



THE READY CLINIC

2024-2025

Caregiver Handbook and Informed Consent to Treatment

Services provided under
SWWC Service Cooperative

Clinical Director: Amber Bruns
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Welcome

Welcome to The READY Clinic!

We are delighted to have you join our community. At The READY Clinic, we specialize in providing intensive early intervention services rooted in the principles of applied behavior analysis (ABA) for young children diagnosed with autism and other developmental disabilities.

Your child's treatment plan will be tailored to their unique needs, informed by comprehensive direct assessments and parent interviews. Our evidence-based approach is delivered by a team of highly trained behavior therapists and behavior analysts, who are dedicated to supporting your child.

We recognize and deeply value the role of parents in our programming. Your insights and collaboration are essential to our work, and we are committed to partnering with you to make a meaningful and lasting impact on your child's life and your family's well-being.

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Who We Are

Mission

The mission of The READY Clinic at SWWC is to provide effective early intervention services that enhances the learning and development of young children with autism and other developmental delays using the methods and principles of applied behavior analysis (ABA). This medical model of behavioral health treatment is conducted at a center-based treatment center. It focuses on developmental and functional skills in all areas and on improving learning and social behavior across treatment and home settings. Treatment is primarily 1:1, often resulting in multiple 15 to 20-minute intensive teaching intervals interspersed with reinforcement and play throughout each therapy session, with opportunities for group social skills training also included in the center-based treatment model.

Diversity and Inclusion Statement

SWWC's mission is to support and enhance the work of our members by providing programs and services to meet their needs. To support and enhance all of our members, we need to embrace and celebrate all of our members. SWWC works to identify unique frameworks within the various communities we serve and actively responds by adjusting our practices to meet the ever changing needs. We strive to recruit diverse and inclusive teams that will have a positive impact on our programs and services and help us better serve our members, customers and employees.

Our Staff

- **Clinical Director of Behavioral Health Services (CD):** The clinical director is responsible for providing leadership, supervision and employment functions of all staff. This position leads strategic development and manages the fiscal responsibility of the programs.
- **Comprehensive Multi-Disciplinary Evaluation Provider (CMDE):** A licensed professional who can conduct a comprehensive multi-disciplinary evaluation, including standardized and diagnostic assessment.
- **Qualified Supervising Professionals (QSP):** a licensed professional who can assist in monitoring the treatment of an individual diagnosed with autism (ASD) or related disorder.
- **Behavior Analyst (BA):** Board Certified Behavior Analyst-Doctoral (BCBA-D), Board Certified Behavior Analyst (BCBA), or a Board Certified assistant Behavior Analyst (BCaBA) who may develop and supervise treatment and provide supervision and staff and parent/caregiver training.
- **Senior Behavior Therapist (SBT):** A practitioner with advanced education and experience with autism and related disorders. This provider assists the Behavior Analyst in supervising treatment, developing programming, staff coaching and caregiver coaching.
- **Behavior Therapist (BT):** A person with advanced education or prior experience working with autism and related disorders. This provider regularly implements 1:1 or group treatment and assists with parent/caregiver training and receives at least 5% of hours supervised per month from the SBT or BA.
- **Behavior Therapy Assistant (BTA):** A person at least 18 years of age with a high school diploma or GED equivalent who has completed the required training and has one year of the required work experience. This provider regularly implements 1:1 or group treatment and receives supervision at least 5% of hours supervised per month.



Our READY Clinic Locations

General Questions & Intake

507-339-4933

readyintake@swwc.org

TRC – Cosmos

320 N Saturn Street, Suite A, Cosmos, MN 56228

320-877-7074

TRC – Marshall

349 W Main Street, Marshall, MN 56285

507-337-2965

TRC – Montevideo

2419 Washington Ave, Montevideo, MN 56265

320-321-1484

Treatment Development

Diagnostic Assessment

Children are required to receive standardized developmental and diagnostic assessment annually to receive ABA services. Parents may choose for their child to receive standardized assessments from a provider of their choice, or from The READY Clinic's QSP. The QSP will also supervise assessments conducted by the Behavior Analyst, which are typically scheduled as a component of the initial development of the child's first Individualized Treatment Plan (ITP) and every six months of treatment thereafter. Assessment tools used to measure ongoing treatment may include the Learning Accomplishment Profile Birth – Kindergarten (LAP-BK) and the Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP).

Individualized Treatment Plan

Following the review of a child's diagnostic assessment, the QSP and Behavior Analyst further assess the child to develop ITP. The ITP is designed to address family goals for a child's treatment, a child's developmental delays and interfering and challenging behavior. The ITP includes a list of short-term benchmark objectives to be accomplished each 6-month ITP interval, long-term discharge objectives, and transition planning and criteria for discharge. The Behavior Analyst and caregivers work together to review the ITP frequently to continually plan treatment based on the child's needs and family's goals. At these reviews, written consent is required for ongoing treatment implementation.

In the ITP, a recommended combination of services will be provided to meet your child's current goals. Services include these areas:

Service Name	CPT Code	Description
Individual 1:1 Intervention	97153	1:1 ABA therapy session specifically to address your child's current core developmental skill needs and goals/objectives outlined in treatment plan. Includes learning tasks paired with short breaks for play and reinforcement.
Group Intervention	97154	ABA therapy session with 1-3 other peers present to address your child's goals/objectives related to social play and classroom engagement. Frequently occurs during natural group activities like circle time, snack time, and peer play.
Intervention, Observation and Direction	97155	The oversight of intervention services and modifications to your child's therapy programming. Includes conducting observations to ensure your child's program is effective, active direction or feedback to a provider working with your child or conducting goal checks and testing new therapy protocols.
Individual family/caregiver training and counseling	97156	Specialized training, education and support for your child's caregivers (parents, grandparents, PCA, guardian, siblings, etc.). Includes in-clinic direct work with you, your child and a member of The READY Clinic team as well as meeting with your child's therapy team to discuss goals and progress of intervention. Can be implemented via telehealth.
Group family/caregiver training and counseling:	97157	Parent coaching and training sessions conducted with multiple families from The READY Clinic. These include workshops and peer-to-peer learning groups to support caregivers in meeting their child's goals and coordinating care.
Individual Treatment Plan, Development & Progress Monitoring	H0032	Services that cover the development and ongoing monitoring of your child's progress on their Individualized Treatment Goals. This can include adjusting the ITP, conducting a progress monitoring meeting, reviewing and updating programs, collecting and summarizing data, and preparing transition and discharge documentation.
Coordinated Care Conference	T1024	A clinical service that covers meetings between the child, their family, EIDBI providers, or other service professionals that the caregivers request. These meetings serve to review individual treatment plan progress, coordinate services across providers when a child has complex needs, and to support a child's successful transition to other service providers.

Curriculum

Once the Individualized Treatment Plan is developed, the treatment team will use a variety of techniques to achieve the goals in the treatment plan. The READY Clinic's curriculum is highly individualized for each child. It aligns with the principles of ABA, which may include functional communication training, discrete trial training, practical functional assessment and skill-based treatment, incidental and natural environment teaching, Project ImPACT, as well as maintenance and generalization training across people and environments.

The READY Clinic may recommend that treatment goals be provided in a variety of settings. This can include goals in natural community settings like a library story time, grocery shopping, or summer school community education class. Goals may also be targeted in the child's home by the caregivers and observed via telehealth.

Long Term Discharge Objectives

Each treatment plan at The READY Clinic begins with a set of long-term discharge objectives. A long-term discharge objective represents the ultimate objective we aim to achieve through therapy, focusing on the skills and behaviors necessary for your child to successfully transition out of intensive ABA services and into their long-term educational setting (e.g. preschool, home school, Kindergarten, special education services).

Long-term discharge goals begin as developmental milestones in communication, social interaction and community living skills. These skills are considered age-appropriate for children ages 6-7 and necessary for success in a classroom setting. As each treatment plan continues, goals are individualized and tailored to your child's unique needs to ensure that therapy remains focused on achieving meaningful progress and greater independence and quality of life for your child. These goals guide our therapeutic efforts, helping to monitor progress and make informed decisions about when your child is ready to transition to a less intensive level of support.

Below is a sample long-term discharge objective that you may find in your child's Individualized Treatment Plan:

Self-Control (S-C):

- When instructed by a novel peer or adult to wait, Jackson will wait for one hour prior to receiving a requested item or activity without challenging behavior for 3/3 consecutive assessments by staff and caregivers.

Sample Treatment Goal

Below is a sample treatment goal from an Individualized Treatment Plan. It includes the following key features:

Goal #	Developmental Domain:	Start Date:	Target Mastery Date:
1	Interfering or unwanted behaviors	6/21/22	2 12/17/22
Objective:	3 When told to wait by an adult, Jackson will wait within arm's reach of an adult for up to 30 seconds for 5 out of 5 opportunities across 3 consecutive sessions including at least 1 session with a caregiver.		Percent Required for Mastery 100%
4 Baseline:	Jackson waits within arm's reach of an adult on 0 out of 5 opportunities		
Status Update As of:	This objective is:	Rationale/Data:	
6/21/22	Added	5 This is the initial treatment plan and is a goal added to decrease challenging behaviors such as elopement.	

- 1 **Goal Number** – Each goal added to the treatment plan is numbered. As goals are targeted, they remain in the treatment plan as “in progress” or as “mastered.”
- 2 **Mastery Dates** – The READY Clinic will inform you of a projected date each goal is likely to be mastered if the child receives the recommended intensity of 1:1, group, and caregiver coaching sessions. Each goal is targeted for approximately 3-6 months of the treatment plan.
- 3 **Clear, Observable Goals** – Goals are written in with highly-individualized, specific criteria. These include an exact definition of the skill the child will complete, who will be part of mastering the skill, where the observations will occur, and how many times the skill must be achieved successfully. The READY Clinic will propose a mastery criteria and caregivers can provide feedback and input if the goals are appropriate and meaningful for their family.
- 4 **Baseline** – Before beginning a goal, The READY Clinic team will measure the child's current skill level. This is to ensure that goals are not too easy or too difficult for the child's current development.
- 5 **Rationale** – Each goal includes an individualized statement about why this goal is important for the child or the family to achieve.

Sample Treatment Program

Once treatment goals are set, each goal is sub-divided into treatment programs and treatment targets. These targets are broken into small, easy-to-teach components that build upon each other to support your child's achievement of their overall ITP goal. Sometimes, treatment targets may be written for a caregiver to implement at home or in the clinic.

An example of a treatment program progression where targets are gradually increased to reach the overall goal:

Jackson's Waiting Program			
Benchmark Goal: When told to wait by an adult, Jackson will wait within arm's reach of an adult for up to 30 seconds for 5 out of 5 opportunities across 3 consecutive sessions including at least 1 session with a caregiver.			
Objective 1:	When instructed to wait, Jackson will wait within arms reach of therapist or caregiver for 15 seconds.		
Target	Status	Date Opened	Date Mastered
Adult instruction to "wait"- Jackson waits for 5 seconds.	Mastered & Maintained	4/16/2024	4/18/2024
Adult instruction to "wait"- Jackson waits for 10 seconds.	Mastered & Maintained	4/18/2024	4/19/2024
Adult instruction to "wait"- Jackson waits for 15 seconds.	Mastered & Maintained	4/19/2024	4/22/2024
CAREGIVER instruction to "wait"- Jackson waits for 15 seconds.	In Maintenance	4/19/2024	4/22/2024
Objective 2:	When instructed to wait, Jackson will wait within arms reach of therapist or caregiver for 30 seconds.		
Target	Status	Date Opened	Date Mastered
Adult instruction to "wait"- Jackson waits for 20 seconds.	Started	4/22/2024	
Adult instruction to "wait"- Jackson waits for 25 seconds.	Not Started		
Adult instruction to "wait"- Jackson waits for 30 seconds.	Not Started		

Possible Risks of ABA Treatment

The goal of The READY Clinic is to provide another treatment choice for children diagnosed with autism or a related disorder and their families. While the benefits of applied behavior analysis (ABA) are widely published, The READY Clinic and its clients recognize that there are potential risks for children who are receiving ABA therapy. These risks may include:

- Following intake, a delay in the start of treatment or delay in the full recommended treatment package due to challenges with funding, staffing, or limited enrollment availability.
- Temporary episodes of extreme upset, discomfort, or regression in the home or clinic following the onset of therapy, even when techniques focus on using positive reinforcement.
- Increases in challenging behavior due to a child's initial resistance to behavioral change and the changing of schedules of reinforcement for challenging behavior.
- Changes in the child and family's daily schedules for therapy sessions or assessments, or due to clinically-recommended staff or parent training in order to implement the agreed-upon and recommended ABA treatment plan.
- Others who are involved in the child and family's life may also resist changing their approach to a child or reinforcing new skills or positive behaviors in other settings, and therefore progress made in the clinical setting won't generalize or result in meaningful change outside of the clinic.
- The Surgeon General of the United States, the American Academy of Pediatrics, and the Centers for Disease Control have all recognized applied behavior analysis as the most

effective way to meet the learning needs of people with autism and related developmental disabilities. ABA has been endorsed by both the National Institutes of Health and The Association for Science in Autism Treatment. A reference list for the publication resources for risks and benefits of ABA treatment is available upon request. The Surgeon General of the United States, the American Academy of Pediatrics, and the Centers for Disease Control have all recognized applied behavior analysis as the most effective way to meet the learning needs of people with autism and related developmental disabilities.

ABA has been endorsed by both the National Institutes of Health and The Association for Science in Autism Treatment. A reference list for the publication resources for risks and benefits of ABA treatment is available upon request.

Benefits of ABA Treatment

1. Access to a team of experts to help teach a child developmental skills to minimize symptoms of their diagnosis and provide support for the child's family.
2. An increase in appropriate, meaningful behavior and a reduction in challenging behavior across all settings.
3. Increase in communication skills and levels of social integration.
4. Research shows that 40-50 percent of children who receive early intensive ABA therapy can make gains that result in transitions into mainstream classroom placement. For any child and family, there is the potential for greater preparedness for transition to the educational setting with a set of known strategies that are effective when working with the child.
5. Gains in parent/guardian knowledge and training in the individualized specifics of autism for your child and the use of ABA principles that can continue beyond The READY Clinic.
6. Parent and family support and acquired skill sets in advocacy for your child.

Waitlist

Unfortunately, there are times when children need to be waitlisted for services. In the event that a child is waitlisted for a given location or locations, the family will be notified as to whether there is an anticipated date for the start of services or an indefinite timeline. Families will be notified of the waitlist status every six to eight weeks. In the event that The READY Clinic cannot provide services within 45 days, additional referrals and resources will be provided to the family.

Discontinuation of Services

At The READY Clinic, each child's progress toward the short and long-term ITP goals is regularly monitored. The Behavior Analyst reviews child data regularly with the QSP and parents. There are many reasons why transition to discharge may occur. Some examples include the child no longer benefitting from treatment, the client meeting all of their recommended short and long-term treatment objectives, discontinuation at the request of the child's parent or guardian or due to lack of adherence to the service agreement, or due to the child's 7-year-old birthday approaching.

At the onset of treatment, discharge planning is already underway, even in the initial ITP, when short and long-term goals are agreed upon. The goals are established to assist clinicians in making the best predictions and recommendations for transition to discharge. The READY Clinic will make every effort to provide a formal notice of transition in conjunction with the ITP interval for the recommended discharge date to conduct discharge planning with parents/guardians. Goals for the transition, the recommended schedule of services for the transition, and reasons for discharge

will be clearly documented in the child's ITP. The READY Clinic will attempt to schedule a coordination of care meeting with the child's stakeholders. A discharge summary is given to parents on the last date of service, and it will include an aftercare plan and referrals. In the event of unplanned termination of services, The READY Clinic will attempt to meet with the family for final documentation.

Caregiver Participation

Parent Participation

Family and caregiver engagement are vital components of early behavioral intervention. ABA requires family members to be active in the child's treatment to make the best progress. Family and caregivers are crucial components in the evaluation, planning and treatment processes, and must agree to participate at the medically recommended intensity and as agreed upon in the child's ITP. Services may be suspended or terminated if parents refuse to participate in the treatment plan.

Based on the CMDE and the medically recommended ITP, parent participation will include:

- In-person caregiver training at The READY Clinic for a minimum of 1.5 hours/week.
- Weekly progress review at the clinic or via telehealth for .5 hours/week.
- Caregiver training at home via telemedicine at a level prescribed in the CMDE or as recommended by The READY Clinic
- Caregiver implementation of developmental skills and behavior reduction programming
- Reinforcer surveys as recommended.
- Data collection as recommended.

Parents are expected to implement the agreed-upon recommended treatment procedures consistently in the home and community settings. Behavior skills training will be provided to parents to allow the successful implementation of procedures to achieve their child's best progress. To maximize parent and child benefit during parent training sessions and weekly progress reviews, The READY Clinic recommends that siblings do not attend these appointments. Please note that The READY Clinic does not have childcare on-site.

Parent Attendance

If attendance at scheduled parent coaching meetings falls below the recommended hours and the child is not making progress on ITP goals and benchmarks, an interim ITP meeting will be held with parents in person or via telemedicine to review treatment. During the meeting, staff and parents will work together to achieve an agreed-upon schedule to best meet the child's prescribed behavioral treatment hours or will modify/discontinue the Individualized Treatment Plan.

Parent Peer-to-Peer Support

The READY Clinic provides regular monthly opportunities for caregivers to connect with other parents of children receiving services at The READY Clinic. These workshops and learning groups are designed to help parents understand their child's needs, receive coaching and feedback from other parents who may have also encountered similar situations, as well as learn more about outside resources available to families in the region. Parents are highly encouraged to attend these groups as part of their child's Individualized Treatment Plan.

Attendance & Cancellation Policies

Attendance Requirements

Parents will provide a schedule of availability for their child that meets the recommendations of the CMDE provider. On the first day of each month, families are asked to submit any changes to the child's treatment schedule for the subsequent month (e.g., by July 1st all changes to the August schedule are submitted.)

Session Cancellations

It is The READY Clinic's cancellation policy for parents to contact their assigned Behavior Analyst directly to cancel or reschedule a session. To avoid any misunderstanding, the Behavior Analysts must be contacted in person or via phone. Parents should attempt to give at least 24-hour notice when cancelling an appointment.

Excessive Cancellations

Clients and families are expected to attend the recommended hours in the agreed upon Individualized Treatment Plan (ITP) per calendar month. If attendance, on-time arrival, or end of the day departure falls below the recommended hours (i.e., 5 or more cancellations in a 30-day period) and the child is not making progress on ITP goals and benchmarks, an interim ITP meeting will be held with parents in person or via telemedicine to review treatment. During the meeting, staff and parents will work together to achieve an agreed-upon schedule to best meet the child's prescribed behavioral treatment hours or will modify/discontinue the Individualized Treatment Plan.

Cancellations without Notice

Cancellations without notice are disruptive to a child's treatment and limit The READY Clinic's ability to provide high-quality services to all clients. If a child or caregiver is 15 minutes late to an appointment, the parent will be contacted via phone. After 30 minutes without being able to reach a caregiver, the appointment will be considered cancelled without notice.

After an initial instance of a child or parent cancelling a scheduled appointment without notice, an interim ITP review meeting will be held with the Behavior Analyst to review the Service Agreement and Informed Consent to Treatment policies regarding attendance. After a third instance, of no call-no show for appointments, an interim ITP review meeting will be called to develop a plan for transitioning the family to a more appropriate service delivery model.

Family Vacations

Extended child vacations may disrupt a child's progress on ITP goals. As much as possible during treatment, families are encouraged to schedule extended vacations during the regular clinic closures outlined in the planned yearly calendar. Child vacations should not exceed more than one week beyond The READY Clinic's planned yearly calendar.

Weather Closings and Late Starts

The READY Clinic reserves the right to adjust clinic schedules as needed to protect the safety of our clients, staff, and families in the event of inclement weather. A variety of resources are used

to determine if The READY Clinic will close completely or schedule an early dismissal/late start. Families should be aware that weather closures may or may not follow the local school district closures as many more variables impact our decision to close during weather systems. Announcements regarding closures for weather will be made via our Instant Alert system. Families can opt to receive notifications via text, email, or automated phone call regarding weather closures.

In the event The READY Clinic opens on an adjusted schedule, clients should arrive in time for sessions at the time designated in the Instant Alert communication.

Staffing Cancellations

While The READY Clinic takes necessary precautions to avoid disruptions to therapy schedules due to staffing, at times, clinical hours may be cancelled or reduced due to insufficient staffing. Schedule adjustments are made with as much advanced notice as possible to give caregivers time to arrange childcare if necessary. In the event of insufficient staffing, The READY Clinic reserves the right to adjust clinical schedules to provide the maximum number of clinical hours to all currently enrolled clients.

Clinic Health & Safety Procedures

Illness Policy

Staff will complete an observation of the child's overall wellness each day upon the child's arrival. If a child or family member develops symptoms, the staff will initiate a Daily Health Record (DHR) and monitor symptoms using the below criteria.

If any child or family member scheduled to be at The READY Clinic has a contagious illness, parents will notify The READY Clinic immediately. If a child becomes ill during the therapy day, the DHR will be updated and the child will remain isolated until signed out by a parent.

For the protection of the child and family, as well as other clients and staff, The READY Clinic staff, clients, and family members who exhibit any of the following contagious illness symptoms will be unable to participate at The READY Clinic:

- An oral (mouth), tympanic (ear), axillary (arm pit), or temporal (forehead) temperature of at least 100.4 degrees Fahrenheit
- Thick and frequent green or yellow discharge from the nose or eyes
- Vomiting or diarrhea in the past 24 hours, whether it may be stomach flu or reaction to antibiotics
- Unexplained skin rash, skin sores with puss or discharge
- Ring worm, pin worm, or scabies
- Mumps, measles, impetigo, chicken pox, or hand foot mouth disease
- Persistent cough or cough producing green or yellow phlegm
- Strep throat or swollen glands

Generally, clients need to be able to participate in the regular part of the daily schedule of treatment. Even if a child does not meet the criteria outlined above but is not able to sustain

appropriate engagement for at least 30 minutes of treatment activities, parents will be notified, and the child will be asked to remain home until able to participate.

Diagnosis of a contagious illness that can be treated with antibiotics may be considered for return if the illness has been treated consistently for the past 24 hours i.e., strep throat, pink eye. Clients, family members, and staff may return to the center once they are symptom free for 24 hours and without fever-reducing medication such as ibuprofen or acetaminophen.

In some instances, a doctor's note stating that the child can return to The READY Clinic may be requested.

Meals and Snacks

Parents/caregivers are responsible for sending lunch and snacks for their child. Snack is served up to two times every day. A child cannot attend therapy sessions at The READY Clinic if they arrive without the required lunch or snack for that day.

Parents will be notified if there are known allergen requirements in the clinic. In instances where an allergy requirement is identified, parents will refrain from sending snacks and food items that contain allergens.

Special Occasions and Celebrations

If desired, caregivers may choose to send a prepackaged, store-bought, snack item to share with others in the clinic for special occasions (e.g., birthday celebrations, client graduation, holidays, etc.) Caregivers should notify their assigned Behavior Analyst in advance of sending any snack items to the clinic.

Attire and Personal Items

Children should arrive dressed for the weather, as there are many opportunities to play outside throughout the day. Outerwear and additional clothing may be left in a child's locker at the clinic.

Sunscreen is recommended, and bottles should be labeled with marker and kept in child's lockers. Toys, blankets and other personal leisure items should be left at home or in the child's vehicle at drop off.

Toileting

Children attending The READY Clinic are not required to be toilet trained. Parents must send diapers or pull-ups, wipes and two extra changes of clothing to be kept at the clinic in a labeled bag.

Toilet training may be a part of the child's Individualized Treatment Plan. A child cannot attend therapy sessions at The READY Clinic if the child does not have sufficient toileting items for the day of service.

Medications

Parents will notify The READY Clinic staff of their child's medication needs and this information will be documented on the Permission for Non-Prescription Medication or the Medication/Treatment Authorization Form. In some instances, The READY Clinic staff may be

able to administer medications, however this is on a case-by-case basis to be evaluated by the Clinical Director and Qualified Supervising Professional.

Medications must be provided to the nurse in the original pharmacy bottle with instructions on administration dosage amount, method, and frequency. Parents are responsible for delivering and picking up medications from the nurse as needed.

The READY Clinic will not administer fever reducing medications (e.g., acetaminophen, ibuprofen) to a child to lower a fever below the threshold during the clinic day. A child must be fever free for 24 hours without fever reducing medication prior to arrival.

Lockdown

In the event of a lockdown or a crisis in or near the entrance of the clinic building, staff will call the parent picking a child up and inform them of the alternate plan. If the staff cannot reach the parent, staff will attempt to wait for the parent and child in the main entrance.

In the event that the parent arrives at the entrance of the clinic during a crisis management situation that is interfering with their ability to enter the building, the parent should call The READY Clinic classroom phone to notify staff of the plan to pick up their child at the identified alternative location.

Other Clinic Policies and Procedures

Transportation

Caregivers are responsible for transporting their child to and from the center. Parents may authorize other regular care providers to transport their child by completing the Authorization to Pick Up Child form. Persons authorized to pick up a child must be at least 18 years old and may be asked to provide a photo ID to the staff. If a person picking up a child is not someone listed in the authorization, the parent/guardian may leave the name and number of the person picking up by either handing off a note during the child's arrival, or by calling The READY Clinic staff. Text or email is not an acceptable form of communicating this information. The person picking up will be required to present a photo ID before departing with the child.

Parents may also contact their insurance provider or county case manager to apply for funded transportation services.

Communication

The READY Clinic does not offer on-call behavioral services. Parents may contact their Behavior Analyst with questions or comments by telephone or email, or schedule a time to meet in person. Please indicate availability if leaving message or sending email. Staff will return emails and messages within two working business days. Concerns may also be directed to the Qualified Supervising Professional, Quality Assurance Analyst or Clinical Director of Behavioral Health Services. In the event of an emergency or crisis situation, Parents should contact their county case manager, their primary physician, or call 911.

HIPAA Compliance

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that certain covered entities establish policies and procedures to protect the privacy and security of protected health information. SWWC has developed policies and procedures to be in compliance. Policies are provided during the intake process. Any concerns regarding the privacy and confidentiality of protected health information the HIPAA Privacy Officer can be contacted.

Observers and Volunteers

We pride ourselves in working with local communities and members of behavioral health and related fields. The READY Clinic welcomes observers and volunteers into its clinics on site and via telemedicine. Observers and volunteers are required to sign privacy agreements and will receive training and supervision as necessary.

TITLE IX Sex Non-Discrimination

SWWC does not discriminate on the basis of sex in its education programs or activities, and it is required by Title IX of the Education Amendments Act of 1972, and its implementing regulations, not to discriminate in such a manner. The requirement not to discriminate in its education program or activity extends to admission and employment. SWWC is committed to maintaining an education and work environment that is free from discrimination based on sex, including sexual harassment.

SWWC prohibits sexual harassment that occurs within its education programs and activities. When SWWC has actual knowledge of sexual harassment in its education program or activity against a person in the United States, it shall promptly respond in a manner that is not deliberately indifferent.

This policy applies to sexual harassment that occurs within the SWWC's education programs and activities and that is committed by a SWWC employee, student or other members of the school community. This policy does not apply to sexual harassment that occurs off school grounds, in a private setting, and outside the scope of SWWC's education programs and activities. This policy does not apply to sexual harassment that occurs outside the geographic boundaries of the United States, even if the sexual harassment occurs in the SWWC's education programs or activities.

Any student, Parent or guardian having questions regarding the application of Title IX and its regulations and/or this policy and grievance process should discuss them with the Title IX Coordinator.

SWWC's Title IX Coordinator(s)

Primary: Abby Polzine, Director of Human Resources P: 507-537-2243; E: Abby.Polzine@swwc.org
Address: 1420 E College Drive Marshall, MN 56258

Alternate: Cliff Carmody, Executive Director P: 507-537-2251; E: Cliff.Carmody@swwc.org
Address: 1420 E College Drive Marshall, MN 56258

Questions relating solely to Title IX and its regulations may be referred to the Title IX Coordinator(s), the Assistant Secretary for Civil Rights of the United States Department of Education, or both.

The effective date of this policy is August 14, 2020, and applies to alleged violations of this policy

occurring on or after August 14, 2020.

You can access our full Policy 522 – Title IX Sex Nondiscrimination Policy, Grievance Procedure and Process.

Funding and Fee Structure

Our clients are comprised only of the children and families we serve and third-party payers are not considered our clients. Our goal is to act in the best interest of the patients and families we serve at all times, to focus on the agreed-upon and medically necessary treatment recommendations. Clinical programming, scheduling and behavior improvement plans are all conducted with the best interest of our clients, and only with full informed consent to treatment.

Medical Assistance (MA) and TEFRA

Funding for treatment may be accessed through the Minnesota Department of Human Services (DHS) for children diagnosed with ASD and related conditions under the Early Intensive Developmental and Behavioral Intervention (EIDBI) benefit.

Private Insurance

SWWC is required to submit claims to private insurance policies prior to billing MA. If the child has a health insurance policy with insurers such as Blue Cross Blue Shield, Optum, and Health Partners, those policies must be invoiced prior to MA, regardless of whether or not the policy provides coverage for ABA therapy.

Private Pay

Private payment options with a set discount on The READY Clinic's Usual and Customary Fees are available for families who request this option. In choosing this option, recommendations found in the child's ITP for treatment hours, staff supervision, regular assessment, ITP development, and annual CMDE will continue to be upheld by The READY Clinic, as these prescriptions are deemed the medically-necessary intensities for the child's treatment.

Patient Responsibility

The child's CMDE report and ITP outline the recommended prescribed levels of medically-necessary ABA therapy for the treatment of the child's symptoms. The child's health insurance policy and the state MA plan determine the level of services they will reimburse to The READY Clinic. The READY Clinic will submit claims to payers to seek payment from any third-party payer submitted to The READY Clinic. Parents/guardians are ultimately responsible for payment of any balance remaining following the submission of claims for services provided to the child, family, and Parents by The READY Clinic.

Returned Check or Insufficient Funds

A fee of \$35 will be charged for each returned check or notice of insufficient funds.

Change in Fee Structure

The READY Clinic's fee structure for services is subject to change and clients will be provided a 30-day calendar notice in writing prior to the date of the change in fee schedule.

Policy Communication

All agencies, parents/guardians and clients will follow the policies outlined in SWWC's Family Handbook. This handbook is available for review upon request and can be found on our website at www.swwc.org/readyclinic.

Grievance Policy

SWWC and The READY Clinic takes seriously all concerns or complaints by students, employees, parents or other persons. Complaints may include but are not limited to concerns regarding policy violations, ethical violations or procedural infractions. If a specific complaint procedure is provided within any other policy of the SWWC, the specific procedure shall be followed in reference to such a complaint. If a specific complaint procedure is not provided, SWWC and The READY Clinic maintain a formal grievance policy which you will be required to review and agree to upon beginning services.