movement) may be necessary to reduce risk of serious harm. In a crisis situation, BlueSprig will act in the best interest of your child to ensure their safety. Should such an event occur, the parents will be notified and informed.

If a programmatic physical safety methodology or, a physical restraint is recommended for inclusion in the client's treatment or crisis plan, BlueSprig will gain parental consent and provide training on approved physical safety and restraint methodologies before implementation. These methodologies will only be recommended when other less restrictive measures have been found to be ineffective to protect the client or others from injury or serious harm.

Seclusion, exclusionary time out, (i.e., isolating a client in a separate area without supervision in an involuntary manner) and mechanical restraints to prevent client behavior (i.e., seatbelt, vest, furniture configuration, etc.) and chemical restraints (i.e., medication) are prohibited under BlueSprig policy.

## Health

For your child to be ready to learn, they must be able to participate in sessions. Your child should not participate in sessions if showing any signs of illness the night before or in the morning prior to attending sessions. If you receive services in your home and anyone in the home is ill, please contact your Clinical Director on how to proceed.



Services will not be provided when clients have:

- Vomited within the previous 24 hours
- Diarrhea within the previous 24 hours
- Temperature above 100 degrees
- Skin rash (unless cleared by a doctor)
- Open sores (unless covered with a dressing)
- Contagious disease such as: conjunctivitis (pink eye), scabies, chicken pox, strep throat, lice, ring worm, etc.
- Been absent from school/vocational site or left school/vocational site early due to illness  
Sessions may be cancelled at our discretion when clients demonstrate other behaviors indicating illness:
- Excessive or productive coughing
- Lethargy or altered alertness
- Nasal discharge that is green or yellow
- Significant and uncharacteristic behavior change (e.g., uncontrollable crying, tugging ears, hitting head)



If your child shows any of these symptoms during sessions, they will be isolated in an unoccupied room under the supervision of a team member until a parent or caregiver arrives. We will make every effort to reach you by the phone numbers listed on the Emergency Contact Form. If you cannot be reached personally within 30 minutes, we will contact your listed emergency contacts by phone until someone is reached to pick up your child. It is important that you complete the “Client Emergency Contact Form” during intake and update this every year. Should a change occur at any time, please notify your center operations leader.

Sessions will resume when:

- The client has been symptom free for 24 hours:
  - o No vomiting
  - o No diarrhea
  - o Temperature has been under 100, without fever reducing medication
- Open sores are covered with a dressing
- Skin rashes have been examined by a doctor, and a note is provided to the clinician indicating it is safe for team members to work with the client
- The client is free from contagious disease
- The client returns to a full school day

BlueSprig has the right to request a doctor’s note indicating when your child will be able to return to services. In the event your child may be exposed to a communicable illness or disease while in the clinic, a letter will be sent home as soon as possible detailing the communicable disease and what actions, if any, need to be taken.

## Safety Policies

Both our employees and clients need to work in a safe environment, whether it be in the center, home, community, or school setting. This means all employees and clients need to know what a safe environment is, their role in creating and maintaining that environment, and what to do when the environment becomes unsafe. If services are rendered in the home, the parent/guardian will be provided with a home safety checklist. This checklist will be reviewed with you prior to the Clinical Supervisor completing a home inspection before services start in the home.

From day one and throughout their time at BlueSprig, all employees have access to, and are trained on, emergency prevention and preparation, and response and recovery procedures (including calling 911). Furthermore, our clients are trained on what to do in various emergency situations using teaching procedures and practices to help them demonstrate maximum compliance and minimal upset in an emergency.

To ensure all our employees and clients are prepared, we conduct safety audits on a regular basis. Drills are conducted throughout the year to ensure all employees and clients know what to do in an emergency including, but not limited to, fires, tornadoes, active shooter, bomb threat, or missing child. For more information about BlueSprig’s emergency procedures, please contact your center operations leader.



We also ask that all employees, clients, and visitors to our centers follow these basic safety rules:

- A name badge (visitor or employee badge) must always be visible.
- Sign in and out of the center so we are aware of who is in the center during an emergency.
- No smoking within 20 feet of center entrance or exit.
- No drugs or alcohol in the center.
- No weapons inside the center.
- No pets in the center (service animals allowed)
- Do not wear open-toe shoes or other clothes that may cause or fail to prevent an injury.

BlueSprig employees are prohibited from:

- Transporting clients in a motor vehicle.
- Swimming with clients.
- Administering medication and other non-medicinal products without prior approval and authorization. If your child requires administration of medication including emergency medication or other non-medicinal products, please discuss options and alternatives with your Clinical Director.
- Administering feedings by tube.
- Leaving a client unattended/unsupervised at any time.
- Lifting or carrying clients except in emergency situations or situations where lifting or carrying is required to assist with activities of daily living (e.g., diapering/ toileting, handwashing)
- Releasing a client to an unauthorized adult.
- Releasing a client to a parent or caregiver if that person is deemed by the staff to be under the influence of drugs or alcohol (evidence of being under the influence or impairment may include: being slow to respond, red eyes, unsteadiness on one's feet, slurring words, odor of alcohol or marijuana on one's person, behavior that is a danger to self or others (e.g., operating a motor vehicle while being impaired, becoming violent, argumentative, threatening, or belligerent), and/or other erratic behavior).
- Being alone with a client.

## First Aid Procedures

In the event of a mild injury or incident involving your child, such as a small scrape, cut, bruise, etc., an incident report will be completed and reviewed with you during pick up. If there are any questions about the situation, please contact your child's Clinical Supervisor. In the event of an injury or incident that is more severe in nature, parents will be contacted immediately via phone. If the parents cannot be reached personally, we will begin calling those listed as emergency contacts until someone is reached. If neither a parent nor the emergency contact can be reached immediately or if the nature of the client's injury or illness is such that there should be no delay in getting medical or dental treatment for the client, BlueSprig will obtain the necessary medical or dental treatment. This may include calling an ambulance at the expense of the client's parent or guardian. BlueSprig does not provide childcare, we will send a child home due to illness or refuse care to any child that arrives to the center ill.



## Inclement Weather

If inclement weather forces the closure of your center, you will be notified by email and/or text that the center is closed. In situations where services occur in the home, you will be contacted by phone to discuss rescheduling your session(s). The safety of our clients and staff is our number one priority. If you have any concerns about coming to the center, staff going into the home, or if you are unsure, please reach out and discuss this with your center operations leader.

If the place of service (home or center) loses the use of air conditioning/heat, water, or electricity, the session will be moved to a different location when possible or canceled and rescheduled for another day.

## Building Security Procedures

For the safety and privacy of all clients, only authorized visitors are allowed in our clinics. Visitation requests must be made in advance of the visit. Visitation requests will be approved or denied by the Clinical Director. Authorized visitors are always required to sign in at arrival and wear a visible visitor's badge. Any unscheduled or unidentified visitors will be directed by a door posting to call the center prior to entry.



## CentralReach

At BlueSprig, we utilize an electronic medical record platform called CentralReach. We believe in transparency and collaboration and to that end, you will always have access to CentralReach 24/7 as an active client and after discharging from services as well. We will provide you with a login and password at the time of intake. Your center operations leader will ensure you are able to log in and will help you navigate the different modules in CentralReach. Your Clinical Supervisor will also conduct a hands-on training session with you during the first 30 days of your child's treatment. CentralReach will contain information about your child including your child's schedule and clinical records.



## Data Collection

ABA is a field of study dedicated to understanding, investigating, and changing behavior in a systematic and meaningful way. Our clinical decision making is based on research and data on how your child is progressing.

Documentation and ongoing data analysis are integral to the ABA program. Data allows us to appropriately address your child's unique skills and learning needs. Based on data, your clinician can evaluate the effectiveness of your child's program and make immediate, appropriate changes. The data will be summarized by your clinician and periodically reviewed with you and the rest of the team to ensure effective collaboration.

Documentation is most accurate when completed during or immediately following therapeutic intervention. For this reason, you may often see your RBT or Clinical Supervisor on an electronic device (e.g., cellular phone, tablet) taking live data on a web-based platform during your child's session. At times, data may also be gathered outside of session. We may ask you or other care providers to collect data as well, as part of your child's program. The Clinical Director or Supervisor may also collect data on your response based upon individual goals and objectives. Talk with your Clinical Supervisor about how you can access your child's data to see progress towards goals. Some information can be confusing or overwhelming, and we will review this with you during family guidance meetings. Ongoing assessment of your child's progress and family involvement will result in the best outcomes for your child.

## Direct and Indirect Hours

To provide you with the best services possible, you may see in part of the accounting and documentation for our services that some of your child's services are labeled "direct" and some are labeled "indirect." Direct hours refer to those times that we spend with you and/or your child and may include time spent setting up the program, putting items away, providing supervision during overlaps of technicians and taking notes. Indirect hours include time for such things as meetings, team collaboration, client-specific training, data review, report writing, program development, and material preparation. The location of services is often dependent upon funding source requirements and clinical assessment and need. Generally, services are provided either in a BlueSprig center, or in the home.

## Insurance, Billing, and Payments

BlueSprig will invoice you for your patient responsibility balance of your insurance charges (e.g., co-payments, deductibles, etc.). It is important to note that patient responsibility invoices may be delayed due to insurance processing times for claims submitted to insurance on behalf of our clients. Balances are expected to be paid in full upon receipt, or an available payment plan initiated. Invoices will be handled through Flywire. Parent accounts will be available once a balance is posted and accessed at <https://bluesprig.simplepay.com/app/login>. Should you have any questions regarding your invoices or balance, or have not yet received an invoice, please contact our Patient Finance department at [patientfinance@bluesprigpediatrics.com](mailto:patientfinance@bluesprigpediatrics.com).



## Opportunities for Improvement

At BlueSprig, we continually strive to provide exceptional services to ensure that individuals with disabilities and their families have equal opportunity to live, learn, work, and play in our communities. To do this, we need your input. We welcome you to share your suggestions, concerns, and praises at any time. Periodically you will receive surveys from us. We value your opinion and want to encourage you to share your thoughts and comments with us to help us continue to provide exceptional services.

## Laws & Regulations

BlueSprig will comply with state and federal laws regarding the delivery of services to clients with disabilities, including, but not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 42 CFR Part 2 CONFIDENTIALITY OF SUBSTANCE USE DISORDER PATIENT RECORDS, and the Americans with Disabilities Act (ADA), Rehabilitation Act of 1973, the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) and Chapter 3323 of the Revised Code, per Rule 3301-103-07(A)(13) of the Administrative Code. Additional state or local laws related to the regulation of Applied Behavior Analysis or autism specific services will also be followed.

## Parent Handbook Acknowledgment & Agreement

By signing this, I acknowledge I have received, read, and understand the BlueSprig Parent Handbook, and as such, I agree to all requirements within.

Client's Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Client's Date of Birth: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_ Effective Date: \_\_\_\_\_



## Appendix

### Appendix A – Family Guidance for TRICARE Families (CPT code 97156)

It is important that family members or caregivers learn to apply the same treatment protocols to reduce maladaptive behaviors and reinforce appropriate behavior. It is expected that as families become more capable of providing treatment protocols or as beneficiary symptoms improve, the amount of one-on-one ABA services provided by an ABA provider will decrease. Unless therapeutically contraindicated, the family and/or guardian must actively participate in the continuing care of the beneficiary. Documentation of contraindication must be documented in the treatment plan for continued eligibility for the Autism Care Demonstration (ACD).

The client is not required to be present for the parent/caregiver sessions; however, presence of the client is encouraged. The clinician shall not authorize CPT code 97156 for greater than eight units (two hours) per day. CPT code 97156 may be used only in a home or clinic/office-based setting. School settings are prohibited.

For new and approved treatment plans on or after August 1, 2021, a minimum of six parent/caregiver sessions are required every six months. These six sessions may include CPT codes 97156, 97157, or a combination of the two.

The clinician shall work with the family and the provider to resolve barriers for parent/caregiver sessions. The first session shall be within the first 30 calendar days of the treatment authorization. The contractor shall not, if this requirement is not met for two consecutive authorization periods, renew ABA services for a subsequent authorization period for that beneficiary.

For new and approved treatment plans on or after August 1, 2021, parent/caregiver sessions for CPT code 97156 may be conducted via telehealth only after the first six-month authorization period per authorized provider. Additionally, all services provided via telehealth must adhere to state laws governing telehealth services.

For new and approved treatment plans on or after August 1, 2021, parent/caregiver sessions conducted remotely must include the GT and 95 modifier when submitting claims. Remote Family Adaptive Behavior sessions must be in compliance with TPM, Chapter 7, Section 22.1.

### Appendix B - Frequently Asked Questions

#### Who do I call if I'm running late?

Please call your center to notify your center operations leader of your delay and when you will be arriving so we can notify the appropriate staff.



### **Can I observe sessions?**

Yes. If you would like to observe your child's session, please notify your Clinical Supervisor at least two weeks prior to the time you would like to observe. Observations are one hour in length and a non-disclosure agreement must be signed prior to the observation. You will be accompanied by the Clinical Director or Director of Clinical Operation during the observation to answer any questions you may have during the hour.

### **What kind of questions can I ask an RBT?**

Please feel free to ask questions about how your child did during the session or what they worked on. If you have specific questions about your child's program, please reach out to your Clinical Supervisor.

### **Can I ask staff for their cell phone number?**

We ask that all communication with staff be through our business email and phone. Staff will respond within 24 business hours to all communication.

### **When should we notify you about planned vacations?**

We ask that you provide at least one month's notice to your center operations leader in the event you will be going on vacation and missing scheduled sessions.

### **Who do I talk to if I have a disagreement with my Clinical Supervisor?**

Please speak with your center operations leader or Clinical Director if you have any concerns regarding your child's Clinical Supervisor. Concerns or complaints that are not resolved after talking to your local leadership team may be directed to the BlueSprig Compliance Department Hotline: 833-227-0693. The Hotline is available 24 hours, 7 days a week.

### **Can I bring cake for my child's birthday?**

If you would like to bring cake for a birthday or celebration, please check with your Clinical Director to ensure any limitations due to client or staff allergies are accounted for prior to bringing in food.

### **Can I be involved in a home session? Is it expected I be involved in the session?**

Home sessions are a great opportunity for our team to work with you on your child's programming in the everyday environment. There may be some programs which require your participation due to the end goal (e.g., having you call your child's name from across the room as part of a responding to name program) but full participation in home sessions is not required. Please speak with your Clinical Supervisor if you have any questions about your involvement in home sessions.

### **Can I leave during a home session?**

A responsible adult must be present throughout any home session to ensure safety within the home should an emergency arise. If you are planning to be in a different part of the home when sessions are conducted, please notify the RBT of where you will be in case they need your support during the session.