



Nevada Autism Treatment Assistance Program

Support Manual

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PPL Nevada
FMA Services
6 Admirals Way
Chelsea, MA 02150

Phone: 1- 888-805-1074
Admin Fax: 1-877-409-2655
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Welcome!

Now that your child is enrolled in the Nevada Autism Treatment Assistance Program (ATAP), you are ready to begin hiring staff and securing the services included in your child's budget. The Nevada Department of Health and Human Services has hired Public Partnerships, Nevada (PPL Nevada) to serve as your financial manager agent (FMA). The purpose of this manual is to provide you with all the information you need to manage your employee(s) and understand the program.

This program is unique because it gives families the freedom to choose the provider and employees who will provide services to their children. Not only do you pick the employees who will work with your child, but you hire them and supervise them. If they are not a good fit for your child, you can choose to hire someone else instead. You are allowed to change providers too. ATAP contracts with approved providers, some will provide and invoice for interventionists as part of their services while others, supervise and train the staff you hire. For this staff, you will sign contracts with your chosen employees and PPL Nevada will be responsible for paying taxes and worker's compensation insurance for them. PPL Nevada, along with your Care Manager, will help you with these choices and with setting up your child's services.

This manual will review your responsibilities as the child's Authorized Representative (A.R.). When your chosen provider does not hire interventionists for you, this manual will provide you with information about effective ways to recruit, hire, and supervise your own staff. This may seem confusing at first, but your Care Manager and PPL Nevada are here to help you. If you have questions about any of this information, please contact either PPL Nevada or your Care Manager and they will try to answer them for you. You may contact PPL Nevada directly, especially if you have questions about tax forms, payments, or how to approve electronic timesheets. Our contact information is below. We welcome your input, so please feel comfortable about contacting us.

Public Partnerships, LLC

(888) 805-1074 (Telephone)

(877) 409-2655 (Admin Fax- For Tax Forms)

<https://fms.publicpartnerships.com/PPLPortal/Login.aspx?nvadsd>



Section 1: Overview

PPL Nevada
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Overview: What is PPL Nevada?

Public Partnerships, Nevada (PPL Nevada), is the company that was selected to provide financial manager agent services. We help you set up and pay for the child's services, and manage all of the processes and paperwork described in this manual.

What Does PPL Nevada Do?

PPL Nevada will serve as the Employer of Record and will process employment packets and will withhold and pay taxes for each of your interventionists. Once you and your ATAP Care Manager have developed a plan and a budget for the child, you may hire interventionists to provide services to your child. The interventionists you hire will enter their timesheets through an online web portal for you and your child's Care Manager to approve. The timesheets will then be submitted to PPL Nevada for processing and payment. PPL will also track funds paid to the child's provider, however the actual payment will be made by the ADSD. The amount paid will be recorded in the child's monthly budget. Our services are described in more detail later on in the manual.

What is An FMA?

A Fiscal Manager Agent (FMA) is an organizer that is hired to help families manage their budgets and process payroll for their employees.

Is Public Partnerships Nevada part of DHHS/ADSD?

No, but PPL Nevada has a contract with DHHS/ADSD to serve as the financial manager agent (FMA) and provide FMA services. PPL Nevada and ADSD work closely together but are independent from one another.

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Roles

❖ Public Partnership Nevada:

The role of PPL Nevada is to assist in the administrative responsibilities of hiring Interventionists (if they are not directly employed by the provider you choose), processing payroll, and assisting the Care Manager and Authorized Representative (AR) in determining the amount of funds available in the child's budget.

Once you and the Care Manager have developed your child's treatment plan, completed and signed paperwork and determined the monthly budget, the Care Manager will forward paperwork to PPL. After all necessary paperwork is processed PPL can begin to make payments to your child's interventionists. The PPL web portal allows you to view your child's budget and spending history online at your convenience. Each month PPL will send the Authorized Representative a Family Friendly Report. This report will include how much money has been spent, which services have been paid and the balance of available funds.

❖ Your Care Manager:

First, your Care Manager will be your guide to understanding the Nevada ATAP Program. He or she will work closely with you to identify the child's needs then the Care Manager will write your child's plan of service with input from you and your chosen provider. ATAP is an assistance program, and monthly allotments are based on plan type. Therefore, a budget plan is developed to help you manage the child's funds and get the most services possible for the amount available to help provide treatment for the child. It is unlikely the monthly allotment will fund the recommended hours of treatment your child requires or the plan requires. The Care Manager is there to help you manage your child's budget within PPL. He or she can also assist you with recruiting and hiring interventionists and overseeing the day-to-day coordination of services for your child. Once it is time for your child to exit ATAP or change services within ATAP, your Care Manager can assist with appropriate transitions.

It is the Care Manager's responsibility to ensure your child's program is a continued fit for the child and the family. Conducting Quarterly and Annual Reviews help to maintain quality treatment and support data-driven decisions for the child's best outcome.

Your child's Care Manager helps you get the most of the Aging and Disability Services Division Autism Treatment Assistance Program (ATAP).

❖ **Parent/Caregiver (Authorized Representative, [A.R.]**

The family is the most important part of a person's life from infancy throughout adulthood. It is within the family context that the individual receives the most support and develops the skills to relate to others beyond the family. Although both families and professionals expect individuals to meet current and future goals, it is the family who will ensure consistent commitment to an individual over time.

Throughout life transitions, there are many direct service staff and professionals who will come and go as part of the individual's team. The family's role is a constant through much of the individual's life and may represent stability during the changes. Families vary greatly in their ability to meet an individual's needs because of the differing resources they have.

For individuals with ASD, however, it is difficult to utilize a learned or observed skill in another setting. They do not necessarily imitate observed behaviors and may not understand that a "skill" learned in isolation can and should be generalized in other environments. For this reason, programming for appropriate generalized outcomes has long been recognized as a critical component of interventions for individuals with ASD. The need for generalization should be considered across a variety of circumstances, e.g., across time, settings, persons, and behaviors.

**ATAP seeks to empower families with
knowledge through education and training to
take an active part in their child's outcome.**

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ATAP requires A.R. participation at levels, which support positive outcomes for the child and family.

- ATAP recognizes families vary greatly in their ability to participate in treatment.
- ATAP also recognizes A.R.'s require training to provide their child with consistency in the every day activities of daily living.
- ATAP also recognizes A.R.'s require training to understand and participate in their child treatment.

Providers should create and promote opportunities for A.R. involvement. Providers should individualize and deliver training at a level accessible to the A.R.

Purpose:

- To support and maintain the independence and integrity of the family
- To promote informed decisions and shared responsibility
- To promote and encourage treatment hours at research supported levels
- To improve the ability of the A.R. to help their child with ASD to function independently in their homes, schools and communities
- To provide education on evidence-based treatments and the research to support them
- To help the A.R. to be informed advocates for their child

A discussion should take place with the AR, the provider and the care manager to write an agreed upon commitment of parent participation into the plan, stated in weekly hours of engagement/instruction or generalization of skills or peer facilitated activities. Commitment should be individualized and the AR may provide or fund additional hours to meet plan required hours. Once commitment is agreed upon, details should be outlined in the Budget plan.

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When considering what the level of participation will be and what it will look like, care managers and providers should consider the following factors:

- Available Resources
- Hourly requirement in plan type
- A.R. capabilities
- Other family commitments
- Interventionists' rate of pay
- Number of hours monthly allocation will support
- Cost of monthly supervision
- Number of provider recommended hours
- Child's progress at reviews
- Level of participation should provide consistency

A.R. Requirements:

1. Provide documents within a week of request to care managers.
2. Hiring, firing, and pay determination for interventionists when applicable.
3. Will provide notification to care manager of scheduled provider visits once scheduled.
4. Will prepare and provide care managers with a copy of calendar/scheduled interventionist hours upon request.
5. Must assure they are home when they expect an interventionist to work.
6. Must inform interventionists if they need to reschedule a session within 24 hours and providers within 48 hours when rescheduling supervision.
7. When plan requires, and program is a home-based program, one A.R. is required to be present during all provider trainings and supervisory visits.
8. Participate in discussions during supervisory visits and trainings.
9. When plan type or plan requires, participate in training by demonstrating taught skills.
10. When plan type or plan requires A.R. participation in treatment hours, data must be documented for confirmation. A.R. participation hours may be defined by the provider or A.R. may deliver treatments hours as an Interventionist.

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- A.R. hours will be tracked weekly utilizing the ATAP A.R. Sign In Sheet (see attached document at the end of section) and reported by the child’s provider and confirmed during Quarterly Review by the care manager.
 - A.R. data may include recording data as an interventionist directly into the logbook or may utilize data recording sheets, specifically designed for the A.R. by the child's provider.
11. When plan requires and child is served at a center-based program and child receives treatment during individual sessions at center, A.R. is required to observe 25% of the sessions during the month. And receive training or recommendations to support generalization of skills to the home and community environment.
 12. Ensure data is being taken during sessions and maintained.
 13. Read provider progress reports.
 14. Allow videotaping of child’s progress.
 15. Sign required documents.
 16. Review and Approve provider invoices.
 17. Log on to PPL at least one time per week to review the budget and approve timecards.
 18. Approve all interventionist’s hours and timecards at least 3 days prior to payroll.
 19. Collect data when required.
 20. Support social opportunities when plan requires.
 21. Ensure minimum number of supervision and interventionists’ hours are maintained as stated in the plan.
 22. Maintain copies of all checks to interventionists or payments made toward child’s treatment to demonstrate proof of co-pay or meeting plan required hours when necessary.
 23. Maintain a professional relationship with care managers, providers and interventions.
 24. Ensure that all materials needed for therapy are provided and kept in a neat and organized manner.
 25. Ensure there is an appropriate area for the child to work without distractions.
 26. Notify PPL and your Care Manager of any change in employment of interventionists within 24 hours. Nevada Law requires that employees who quit or are terminated receive their final pay within a certain period of time. It is imperative that you notify PPL right away by submitting the “Employee Separation” Form and approving all outstanding timecards, so that PPL can comply

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with state employment laws.

❖ **Your Provider:**

The role of the provider is to supervise the child's treatment and treatment delivery. The process typically begins with the Authorized Representative discussing concerns with the AR's chosen provider. The Provider will work directly with the child to establish a baseline of current skill levels and from the information gained, develop programs, which will be implemented as prescribed. Providers may directly deliver all your child's treatment hours or may utilize a team approach to implement treatment. When a team of interventionists is utilized, the provider is required to provide on-going training and supervision to each team member. The provider does this by observing the interventionists working with your child across a variety of programs and skills outlined in your service plan on at least a monthly basis. This can occur during an individual session or during a monthly workshop. The provider is required to see the child at least on a monthly basis for the plan determined hours, review the child's progress and update or revise implementation of treatment.

Providers should create and promote opportunities for A.R. involvement. Providers should individualize and deliver training at a level accessible to the AR.

A progress report should be provided at agreed upon intervals, which are at least quarterly. The report should include at a minimum:

- 1) Average number of weekly hours, child received during the reporting period. Hours should include a breakdown of interventionists/provider delivered hours and A.R. delivered or funded hours.
- 2) A list of current programs or skills on acquisition with introduced date.
- 3) A list of programs on maintenance.
- 4) A running list of programs mastered to date.
- 5) An overview summary of the child's behavior across areas and how it is being addressed with a summary of the data.
- 6) If a behavior plan is in place, report should also address how behavior plan is implemented.
- 7) The report should also include for each program currently being practiced:

- Instructions on implementation
- Number of mastered responses or items
- Percentage of correct responses
- Date program or format was introduced.
- Number of times program practiced for the reporting period or number of opportunities presented

When the child's plan is a Target Behavior Plan for selected behaviors or crisis intervention the report must include data on each targeted behavior or skill addressed in the plan, an overview summary of the child's behavior across areas with data and a behavior plan.

It is highly recommended that the provider deliver on-going A.R. training and information to enable parents to take an active role in their child's outcome, provide consistency across environments and to support the generalization of skills learned during treatment. Training may occur during observation of sessions or monthly workshop attendance. The provider is expected to address the AR's concerns and have an open dialog about your child's progress and treatment delivery.

The report should include a parent section, which includes A.R. concerns and how they are or have been addressed. The report should also include a summary of A.R. training and participation. If the AR's participation is specifically designed by the provider, this too must be outlined in the report. Provider may design specific data recording sheets for A.R. to support report recommendations. All data recorded by A.R, needs to accounted for in the provider's report.



Section 2:

Descriptions of Various Forms

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Description of Various Forms

PPL Nevada will provide you with packets containing the necessary forms for you and the employees you plan to hire. The packets contain checklists so that you will know which forms you or your employees need to complete and return to PPL Nevada. The checklists will also tell you what forms of identification your employees must provide. As the Authorized Representative for your child you are the "supervising manager" for the interventionists. Your employees will need to complete forms from the Employment Packet. The forms that are relevant to you as the supervising manager are below, followed by their descriptions:

Required Forms – Please Send to PPL Nevada:

- **Authorized Representative Demographics Form – Required**
This form is used by PPL to establish the representative's connection with the child, as well as emergency contact information.
- **Video Release Form – Required**
This form allows video of your child to be taken at intake and various milestones throughout your child's participation in ATAP. The video is part of the data process to record your child's progress and maybe used to help secure funding.
- **PPL Nevada Employment Agreement – Required**
This form is available in the Interventionist Employment Packet. This serves as contract for the provision of services. The interventionist will need you to review and sign this document prior to their submitting it to PPL Nevada. This document MUST be signed by both the Authorized Representative and the Interventionist.
- **USCIS Form I-9 – Required**
This form is used to confirm your immigration and US citizenship information. The form contains instructions developed by the USCIS. The Authorized Representative must certify and sign Section 2 of the I-9 Form in order to hire you as his/her employee. Clear and legible copies of the documents used for verification must be submitted to PPL Nevada along with this form. Documents that verify your identity are listed on page 16.
- **Regional Centers Release Form – Required**
This form gives permission for ATAP and its staff to access information about your child from the state Regional Centers - Desert Regional Center (DRC), Sierra Regional Center (SRC) or Rural Regional Center (RRC).
- **Budget Plan For Service– Required**
This form will not be included in this Support Manual or your Employment Packet. Your Care Manager will work with you to develop the Budget Plan for Services specific to your child.
- **Plan Of Services– Required**
This form will not be included in this Support Manual or your Employment Packet. Your Care Manager will work with you to develop the plan of Services specific to your child.
- **ATAP Impact Data Targets - Required – However, not sent to PPL**
This form is to be completed by your provide during the first week of treatment to establish a baseline on specific targets. This form will be completed annually during the Annual Review.

Required Forms – Please Send to PPL Nevada (continued):

- **Home Situations Questionnaire and Caregiver Strain Questionnaire– Required**
These questionnaires are to be completed by the child’s parent/caregiver; it is part of the data required by ATAP.
- **School Situations Questionnaire– Required if child in public school**
This questionnaire is to be completed by the child’s teacher; it is part of the data required by ATAP. If the child is presently NOT in a school program, disregard.
- **PDD- Behavior Inventory - Required**
This parent rating form will not be included in this Support Manual or your Employment Packet. Your Care Manager will explain how to complete this booklet and provide it at intake.

Informational / Optional Forms:

- **Cost To You and Plan Budget Breakdown**
Use these forms to determine the actual hourly cost to your child's budget for each interventionist. For example an interventionist that is paid \$10.00/hour will actually cost \$11.57 an hour.
- **Payroll Schedule**
Follow this schedule to complete timesheets and submit them to PPL twice per month in a timely manner.
- **Barrier Crimes List**
If your interventionists have been convicted of any of the crimes on this form, they are ineligible to provide services in this program.
- **Acceptance of Responsibility Form**
This form allows you as the Authorized Representative to choose to allow employees convicted outside of the barrier crimes list to provide services.
- **Interventionist Change or Separation of Employment Form**
This form is used for two instances; the first section is completed if there has been a change in the employee’s information, the second section is completed if there is a separation of employment with an interventionist.
- **Interventionist Rate Change Form**
If an Authorized Representative decides to change a previously agreed upon rate, they must do so by submitting this form. Forms must be submitted 7 days in advance of the pay period in which the changed rate will take effect. This is the ONLY way to change rates.
- **ATAP Ethics Form - Required**
This form is available in the Interventionist Employment Packet. It outlines expected standards in Professionalism, Confidentiality, Limitations of Training, Treatment Delivery, Data Requirements, Attendance, Staff Relations and performance.
- **Interventionist’s Competencies Form**
After appropriate training is complete, interventionists are required to meet the competencies outlined on this form.
- **Quarterly and Annual Review Forms**
These forms are included in the Support Manual in the section “Your Child’s Progress” to provide insight and an understanding of the review process.

<https://fms.publicpartnerships.com/PPLPortal/Login.aspx?nvadsd>



Section 3: Required, Optional, and Informational Forms

PPL Nevada
FMA Services
6 Admirals Way
Chelsea, MA 02150



Public Focus. Proven Results.™

Phone: 1- 888-805-1074
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Authorized Representative Demographics Form

Personal Demographic Information			
First Name:	Middle Initial:	Last Name:	
Address:		City:	State:
Zip Code:	Email Address:		Gender:
DOB:		Phone #:	

Relationship to Child	
	I am the Parent of:
	I am the Legal Guardian of:
Other	(Please Describe):

Third Party Representative (Optional)	
Last Name:	First Name:
Relationship:	Phone #:

Interventionist's Competencies Form

As an Interventionist once you have received all appropriate training you are required to meet the competencies outlined below:

1. Discrete-trial management. Plan the progression of objectives, discriminative stimuli, and generalized training examples.
2. Discrete-trial procedures. Prepare for a session, rapidly pace the session, use repetition, and maintain child's attention.
3. Present a clear discriminative stimulus (SD).
4. Present a well-timed, effective prompt from least to most intrusive based on need of child.
5. Use differential reinforcement based upon observation of the child's performance.
6. Use differential reinforcement based upon observation of the child's performance to increase responsiveness during a training session.
7. Shape a behavior using differential reinforcement.
8. Use massed trials and prompt fading to establish a new response.
9. Use expansion, randomization, and generalization to teach a new discrimination.
10. Use a correction procedure.
11. Use behavioral momentum.
12. Demonstrate or describe the use of the following skills:
 - Use positive practice
 - Extinction conditions, based on behavior function.
 - Use behavior contracting
 - Use differential reinforcement of incompatible behavior
 - Observe behavior and collect data
 - Decrease a challenging behavior using a functional analysis
 - Use peer programming
 - Use peer tutoring
 - Use peer prompting
 - Use incidental teaching
 - Redirection
 - Generalization

**Aging and Disability Services Division
Autism Treatment Assistance Program**

VIDEO RELEASE

I hereby warrant that I am the parent and/or legal guardian of _____, a minor child who is receiving autism services through the Autism Treatment Assistance Program (ATAP) of the Nevada Department of Health and Human Services, Aging and Disability Services Division.

I understand that my child's treatment team and my child will be videotaped before, during and after the treatment funded by the ATAP, to document his/her progress. I grant to the Aging and Disability Services Division and/or its designee the irrevocable right to film, video-tape and/or record the above-referenced minor child's participation and/or progress in the program. I agree that the Aging and Disability Services Division is the sole owner of any such film, video-tape and/or recording, with the right to use the same and any portion thereof in perpetuity for any program or policymaking purpose, whether now known or hereinafter devised, and that any use shall not entitle me nor the minor child to any compensation.

I agree to hold the Aging and Disability Services Division and/or its designee harmless from any and all claims, demands, actions, judgments, executions, costs, expenses, attorney fees and rights to compensation whatsoever, which may be created by or arise out of the use of any such film, video-tape and/or recording.

I understand that sharing video progress of my child's therapy is critical to the decision-making processes of policymakers and legislators that could impact the continued funding of the program. However, participation in video-taping is not mandatory.

I agree that this Release will be construed in accordance with the laws of the State of Nevada.

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

PRINT PARENT'S NAME: _____

PRINT CHILD'S NAME: _____

ADDRESS: _____

PHONE NO: _____

**Aging and Disability Services Division
Autism Treatment Assistance Program (ATAP)**

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby give my permission for
(Parent/Legal Guardian Name)
ADSD Autism Treatment Assistance Program (ATAP) to share information regarding my
child _____, _____ for the purpose of
(Child's Name) (Birth date)
receiving Autism Services through the ADSD Autism Treatment Assistance Program
(ATAP). My child's application information may be shared for the express purpose of
determining eligibility and assisting me in developing a plan of services for my child.

Information shall be shared jointly with:

*Desert Regional Centers, DRC
Sierra Regional Center, SRC
Rural Regional Center, RRC*

Purpose: Receive Autism Services

This consent is valid for two years from today's date.

Parent/Legal Guardian Signature

Date

HOME SITUATIONS QUESTIONNAIRE
(R.A. Barkley, 1981)

Child's Name _____ Date _____
Completed by _____ Subject _____

Does this child present any behavior problems in any of these situations? If so, indicate how severe they are by circling the appropriate number:

<u>Situation</u>	<u>Yes / No</u>	<u>If yes, how severe?</u>								
		Mild					Severe			
When playing alone	Yes / No	1	2	3	4	5	6	7	8	9
When playing with other children	Yes / No	1	2	3	4	5	6	7	8	9
When at meals	Yes / No	1	2	3	4	5	6	7	8	9
When getting dressed	Yes / No	1	2	3	4	5	6	7	8	9
When washing / bathing	Yes / No	1	2	3	4	5	6	7	8	9
When you are on the telephone	Yes / No	1	2	3	4	5	6	7	8	9
When watching T.V.	Yes / No	1	2	3	4	5	6	7	8	9
When visitors are in your home	Yes / No	1	2	3	4	5	6	7	8	9
When you are visiting someone else	Yes / No	1	2	3	4	5	6	7	8	9
When in supermarkets, stores, Restaurants, or other public places	Yes / No	1	2	3	4	5	6	7	8	9
When asked to do chores at home	Yes / No	1	2	3	4	5	6	7	8	9
When going to bed	Yes / No	1	2	3	4	5	6	7	8	9
When in the car	Yes / No	1	2	3	4	5	6	7	8	9
When with a babysitter	Yes / No	1	2	3	4	5	6	7	8	9
When at school	Yes / No	1	2	3	4	5	6	7	8	9
When asked to do school homework	Yes / No	1	2	3	4	5	6	7	8	9

Caregiver Strain Questionnaire

Child's Name: _____ **Date:** _____

Please think back over the past 6 months and try to remember how things have been for your family. We are trying to get a picture of how life has been in your household over that time.

For each question, please tell me which response (which number) fits best.

In the past 6 months, how much of a problem was the following:

	Not at all	A little	Somewhat	Quite a bit	Very much
1. Interruption of personal time resulting from your child's emotional or behavioral problem?	1	2	3	4	5
2. Your missing work or neglecting other duties because of your child's emotional or behavioral problem?	1	2	3	4	5
3. Disruption of family routines due to your child's emotional or behavioral problem?	1	2	3	4	5
4. Any family member having to do without things because of your child's emotional or behavioral problems?	1	2	3	4	5
5. Any family members suffering negative mental or physical health effects as a result of your child's emotional or behavioral problem?	1	2	3	4	5
6. Your child getting into trouble with the neighbors, the school, the community, or law enforcement?	1	2	3	4	5
7. Financial strain for your family as a result of your child's emotional or behavioral problems?	1	2	3	4	5
8. Loss attention paid to other family members because of your child's emotional or behavioral problems?	1	2	3	4	5
9. Disruption or upset of relationships within the family due to your child's emotional or behavioral problems?	1	2	3	4	5
10. Disruption of your family's social activities resulting from your child's emotional or behavioral problem?	1	2	3	4	5
11. How isolated did you feel as a result of your child's emotional or behavioral	1	2	3	4	5
12. How sad or unhappy did you feel as a result of your child's emotional or behavioral problem?	1	2	3	4	5
13. How embarrassed did you feel about your child's emotional or behavioral problem?	1	2	3	4	5
14. How well did you relate to your child?	1	2	3	4	5
15. How angry did you feel toward your child?	1	2	3	4	5

In this section, please continue to look back and try to remember how you have felt during the past 6 months.

For each question, please tell me which response (which number) fits best.

In the past 6 months:

	Not at all	A little	Somewhat	Quite a bit	Very much
16. How worried did you feel about your child's future?	1	2	3	4	5
17. How worried did you feel about your family's future?	1	2	3	4	5
18. How guilty did feel about your child's emotional or behavioral problem?	1	2	3	4	5
19. How resentful did you feel toward your child?	1	2	3	4	5
20. How tired or strained did you feel as a result of your child's emotional or behavioral problem?	1	2	3	4	5
21. In general, how much of a toll has your child's emotional or behavioral problem taken on your family?	1	2	3	4	5

School Situations Questionnaire
(Barkley, 1981)

Child's Name _____ Date _____

Completed by _____ Subject _____

Does this child present any behavior problems for you in any of these situations? If so, indicate how severe the problems are.

Situation	Yes / No	Mild									Severe
While arriving at school	Yes / No	1	2	3	4	5	6	7	8	9	
During individual desk work	Yes / No	1	2	3	4	5	6	7	8	9	
During small group activities	Yes / No	1	2	3	4	5	6	7	8	9	
During free-play time in class	Yes / No	1	2	3	4	5	6	7	8	9	
During lectures to the class	Yes / No	1	2	3	4	5	6	7	8	9	
During recess	Yes / No	1	2	3	4	5	6	7	8	9	
During lunch	Yes / No	1	2	3	4	5	6	7	8	9	
While in the hallways	Yes / No	1	2	3	4	5	6	7	8	9	
While in the bathroom	Yes / No	1	2	3	4	5	6	7	8	9	
During field trips	Yes / No	1	2	3	4	5	6	7	8	9	
During special assemblies	Yes / No	1	2	3	4	5	6	7	8	9	
While on the bus	Yes / No	1	2	3	4	5	6	7	8	9	

Any special problem areas not addressed above?

Teachers: Please Return this Form to the Parents!

IMPORTANT: This form must be completed by the Employee and Managing Employer within three (3) days of employment. The U.S. Citizenship and Immigration Services (US-CIS) Form I-9 must be completed using the corresponding numbered instructions provided below. **PPL will not provide payment to any Employee who has not completed the Form I-9 correctly.** This form will be returned to the Managing Employer if any of the required fields are missing or incorrect. This form is a Federal form and must be completed in order for an Employee to be in compliance with the U.S. Department of Homeland Security (DHS) employment eligibility requirements. For more information, see US-CIS Handbook for Employers on Instructions for Completing the I-9, available online at www.uscis.gov/files/form/m-274.pdf.

Section 1 (to be completed by Employee):

The Employee must complete the following fields if he/ she is 18 or older:
If the Employee is under the age of 18, a parent or legal guardian must complete this section and print “employee under 18” in the Signature Line (field 8) and fill out fields 1-13.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)			
Print Name: Last 1	First	Middle Initial	Maiden Name 2
Address (Street Name and Number) 3		Apt. #	Date of Birth (month/day/year) 4
City 5	State	Zip Code	Social Security # 6
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form. 8	I attest, under penalty of perjury, that I am (check one of the following):		
	<input type="checkbox"/> A citizen of the United States <input type="checkbox"/> A noncitizen national of the United States (see instructions) 7 <input type="checkbox"/> A lawful permanent resident (Alien #) _____ <input type="checkbox"/> An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)		
Employee's Signature		Date (month/day/year) 9	
Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.			
Preparer's/Translator's Signature 10		Print Name 11	
Address (Street Name and Number, City, State, Zip Code) 12			Date (month/day/year) 13

1. Employee's full legal name: Last Name, First Name, Middle Initial.
2. Employee's maiden name (for example, if Employee has changed name due to marriage).
3. Employee's address where Employee currently lives.
4. Employee's birth date. Specify the month, day, and year of birth.
5. Employee's current city, state, and complete zip code.
6. Employee's complete Social Security Number (SSN).
7. Employee must check off the statement that applies to his or her current citizenship or Visa status. *If the Employee is a lawful permanent resident, the Employee must enter the Alien #. If the Employee is an alien authorized to work, the Employee must enter the Alien # and expiration date.*
8. Employee's signature (sign full legal name).
9. The date the Employee completed and signed this Form I-9. *Note: the Employee must sign the form prior to or the same day the Managing Employer signs the form in Section 2.*

If someone helped the Employee fill out Section 1, the person who helped must:

These fields only need to be completed if someone helped you (the Employee) fill out the Form I-9 or if you (the Employee) are under the age of 18.

- 10. Sign their name in this field.
- 11. Print their name in this field.
- 12. Print their current address in this field.
- 13. Print the date they helped complete the form in this field.

Section 2 (to be completed by Managing Employer):

The Managing Employer must complete the following fields:

**Note: the Managing Employer may be a different person than the Participant receiving services.*

In this section the Managing Employer must verify and list the correct documentation in the appropriate format. Remember, incomplete information will delay payment for services.

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)				
List A	OR	List B	AND	List C
Document title: _____		Drivers License		Social Security Card
Issuing authority: _____		CO DMV	14	SSA
Document #: _____		S0123456789		123-45-6789
Expiration Date (if any): _____		10/15/2012		_____
Document #: _____				
Expiration Date (if any): _____				
CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) 04/27/2011 and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)				
Signature of Employer or Authorized Representative: <u>Sarah Sample</u> 16		Print Name: Sarah Sample 17		Title: Managing Employer 18
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) 19				Date (month/day/year) 20
Public Partnerships-Colorado INC 148 State St. Boston, MA 02109				04/27/2011

14. The Managing Employer must verify the document(s) provided by the Employee. The Employee must provide one of the documents from List A of the “List of Acceptable Documents” page that accompanies the Form I-9 **OR** one document from List B **AND** one document from List C. PPL uses E-Verify; therefore, **the List A or List B document provided must contain a clear photo.** The Managing Employer must accept any documents on the “List of Acceptable Documents” other than a List B item that does not contain a photo or a document that has expired. Documents presented by the Employee that require signature must be signed. PPL will return the form I-9 to the Employer if there isn’t appropriate documentation listed in List A or in **BOTH B and C. Clear photocopies of all documents used for the verification must be submitted to PPL for verification using E-Verify.**

The Managing Employer enters this information for the documents verified from each List:

- Document Title (for example, "Drivers License" or "Social Security Card")
 - Issuing Authority (for example, "CO DMV" or "Social Security Administration")
 - Document # (for example, the Employee's Social Security number "123-45-6789")
 - Expiration Date (enter "N/A" if there is no expiration date)
15. The date the Employee began working. If the Employee has not begun working and the employment begin date is unknown, enter the same date as the Managing Employer signature date in field #20.
 16. Managing Employer's signature (sign full legal name).
 17. Managing Employer's full legal name.
 18. Managing Employer's title. Write: "Managing Employer."
 19. The name of the Employer (Public Partnerships-Colorado, Inc.) and the Employer address (148 State St. Boston, MA 02109). This section will be pre-populated.
 20. The date that the Managing Employer has verified the information on this Form I-9. This date is very important. This date must be no more than three (3) calendar days after the employment start date indicated in field # 15.

Section 3 (to be completed by Managing Employer if applicable):

This section is only completed if one or more of the following applies:

- The Employee is rehired by the Managing Employer within three (3) years of his/her last date worked
- The Employee has a name change
- The Employee's work authorization expires

If applicable, the Managing Employer must complete the following fields:

Section 3. Updating and Reverification (To be completed and signed by employer.)		
A. New Name (if applicable) 21	B. Date of Rehire (month/day/year) (if applicable) 22	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: 23	Document #: 24	Expiration Date (if any): 25
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative 26		Date (month/day/year) 27

21. New name of the Employee (if applicable).
22. The date the Employee was rehired.

If the employee was an alien and his/ her documents have expired you must revalidate the work authorization.

- 23. The Document Title of the new document(s) used to verify employment eligibility.
- 24. The Document # of the new document(s) used to verify employment eligibility.
- 25. The Expiration Date of the new document(s) used to verify employment eligibility.

26. Managing Employer signature (sign full legal name) to indicate the Managing Employer has verified any existing and new information on the Form I-9.
27. The date that you (the Managing Employer) verified the documentation provided.

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____	OR	_____	_____	_____
Issuing authority: _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____		_____	_____	_____
Document #: _____		_____	_____	_____
Expiration Date (if any): _____	_____	_____	_____	_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
Public Partnerships-Colorado, Inc 148 State St. Boston, MA 02109		

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

PPL NEVADA "Cost to You" Employee Wage Chart

The following chart will show you how much each employee will cost your child's budget based on the hourly rate you pay them. The total "cost to you" is the amount that will come out of your child's NV ADSD monthly allocation. This cost to you includes employer taxes and worker's compensation costs that PPL Nevada will make on your behalf. The amount of those taxes and worker's compensation costs are broken down in percentages below:

EMPLOYEE WAGE	COST TO YOU	EMPLOYEE WAGE	COST TO YOU	EMPLOYEE WAGE	COST TO YOU
\$8.25	\$9.55	\$13.75	\$15.91	\$19.25	\$22.27
\$8.50	\$9.83	\$14.00	\$16.20	\$19.50	\$22.56
\$8.75	\$10.12	\$14.25	\$16.49	\$19.75	\$22.85
\$9.00	\$10.41	\$14.50	\$16.78	\$20.00	\$23.14
\$9.25	\$10.70	\$14.75	\$17.07	\$20.25	\$23.43
\$9.50	\$10.99	\$15.00	\$17.36	\$20.50	\$23.72
\$9.75	\$11.28	\$15.25	\$17.64	\$20.75	\$24.01
\$10.00	\$11.57	\$15.50	\$17.93	\$21.00	\$24.30
\$10.25	\$11.86	\$15.75	\$18.22	\$21.25	\$24.59
\$10.50	\$12.15	\$16.00	\$18.51	\$21.50	\$24.88
\$10.75	\$12.44	\$16.25	\$18.80	\$21.75	\$25.16
\$11.00	\$12.73	\$16.50	\$19.09	\$22.00	\$25.45
\$11.25	\$13.02	\$16.75	\$19.38	\$22.25	\$25.74
\$11.50	\$13.31	\$17.00	\$19.67	\$22.50	\$26.03
\$11.75	\$13.59	\$17.25	\$19.96	\$22.75	\$26.32
\$12.00	\$13.88	\$17.50	\$20.25	\$23.00	\$26.61
\$12.25	\$14.17	\$17.75	\$20.54	\$23.25	\$26.90
\$12.50	\$14.46	\$18.00	\$20.83	\$23.50	\$27.19
\$12.75	\$14.75	\$18.25	\$21.12	\$23.75	\$27.48
\$13.00	\$15.04	\$18.50	\$21.40	\$24.00	\$27.77
\$13.25	\$15.33	\$18.75	\$21.69	\$24.50	\$28.35
\$13.50	\$15.62	\$19.00	\$21.98	\$25.00	\$28.93

The following is a breakdown of the costs included in "COST TO YOU": *Rates in the below cost breakdown are subject to increase annually.

0.062 FICA
0.0145 Medicare
0.008 FUTA
0.03 SUTA
0.0425 Worker's Compensation
0.1570 Total Cost

Public Partnerships, LLC

NV ATAP Payment Schedule

Calendar Year 2013

6 Admirals Way
 Chelsea, MA 02150
 Phone: (866)-537-8495

NOTE: Payments are issued twice monthly.
 Direct Deposit (EFT) payments are issued to the bank twice monthly; payment should be received in your account one to two business days later.

Pay Period		Timesheets Submitted by Interventionist:	Timesheets Approved by Authorized Rep:	Checks Mailed/EFT Issued on:
<u>Start</u>	<u>End</u>	<u>Deadline</u>	<u>Deadline</u>	<u>Payroll</u>
January 1, 2013	January 15, 2013	January 17, 2013	January 19, 2013	January 23, 2013
January 16, 2013	January 31, 2013	February 2, 2013	February 4, 2013	February 8, 2013
February 1, 2013	February 15, 2013	February 17, 2013	February 19, 2013	February 22, 2013
February 16, 2013	February 28, 2013	March 2, 2013	March 4, 2013	March 8, 2013
March 1, 2013	March 15, 2013	March 17, 2013	March 19, 2013	March 22, 2013
March 16, 2013	March 31, 2013	April 2, 2013	April 4, 2013	April 9, 2013
April 1, 2013	April 15, 2013	April 17, 2013	April 19, 2013	April 24, 2013
April 16, 2013	April 30, 2013	May 2, 2013	May 4, 2013	May 8, 2013
May 1, 2013	May 15, 2013	May 17, 2013	May 19, 2013	May 23, 2013
May 16, 2013	May 31, 2013	June 2, 2013	June 4, 2013	June 7, 2013
June 1, 2013	June 15, 2013	June 17, 2013	June 19, 2013	June 24, 2013
June 16, 2013	June 30, 2013	July 2, 2013	July 4, 2013	July 9, 2013
July 1, 2013	July 15, 2013	July 17, 2013	July 19, 2013	July 24, 2013
July 16, 2013	July 31, 2013	August 2, 2013	August 4, 2013	August 9, 2013
August 1, 2013	August 15, 2013	August 17, 2013	August 19, 2013	August 23, 2013
August 16, 2013	August 31, 2013	September 2, 2013	September 4, 2013	September 9, 2013
September 1, 2013	September 15, 2013	September 17, 2013	September 19, 2013	September 24, 2013
September 16, 2013	September 30, 2013	October 2, 2013	October 4, 2013	October 9, 2013
October 1, 2013	October 15, 2013	October 17, 2013	October 19, 2013	October 24, 2013
October 16, 2013	October 31, 2013	November 2, 2013	November 4, 2013	November 8, 2013
November 1, 2013	November 15, 2013	November 17, 2013	November 19, 2013	November 22, 2013
November 16, 2013	November 30, 2013	December 2, 2013	December 4, 2013	December 9, 2013
December 1, 2013	December 15, 2013	December 17, 2013	December 19, 2013	December 23, 2013
December 16, 2013	December 31, 2013	January 2, 2014	January 4, 2014	January 9, 2014

Phone: 1- 888-805-1074
Admin Fax: 1-877-409-2655
TTY: 1-800-360-5899

NV Aging and Disability Services Division Barrier Crimes to Employment

NV ADSD Autism Treatment Assistance Program policy requires all Employees and Independent Contractors who provide services to children in the program to undergo a criminal background check.

The applicant or contractor has been convicted of any offense enumerated in NRS 449.188 or any of the following offenses or statutory violations:

- Murder, voluntary manslaughter or mayhem;
- Assault with intent to kill or to commit sexual assault or mayhem;
- Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;
- Abuse or neglect of a child or contributory delinquency;
- A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the past 7 years;
- Criminal neglect of a patient as defined in NRS 200.495;
- Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property within the immediately preceding 7 years;
- Any felony involving the use of a firearm or other deadly weapon, within the immediately preceding 7 years;
- Abuse, neglect, exploitation or isolation of older persons;
- Kidnapping, false imprisonment or involuntary servitude;
- Any offense involving assault or battery, domestic or otherwise;
- Conduct inimical to the public health, morals, welfare and safety of the people of the State of Nevada in the maintenance and operation of the premises for which a provider contract is issued;
- Conduct or practice detrimental to the health or safety of the occupants or employees of the facility or agency; or,
- Any other offense determined by the Division to be inconsistent with the best interests of all recipients.

If there are any other crimes which are identified during the Criminal Background Check, the Authorized Representative must complete the “Acceptance of Responsibility for Employment Form” and provide it to PPL Nevada prior to the continuation of employment.

Phone: 1- 888-805-1074
Admin Fax: 1-877-409-2655
TTY: 1-800-360-5899

ACCEPTANCE OF RESPONSIBILITY FOR EMPLOYMENT

This is an OPTIONAL form

As the managing employer and authorized representative in the Autism Treatment Assistance program, I have the right to choose to hire and employ an Interventionist who I know has been convicted of a crime. However, there are some crimes which are considered barrier crimes. Anyone who has been convicted of one of the barrier crimes listed below will be denied employment. If you want to hire an interventionist convicted of a non-barrier crime, you must complete and submit this form to PPL.

Barrier Crimes:

- Murder, voluntary manslaughter or mayhem;
- Assault with intent to kill or to commit sexual assault or mayhem;
- Sexual assault, statutory sexual seduction, incest, lewdness, indecent exposure or any other sexually related crime;
- Abuse or neglect of a child or contributory delinquency;
- A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in chapter 454 of NRS, within the past 7 years;
- Criminal neglect of a patient as defined in NRS 200.495;
- Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property within the immediately preceding 7 years;
- Any felony involving the use of a firearm or other deadly weapon, within the immediately preceding 7 years;
- Abuse, neglect, exploitation or isolation of older persons;
- Kidnapping, false imprisonment or involuntary servitude;
- Any offense involving assault or battery, domestic or otherwise;
- Conduct inimical to the public health, morals, welfare and safety of the people of the State of Nevada in the maintenance and operation of the premises for which a provider contract is issued;
- Conduct or practice detrimental to the health or safety of the occupants or employees of the facility or agency; or,
- Any other offense determined by the Division to be inconsistent with the best interests of all recipients.

I understand that this decision and the consequences thereof are my sole responsibility. In making any and all hiring decisions as the Authorized Representative, I agree to hold harmless from any claims and responsibility Public Partnerships-Nevada and Nevada Aging and Disability Services Division and the ATAP Care Managers.

Authorized Representative Signature _____ **Date** _____

This form must be signed and sent to PPL-Nevada if you decide to hire an employee after receiving the results of a Criminal Background Check that indicates that the employee has been convicted of a crime.

PPL Nevada
FMA Services
6 Admirals Way
Chelsea, MA 02150

Phone: 1- 888-805-1074
Admin Fax: 1-877-409-2655
TTY: 1-800-360-5899



Child Name: _____
Interventionist Name: _____

Interventionist *Change* or *Separation* from Employment Form

Please complete this section and return this form to PPL Nevada if there are any changes in the interventionist's information.		
Child ID#:	Interventionist ID#:	
Interventionist's previous name:		
Interventionist's new name:		
Interventionist's New Address:		
City:	State:	Zip Code:
Previous Phone No:		New Phone No:
Interventionist Signature:		Date:

Separation of Employment with an Interventionist

Please complete this section and return this form to PPL Nevada if there is a separation of Employment with an employee		
Child ID#:	Interventionist ID#:	
Date of Separation of Employment:		
Reason for Separation of Employment, please check one: <input type="checkbox"/> Interventionist was Terminated <input type="checkbox"/> Interventionist left job Voluntarily <input type="checkbox"/> Other		
Forwarding Address (If Applicable):		
City:	State:	Zip Code:

Authorized Representative name (print):	
Authorized Representative signature:	Date:

Please fax (1-877-409-2655) or mail completed and signed form to PPL Nevada Customer Service (1- 888-805-1074) within 24 hours of an employee change.

PPL Nevada
 FMA Services
 6 Admirals Way
 Chelsea, MA 02150

Phone: 1- 888-805-1074
 Admin Fax: 1-877-409-2655
 TTY: 1-800-360-5899



Child's Name: _____
 Interventionist Name: _____

Interventionist Rate Change Form

If you wish to make any changes to the previously agreed upon rate, please complete this form and return to PPL Nevada by 5:00pm Pacific Time no less than 7 days prior to the start of the pay period where it is to be effective.

Child ID #:	Interventionist ID #:
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Service	Previous Rate	End Date
Shadowing		
Training Workshop		
Behavioral Intervention		
Service	NEW Rate	New Effective Date
Shadowing		
Training Workshop		
Behavioral Intervention		

Interventionist Signature:	Date:
Authorized Representative Signature:	Date:

Please fax (1-877-409-2655) or mail completed and signed form to PPL Nevada by 5pm Pacific Time no less than 7 days prior to the pay period in which the rate changes will take effect.



Section 4:

Treatment and Plan Type Overview

Treatment

ATAP seeks to improve your child's outcome by coordinating and promoting evidence-based treatment through training, education and funding assistance.

1. Evidence-based treatments

Guiding principle: Individuals with Autism Spectrum Disorders (ASD) require individually designed intervention plans that meet the need of the child. It is important that parents, health care, social services and providers select strategies and methods based on peer reviewed, empirically based, valid evidence. Each individual with ASD deserves no less.

While many interventions for autism exist, only some have been shown to be effective through scientific research. Interventions that researchers have shown to be effective are called evidence-based.

Evidence-based treatments are those therapies that have significant and convincing empirical efficacy and support. This means the therapies are supported by scientific research which produces consistent findings under repeated studies.

To determine which treatments are evidence-based treatments, ATAP utilizes the guidelines developed by the National Standards Project, and recognizes “Established” as evidence-based.

“Established” Treatments: treatments that produce beneficial outcomes and are known to be effective for individuals on the autism spectrum. The overwhelming majority of these interventions were developed in the behavioral literature (e.g., applied behavior analysis, behavioral psychology, and positive behavior support).

For a copy of the report go to: <http://www.nationalautismcenter.org/nsp/>

The 2008 Nevada Autism Task Force Report - Best Practices and The Nevada Commission on Autism Spectrum Disorders both support evidence-based treatments. In 2010, The Nevada Commission on Autism Spectrum Disorders voted to recognize the National Standards Project as the state guide when determining what treatments are evidence-based.

ATAP recognizes effective intervention for ASD requires ongoing assessment and ongoing individualized programming.

2. Characteristics of programs which have proven to be most effective through research:

- Early implementation
- Comprehensive
- Intensity of treatment delivered
 - Research supports at least 25 hours a week
 - Studies indicated children who reached normal functional levels received 30 to 40 hours per week
- Systematic teaching
- Functional skills (core deficits)
- Specified curriculum, evaluation methods
- Data-driven decisions
- Supportive environments and routines
- Family involvement
- Inclusion opportunities
- Staff and program development

What is the Research on Applied Behavior Analysis (ABA) for Autism?

Hundreds of published studies have shown that specific ABA techniques can help individuals with autism learn specific skills, such as how to communicate, develop relationships, play, care for themselves, learn in school, succeed at work, and participate fully and productively in family and community activities, regardless of their age. A number of peer-reviewed studies have examined the effects of combining multiple ABA techniques into comprehensive, individualized, intensive early intervention programs for children with autism. “Comprehensive” refers to the fact that intervention addresses all kinds of skills: communication, social, self-care, play, motor, pre-academic, and so on. “Early” means that intervention began before the age of four for most children. “Intensive” means that ABA methods were used to arrange large numbers of learning opportunities for each child every day in both structured and unstructured situations, which amounted to 25-40 hours per week during which children actively learned and practiced skills. That was done so that young children with autism would have experiences like typical toddlers, who get thousands of chances every day to learn by interacting with their parents and others. These studies showed that many children with autism who received 1-3 years of this type of treatment had large improvements on tests of their cognitive, communication, and adaptive skills. Some who participated in early intensive ABA for at least 2 years acquired enough skills to participate in regular classrooms with little or no ongoing help. Other children in the studies learned many skills through intensive ABA, but not enough to function independently in regular classrooms full-time. Across studies, a small percentage of children improved relatively little. At this time, it is very difficult to predict in advance how far any individual child might go with this treatment. More research is needed to determine why some children with autism respond more favorably to early intensive ABA than others.

In some studies, intensive ABA was compared with less intensive ABA, typical early intervention or special education, and “eclectic”, mixed-method interventions done both intensively and non-intensively. The children with autism who received intensive ABA treatment made larger improvements in most skill areas than children who participated in the other interventions. Parents whose children received intensive ABA reported less stress than parents whose children received other treatments.

-- Autism Speaks

**Phone: 1- 888-805-1074
Admin Fax: 1-877-409-2655
TTY: 1-800-360-5899**

ATAP Service Plans

ATAP supports evidence-based treatment through a variety of service plans to address the individualized needs of the child and the family unit.

ATAP addresses the needs of the child utilizing three types of treatment plans with delivery of services in the home utilizing a workshop model or at a clinic utilizing a center-based model. A *Comprehensive Plan* addresses a wider range of skills during each funding period and requires a minimum of 25 hours per week. An *Insurance Assistance/Collaboration Plan* provides assistance in paying co-pays or meeting yearly deductibles to allow families to access their insurance for ABA. This plan type may also provide varying levels of assistance while collaborating with another agency. *Targeted Behavior Plans* are divided into five options: *Extensive, Basic, Transition, Therapeutic and Social Skills*. These Plans are more focused and address a specific number of selected skills for an identified time frame.

ATAP services are planned and coordinated. Each child's program will be coordinated between the family, the chosen provider(s), and the ATAP care manager. Assessment-driven individualized programming, training and family participation are a critical component to each treatment plan. Treatment plans are developed to include the AR's concerns and are supportive of the AR's provider choice and type of treatment plan.

ATAP recognizes families are unique and each family is at a different place on this journey. ATAP's goal is to write plans, which address the child's needs, improve long-term outcomes and support changes that will make a significant difference to the family unit.

ATAP plans include a variety of choices to best fit the needs of the child and family. Factors affecting choice may include available resources, family's ability to participate and additional resources to support recommended hours.

The goal is to achieve the best long-term outcome for the child.

Comprehensive Plan

Comprehensive Plans address skills across all developmental domains including: Language/Communication, Cognitive Development, Daily Living Skills, Social/Emotional Development, Play, and Fine and Gross Motor Development. Comprehensive Plans will typically include programs to address skills in each domain on a daily basis. Utilizing a curriculum, and assessment results, the provider will develop an individualized program, which will address skills from each area and build on the skills acquired over time. Progress is reviewed at least monthly by the chosen provider. Individual programs are updated and new programs are added as others are mastered.

Services at this level are overseen by a Licensed Psychologist or a Board Certified Behavioral Analyst who has experience in the treatment of Autism, although the actual supervision may be provided by other professionals, at their direction. Supervision includes: an individually designed treatment program specific to the child, with a minimum of four hours of direct supervision occurring every month with the child, parent/caregivers and the team who will work with the child and at least a bi-monthly report on the child's progress. Additional services from the child's provider may include: school observations, session observations, and attendance at Individualized Education Program (I.E.P.) meetings or Individual Family Support Plan (I.F.S.P.) meetings with the child's school district or Early Intervention provider.

Deciding factors when choosing a Comprehensive Plan:

- A.R. is able to support and maintain a minimum of 25 hours week of treatment and meet program requirements.
- Child is 6 years old or younger.
- Research supports at least 25 hours a week of treatment.
- A.R. and provider want to address skills across all domains.

Plan instructions:

1. Child must start by their 6th birthday.
2. Plans are written for a maximum of two years at a time, with a maximum of 4 years.
3. Monthly allocation is up to \$2,000 per month
4. Baseline must be established and documented.
5. Plan implementation, spending and child's demonstration of acquisition reviewed quarterly by the care manager.
6. After the first year of treatment, on-going acquisition is a determining factor for continuation and required to maintain funding within the Comprehensive plan type.

7. Plans are individualized, based on the child's and family's needs.
8. A.R. training and participation required and documented.
9. Child must receive a minimum of 25 hours per week of direct one-to-one treatment.
10. Incorporates as many additional hours of weekly treatment as resources can support.
11. Weekly hours include A.R. provided or funded hours.
 - A.R. commitment is discussed and individualized based on A.R. capabilities.
 - A.R. participation may include working directly as an interventionist, funding additional hours
 - or providing hours which are provider defined to meet plan required hours.
 - A.R. is required to participate in data collection at varying levels.
12. Weekly hours will be averaged across the quarter. Children unable to average 25 hours per week across 2 consecutive quarterly reviews will have their plans revised to a Targeted Behavior Plan.
13. May use a team approach (each child's program is supported by multiple members)
Team Members:
 - A Supervisor/Consultant/Program Developer oversees, trains and develops the child's on-going program
 - Interventionists provide direct hours and work under the direction of the Supervisor
 - Family member(s)
14. Treatment is intended to address learning gaps across all domains. Develop learning to learn skills. Improve language and communication skills, social skills, daily living skills, and cognitive ability.
15. Progress must be demonstrated across at least four domains. Progress is evaluated quarterly and annually by the care manager to ensure treatment is effective. Percentage of ATAP Impact Targets must be mastered annually and mastery of Critical Impact Targets should be demonstrated at the completion of year two to continue in plan type.
16. Uses systematic teaching, data-driven decisions and Functional Behavior Assessment and analysis to implement effective treatment.
17. Provides parent training to enable the use of naturalistic teaching strategies and Applied Behavior Analysis strategies to support generalization of skills at home and in the community.
18. Monthly program supervision by BCBA or BCaBA level personnel or personnel with experience equal to a BCaBA is required at a minimum of 4 hours a month with direct observation of the child and at least one A.R. present and participating. Chosen provider may recommend more supervision

hours.

19. As part of the supervision, the Program Developer (BCBA or BCaBA level or personnel with experience equal to a BCaBA) is required to observe the child and team monthly to assess performance and provide on-going training.
20. Data is recorded during each session and maintained in a logbook.
21. Program development is based on data-driven decisions and assessment results.
22. Providers are required to provide bi-monthly reports which include: 1) skills/programs on acquisition and date introduced; 2) programs on generalization; 3) the number of programs achieved/mastered and the date moved to mastered; 4) for each current program, the number of items mastered and the times ran for the reporting period; 5) if aggressive or self injurious behaviors are occurring during treatment sessions, the number of acts which occurred during the reported period and a description of the behaviors; 6) if data is being taken on protest behaviors, the number of protests occurring during treatment sessions and the duration; 7) A.R. concerns discussed, documentation of A.R.'s participation during supervised sessions and A.R.'s total recorded hours for the reporting period; 8) Child's average weekly treatment hours for reporting period; 9) supervision hours delivered for the reporting period; 10) Number of times program practiced or opportunities presented during the reporting period.
23. Program instructions must be maintained and updated monthly in the logbook.
24. Year 4 or planned exit year must include a systematic transition plan with objectives, which include A.R. acquisition of task analysis and ability to implement the teaching of skills. May include transition to another plan type.
25. When collaborating with another agency or partial funded insurance coverage, ATAP will only provide assistance with the unfunded hours to meet the plan required 25.

**What happens if my child's program is unable to maintain
the 25 hour a week requirement?**

A transition to a Targeted Plan will be considered.
Discussion will take place with you, the child's provider and the care manager to determine the best plan fit for your child and family.

Exiting from a Comprehensive Plan Options

- Transition to a Targeted Plan
- Provider recommendation supports a transition to an Extensive, Social Skills or Therapeutic Plan.
- Development of a systematic decrease of treatment and transition under a Transition Plan.
- Funding to support provider recommended follow up observation(s) or supervision for up to one year to ensure maintenance and generalization of skills.
- Child has been determined to have insurance coverage and is transitioning to the Insurance Assistance Plan.

Insurance Assistance/Collaboration Plans

Insurance Assistance/Collaboration plans are designed to support families who need assistance in paying for co-pays or meeting their yearly deductible in order to access insurance coverage for ABA treatment. Plans may also address assistance when collaborating with another agency to allow the child access to research levels of treatment or to maintain child in the least restrictive environment by cost sharing.

Insurance Determination

All children applying for ATAP are required to submit medical insurance documentation to determine if coverage for ABA treatment is provided. All children currently receiving ATAP through other plan types who have insurance coverage should transition to the Insurance Assistance plan by July 1, 2012. All plans covered by state law would have been in effect for at least one year. *Continued funding may be evaluated on a case by case basis, when barriers to insurance access are beyond the control of the A.R.*

Deciding factors when choosing an Insurance Assistance:

1. It has been determined the child has insurance coverage for ABA treatment.
2. It has been determined the A.R. is unable to meet yearly deductible to access insurance coverage.
3. It has been determined the A.R. is not accessing all insurance coverage available due to required co-pays per session.
4. It has been determined the A.R. is not accessing insurance coverage due to the inability to afford high co-pays.
5. A.R. requested assistance with co-pays.
6. Child is covered by a plan which addresses out of network providers at 70/30 cost share or less.
7. A.R. elects comprehensive treatment and will be able to maintain 25 hours week of treatment.
8. A.R. elects targeted treatment and will be able to maintain 15 hours week of treatment.

Insurance Assistance plan instructions:

1. Child is under the age of 19.
2. Plans are written for a maximum of one year at a time, with no maximum term limit.
3. Up to \$500 monthly OR \$6,000 per year to assist parents in paying for deductibles/co-payments for ABA treatment within a Comprehensive Plan.
4. Up to \$300 monthly OR \$3,600 per year to assist parents in paying for deductibles/co-payments for ABA treatment within a Targeted Extensive Plan.
5. Children receiving insurance assistance at \$500 a month must meet the requirements of a Comprehensive Plan.
6. Children receiving insurance assistance at \$300 a month must meet the requirements of a Targeted Extensive Plan.

7. Providers serving children with an Insurance Assistance Plan are required to meet the requirements of Plan type.
8. A.R. is required to provide documentation to confirm services occurred.
9. Provider is required to invoice ATAP for co-pay or yearly deductible.
10. Interventionists are required to invoice ATAP for co-pay.
11. As long as A.R. and Provider are following procedures and insurance continues to cover child's ABA treatment, child not meeting ATAP annual progress indicators will not be a determining factor for continuation on an ATAP Insurance Assistance Plan.

Collaboration Assistance instructions:

12. Child is under the age of 19.
13. Plans are written for a maximum of one year at a time and must define cost sharing amount or treatment hours and supervision funded or provided by ATAP, A.R. and collaborating agency.
14. Assist A.R. in paying for unfunded hours to meet 25 hours a week for ABA treatment within a Comprehensive Plan.
15. Assist A.R. in paying for unfunded hours to meet 15 hours a week for ABA treatment within a Targeted Extensive Plan.
16. Children receiving cost sharing assistance from ATAP and collaborating agency to achieve 25 hours a week must meet the requirements of a Comprehensive Plan and provide at least 5 hours of A.R. funded or driven hours weekly.
17. Children receiving cost sharing assistance from ATAP and collaborating agency to achieve 15 hours a week must meet the requirements of a Targeted Extensive Plan and provide at least 3 hours of A.R. funded or driven hours weekly.
18. Providers serving children through cost sharing are required to collaborate with both agencies.
19. A.R. is required to provide documentation to confirm services occurred.
20. Provider is required to invoice ATAP and collaborating agency appropriate portion as defined in plan.
21. Plans will recognize Memorandum of Understanding (MOU) when in place.

Targeted Behavior Plans

Targeted Behavior Plans are narrow in scope and address a selected group of skills, which impact the child and the family. Targeted Behavior Plans are written to address: Crisis Intervention/Behavior Management, Selected Behaviors, Transition, Social Skills, Speech Therapy, Occupational Therapy or Physical Therapy.

Plans are individualized, based on the child's and family's needs. And treatment generally incorporates a limited amount of weekly hours due to the modality of therapy, available time commitment and/or available resources.

The care manager and the AR will discuss the child's needs to identify the type of Targeted Behavior Plan.

Types of Targeted Behavior Plans:

- Extensive
- Basic
- Therapeutic
- Social Skills
- Transition

Treatment is delivered in the home, community or clinic and can be direct or within a group setting. Treatment may be implemented by one chosen professional specializing in the area of concern. Example: A BCBA, a speech or occupational or physical therapist.

Deciding factors when choosing a Targeted Behavior Plan:

1. Addresses the needs of children at any age through the age of 18
2. A.R. chooses for child to be served in a center-based program.
3. A.R. and provider have determined child needs fewer weekly hours.
4. A.R. elects to do less than 25 hours a week of treatment for their child.
5. A.R. is only requesting Speech, Occupational or Physical Therapy
6. Child's needs can be met in a social skills program
7. Child is in crisis and needs behavior management: a) child's behaviors have escalated to the point of home or school removal; b) child and family requires assistance to maintain his current home placement; c) child 's self injurious behaviors at a level which requires medical attention; d) child is aggressive to others and family needs training in crisis behavior management to protect themselves; e) family and child need support as child transitions back into the home after a residential or treatment center placement.
8. A.R. chooses to address only selected behaviors.
9. Child is ready to transition or exit a Comprehensive Plan.
10. A.R., Provider or Child failed to meet the requirements of the Comprehensive plan.

General Plan instructions:

1. Program development is based on data-driven decisions and assessment results.
2. Targeted Behavior Plans are written for a maximum of one year at a time and are reviewed quarterly and annually to determine progress.
3. Provider services include training to enable the AR to support generalization of skills at home and in the community.
4. A.R. participation is recommended to help generalize skills and follow through to support behavior change.
5. Data is recorded during each session and maintained and shared with the family and care manager.
6. If critical behaviors are being addressed a Functional Behavior Assessment must be done during the initial month and a Behavior plan implemented with A.R. involvement.
7. Providers are required to provide quarterly reports which include: 1) defined objectives based on the child's plan; 2) progress on objectives; 2) skills/programs on acquisition and date introduced; 3) number of times programs practiced or opportunities presented for reporting period; 4) if aggressive or self injurious behaviors are occurring during treatment sessions, the number of acts which occurred during the reported period and a description of the behaviors; 5) if data is being taken on protest behaviors, the number of protests occurring during treatment sessions and the duration; 6) a Behavior Plan if aggression is occurring; 7) AR concerns discussed, documentation of AR's participation during supervised sessions and AR's total recorded hours for the reporting period if any; 8) child's average weekly treatment hours for reporting period; 9) supervision hours delivered for the reporting period.
8. Program instructions must be maintained and updated monthly in the logbook.
9. Quarterly outcomes and objectives are written in measurable and functional terms. There must be a specific description of the desired behavior. Outcomes and objectives must relate directly to the ATAP service plan.

When developing the plan identify and prioritize the needs of the child by considering the following:

1. Which behaviors are likely to cause harm to the individual or others?
2. Which behavior change will have the most positive effect on the family unit?
3. Which behaviors occur most or least frequently?
4. Which behaviors are most intense?
5. Which behaviors, when effectively addressed, will have a positive impact on other behaviors of concern?

6. Does a specific behavior effect child and families participation in the community?
7. Which behaviors impede the learning of the child?
8. Can communication skills be improved by addressing a specific skill?
9. Can the child benefit from learning to self-monitor their own behavior?

Descriptions of Targeted Behavior Plans:

1. Extensive Targeted Behavior Plan

An Extensive Targeted Behavior Plan is developed when one or more of the following take place: 1) the child is starting at 6 years of age or older; 2) A.R. desired outcomes are to improve a limited number of identified behaviors; 3) the AR does not want to meet the requirements of a Comprehensive Plan; 5) the AR has failed to meet the requirements of a Comprehensive plan; 6) Child is transitioning from a Comprehensive plan based on provider recommendation or has met the 4 year maximum length of plan.

An Extensive Plan utilizes evidence-based treatments and is overseen by a Licensed Psychologist or a Board Certified Behavioral Analyst who has experience in the treatment of Autism, although the actual supervision may be provided by other professionals, at their direction. Supervision includes: an individually designed treatment program specific to the child, with a minimum of 3 hours of direct supervision occurring every month with the child, parent/caregivers and the team who will work with the child and at least a quarterly report on the child's progress.

Plan instructions:

1. Plans are written for a maximum of one year at a time, with a maximum of 2 years.
2. Monthly allocation is up to \$1,100 per month
3. Address child's core deficits
4. Addresses 3 - 10 skills/behaviors per plan.
5. Treatment is intended to only address the defined targeted behaviors as determined in the plan.
6. Baseline must be established and documented.
7. Progress on defined objectives, are reviewed quarterly by the care manager as a determining factor for continuation. Mastery of defined data targets are reviewed annually by the care manager as a determining factor for continuation. On-going acquisition is required to maintain funding. At the first annual review Critical Impact Targets must be met to continue in plan type.
8. Are individualized, based on the child's and family's needs.

9. Uses systematic teaching, data-driven decisions and Functional Behavior Assessment and analysis to implement effective treatment.
10. If targeting aggression, protest or stereotyped behavior, a behavior plan must be included.
11. Child must receive at least 15 hours per week of direct one-to-one treatment.
12. Incorporates as many additional hours of weekly treatment as resources can support.
13. Weekly hours include AR provided or funded hours.
 - A.R. commitment is discussed and individualized based on AR capabilities.
 - A.R. participation may include working directly as an interventionists, funding additional hours or providing hours which are provider defined to meet plan required hours.
 - A.R. is required to participate in data collection at varying levels.
14. Weekly hours will be averaged across the quarter. Children unable to average 15 hours per week across 2 consecutive quarterly review periods will have their plans revised to a Basic Targeted Behavior Plan.
15. Monthly program supervision by BCBA or BCaBA level personnel or personnel with experience equal to a BCaBA is required at a minimum of 3 hours a month with direct observation of the child and at least one AR present and participating. Chosen provider may recommend additional hours of supervision.
16. May use a team approach (each child's program is supported by multiple members)
Team Members:
 - A Supervisor/Consultant/Program Developer oversees, trains and develops the child's on-going program'
 - Interventionists provide direct hours and work under the direction of the Supervisor
 - Family member(s)
17. May use a center-based approach
18. Utilizes a Functional Behavior Assessment and analysis.
19. May use an established curriculum or Provider developed strategies to implement effective treatment.
20. Provides parent training to enable the use of naturalistic teaching strategies and Applied Behavior Analysis strategies to support generalization of skills at home and in the community.
21. If a team is utilized, each month, the Program Developer (BCBA or BCaBA level or personnel

with experience equal to a BCaBA) is required to observe the child and team to assess performance and provide on-going training.

22. If a team is not part of the plan, Program Developer (BCBA or BCaBA level or personnel with experience equal to a BCaBA) is required to observe the child and the A.R. to assess performance and provide on-going training to the A.R.

2. Basic Targeted Behavior Plan

A Basic Targeted Behavior Plan is developed when one or more of the following take place: 1) the child is starting at 6 years of age or older; 2) A.R. desired outcomes are to improve a limited number of identified behaviors; 3) A.R. chooses to implement less than 15 hours a week; 4) the AR does not want to meet the requirements of a Comprehensive or Extensive Plan; 5) the AR has failed to meet the requirements of a Comprehensive or Extensive Plan; 6) Child is transitioning from a Comprehensive plan or a Extensive based on provider recommendation or has met the maximum length of plan; 7) Provider recommendations support less than 15 hours a week; 8) AR is unable or elects to not participate in treatment or training; 8) Chosen provider does not include parent training in their model.

Basic Plans utilize evidence-based treatments are overseen by a Licensed Psychologist or a Board Certified Behavioral Analyst who has experience in the treatment of Autism, although the actual supervision may be provided by other professionals, at their direction. Supervision includes: an individually designed treatment program specific to the child with the hours of treatment and supervision defined by the provider and at least a quarterly report on the child's progress.

Plan instructions:

1. Plans are written for a maximum of one year.
2. Plans are written with defined targets.
3. Objectives are defined on a quarterly basis to address plan targets.
4. Monthly allocation is up to \$700 per month.
5. Address child's core deficits.
6. Addresses 5 or less skills/behaviors per plan.
7. Treatment is intended to only address the defined targeted behaviors as determined in the plan.

8. Baseline must be established and documented.
9. If targeting aggression, protest or stereotyped behaviors a behavior plan must be included and an overview of how parents are to support behavior plan and address issues when provider is not present.
10. Progress on defined objectives reviewed quarterly by the care manager as a determining factor for continuation. On-going acquisition is required to maintain funding.
11. Are individualized, based on the child's and family's needs.
12. Utilizing a Functional Behavior Assessment and analysis, the provider (BCBA or BCaBA level or personnel with experience equal to a BCaBA) must develop a behavior plan and an individualized program which will address the identified behavior concerns. Progress is reviewed monthly adjusting the implementation as needed to effect the desired behavior changes.
13. Program supervision by BCBA or BCaBA level personnel or personnel with experience equal to a BCaBA is required.
14. Weekly hours and supervision are defined by the provider with AR support.
15. May use a team approach (each child's program is supported by multiple members)
Team Members:
 - A Supervisor/Consultant/Program Developer oversees, trains and develops the child's on-going program'
 - Interventionists provide direct hours and work under the direction of the Supervisor
 - Family member(s)
16. May use a center-based approach.
17. May utilize supervision only.
18. May address A.R. training only. However, must include A.R. data collection and program instructions.
19. May use established curriculum or Provider developed strategies to implement effective treatment.
20. Recommended parent training to enable the use of naturalistic teaching strategies and Applied Behavior Analysis strategies to support generalization of skills at home and in the community.
21. If a team is utilized, each month, the Program Developer (BCBA or BCaBA level or personnel with experience equal to a BCaBA) is required to observe the child and team to assess performance and provide on-going training.

22. When treatment is delivered outside of a center-based program and if a team is not part of the plan, Program Developer (BCBA or BCaBA level or personnel with experience equal to a BCaBA) is required to observe the child and the A.R. to assess performance and provide on-going feedback and training.
23. If a team is utilized, program instructions from the provider must be maintained and updated monthly in the logbook.
24. A defined transition/exit plan, is typically embedded in the last quarter of the plan.

3. Therapeutic Targeted Behavior Plans

Therapeutic Plans are narrow in scope and address a selected group of skills which impact the child and the family. Therapeutic Plans are written to address: Communication, physical, and sensory limitations.

Therapeutic Plans include therapy delivered by a Licensed Speech Language Therapist, an Occupational Therapist or a Physical Therapist who has experience in the treatment of Autism.

Types of Therapeutic Plans: Speech Therapy, Occupational Therapy or Physical Therapy. If child is served under a therapeutic plan, it is recommended A.R. observe 25% of the sessions during the month and receive training to support generalization of skills to the home and community environment.

Descriptions of Therapeutic Plans:

Speech Therapy

A Targeted Behavior Plan for Speech Therapy is developed when one or more of the following take place: 1) The parent is requesting speech therapy for their child and the child is not covered by Medicaid or private insurance which will cover Speech Therapy; 2) The child has apraxia, dyspraxia or other speech concerns which require a Speech Therapist; 3) Child is currently receiving an ABA program and provider has made a referral or requested a consult and input due to concerns.

Plan instructions:

1. Plans are written for one year at a time, for a maximum of two years.
2. Monthly allocation is at \$600.00 per month or less.
3. Plan is written for a specific number of sessions required per month.
4. Implementation may occur in collaboration as a consult from Speech Therapist with ABA team during monthly workshop to implement recommended strategies as part of daily hours by interventionists.

5. Therapists are required to provide a plan with goals and objectives outlined for each month, a monthly update summary, session notes with measurable data and provide at least quarterly reports to demonstrate progress on the identified targets outlined in the Plan which include at least: 1) Number of targets on acquisition; 2) Progress on skills/targets; 3) Number of mastered targets for the reporting period if applicable.

Occupational Therapy

A Targeted Behavior Plan for Occupational Therapy is developed when one or more of the following take place: 1) The parent is requesting occupational therapy for their child and the child is not covered by Medicaid or private insurance which will cover Occupational Therapy; 2) The child has motor planning problems or low muscle tone; 3) Child is currently receiving an ABA program and provider has made a referral or requested a consult and input due to concerns.

Plan instructions:

1. Plans are written for a maximum of one year at a time.
2. Plan may include individual sessions or with a combination of group sessions and individual sessions.
3. Plan is written for a specific number of sessions per month.
4. Implementation may occur in collaboration as a consult from Occupational Therapist with ABA team during monthly workshop to implement recommended strategies as part of daily hours by interventionists.
5. Therapist are required to provide a plan with goals and objectives outlined for each month, a monthly update summary, session notes with measurable data and provide at least quarterly reports to demonstrate progress on the identified targets outlined in the Plan which include at least: 1) Number of targets on acquisition; 2) Progress on skills/targets; 3) Number of mastered targets for the reporting period if applicable.

Physical Therapy

A Targeted Behavior Plan for Physical Therapy is developed when one or more of the following take place: 1) The parent is requesting physical therapy for their child and the child is not covered by Medicaid or private insurance which will cover Physical Therapy; 2) The child has physical concerns documented by a doctor which require a Physical Therapist; 3) Child is currently receiving an ABA program and provider has made a referral or requested a consult and input due to concerns.

Plan instructions:

1. Plans are written for a maximum of one year at a time.

2. Plan is written for a specific number of individual sessions per month.
3. Implementation may occur in collaboration as a consult from Physical Therapist with ABA team during monthly workshop to implement recommended strategies as part of daily hours by interventionists.
4. Therapist are required to provide a plan with goals and objectives outlined for each month, a monthly update summary, session notes with measurable data and provide at least quarterly reports to demonstrate progress on the identified targets outlined in the Plan which include at least: 1) Number of targets on acquisition; 2) Progress on skills/targets; 3) Number of mastered targets for the reporting period if applicable.

4. Social Skills Targeted Behavior Plan

A Targeted Behavior Plan for Social Skills is developed when one or more of the following take place: 1) The child is at a higher functioning level and only requires social skills to become successful; 2) The child has completed a Comprehensive Treatment plan and is ready to transition to a Social Skills Program; 3) The parent is requesting a social skills program for their child; 4) The child is not able to maintain friendships; 5) A teen is not able to be successful in community or job participation because of the lack of social skills.

Social Skills programs are for elementary, middle and high school age children.

Social Skills programs are overseen by a Licensed Psychologist or a Board Certified Behavioral Analyst who has experience in the treatment of Autism, although the actual supervision may be provided by other professionals, at their direction. Social skills programs may also be overseen and delivered by a Licensed Speech Language Therapist, an Occupational Therapist with background and experience teaching social skills to children with Autism.

When developing social goals, the following areas should be considered:

- Joint attention (attending with others)
- Initiating peer interaction and joining play
- Opening and closing a conversation
- Understanding personal space
- Asking for help and assistance
- Acceptable environmental behaviors, such as not picking nose in public, what's cool, what's not
- Observing and mimicking appropriate social behavior in specific situations
- Emotions of self and others
- Identification of emotions
- Predicting and understanding the emotions and reactions of others

- Decoding facial expressions and body language
- How individual actions affect others
- Initiating, maintaining and reciprocating social interactions
- Listening and attention skills
- Getting the Big Picture
- Humor, slang, sarcasm, joking, teasing.
- Accepting rejection by peers
- Playing games, winning and losing appropriately
- Turn-taking, waiting for turn
- Understanding perspective
- Abstracting and inferencing
- Understanding non-verbal and contextual cues

Strategies and Supports to Consider Include:

- **Rehearsal – Scripting, Modeling and Practice**
- **Role Play**
- **Social Curriculums**
- **Social Skills Manuals**
- **Visual Supports**
- **Peer Models**
- **Structured Peer Supports**
- **Social Narratives**
- **Video Modeling**
- **Facilitated Peer Interactions**

Plan instructions:

1. Plans are written for a maximum of one year, Objectives are defined on a quarterly basis.
2. Monthly allocation is at \$600.00 per month or less.
3. Program implementation requires the use of an approved curriculum with goals and outcome measures
4. Plan may include individual sessions with a combination of group sessions or just group sessions.
5. One session per week minimum delivered across each month (may be in a group or individual setting)
6. Must include at least one group session a month to generalize skills taught in one-to-one environment
7. May utilize supervised interventionists to facilitate peer interactions or support instruction.
8. It is recommended A.R. observe 25% of the sessions during the month. And receive training to

support generalization of skills to the home and community environment.

9. Plan must include social activities outside of structured sessions.
10. Required monthly participation in social activities with typical peer(s). AR must provide social opportunities beyond family interactions and school day. The AR may: (1) Enroll child in a structured community/ community/after school program or group such as FAA/Scouts/Sports/Drama Club/Church Youth Group by the 2nd quarter of plan.
11. Uses a published curriculum with goals and outcome measures
12. Provider must submit curriculum for approval.

Currently approved curriculum:

- **Skills Streaming**
- **Crafting Connections**
- **Social Thinking**
- **Curriculum supporting Social Skills Improvement System**
- **Children's Friendship Training**

13. Provider defined objectives required and quarterly progress demonstrated toward 1-5 goals
14. Providers are required to provide a plan with goals and objectives from approved curriculum outlined for each quarter, a monthly update summary and provide at quarterly reports to demonstrate progress on the identified behaviors outlined in the Plan which include at least: 1) Number of opportunities of successful peer engagements in the reporting period; 2) Progress on approved Curriculum targets measured in percentage of correct responses or number of appropriate responses of opportunities presented; 3) Number of successful community participation events; 4) Number of events or opportunities with identified friend/peer; 5) Confirm participation in monthly social activity.

5. Transition Targeted Behavior Plan

ATAP understands the importance of a transition plan to maintain and generalize acquired skills. Transition plans are individualized and are based on the child and family needs as well as provider recommendation. Transition occurs in ATAP as a child completes a plan's maximum term limit and transitions to the next appropriate plan. The most common transition is when a child transitions from one plan type to another. When a child is exiting ATAP funding, the transition will call for a specific Transition Plan to be written, which will include a systematic reduction in treatment hours and supervision for a determined period of time. Decreased supervision includes periodic follow up or observations of the child across environments to ensure regression is not occurring and parent training is

continued. A significant portion of a Transition Plan is to ensure the Authorized Representative has increased capabilities to support and maintain the child's acquired skills. The plan may also include defined collaboration with receiving agency.

A Transition Targeted Behavior Plan is developed when one or more of the following take place: 1) the child has exhausted ATAP plan(s) and is ready to exit; 2) the child has not demonstrated mastery of plan required targets and will require assisted living services through the Regional Centers; 3) the child has demonstrated mastery of plan required targets, however the need for on-going supports is evident and will require assisted living services through the Regional Centers; 4) Child is transitioning from a Comprehensive plan or a Extensive based on provider recommendation and mastery of plan targets; 5) Provider recommendations include a decrease in supervision across the transition period.

Transition Plans utilize evidence-based treatments are overseen by a Licensed Psychologist or a Board Certified Behavioral Analyst who has experience in the treatment of Autism, although the actual supervision may be provided by other professionals, at their direction. Supervision includes: an individually designed treatment program specific to the child with the hours of treatment and supervision defined by the provider and reporting based on scheduled follow up supervision on the child's maintenance, generalization of skills, parent training and an update of transfer status.

Plan instructions:

1. Plans are written for a maximum of one year.
2. Plans are written with defined targets.
3. Objectives are defined on a quarterly basis to address plan targets.
4. Last quarter is intended to only address increasing Authorized Representative's capabilities.
5. Monthly allocation up to an average maximum of \$500 per month across plan term.
6. Address child's core deficits.
7. Addresses 3 or less skills/behaviors per plan.
8. Outlines a systematic decrease in treatment and supervision hours. Weekly hours and supervision are defined by the provider with A.R. and care manager support.
9. If targeting aggression, protest or stereotyped behaviors a behavior plan must be included and an overview of how parents are to support behavior plan and address issues when provider and interventionists are no longer present.

10. Are individualized, based on the child's and family's needs.
11. Program supervision by BCBA or BCaBA level personnel or personnel with experience equal to a BCaBA is required.
12. May utilize supervision only.
13. May use a team approach (each child's program is supported by multiple members) Team Members:
 - A Supervisor/Consultant/Program Developer oversees, trains and develops the child's on-going program
 - Interventionists provide direct hours and work under the direction of the Supervisor
 - Family member(s)
14. Plan may only address and define the transfer information for receiving agency.
15. May address A.R. training only. However, must include A.R. data collection and program instructions.
16. Required A.R. training to enable the use of naturalistic teaching strategies and Applied Behavior Analysis strategies to support generalization and maintenance of skills at home and in the community.
17. If a team is utilized, the Program Developer (BCBA or BCaBA level or personnel with experience equal to a BCaBA) is required to observe the child and team to assess performance and provide on-going training.
18. Notes and instructions must be provided during months when supervision is occurring.
19. Plan may only address and define the transfer information for receiving agency.
20. Plan includes defined levels of collaboration with receiving agency and proposed date of transfer.



Section 5:

Planning and Budgeting

Phone: 1- 888-805-1074
Admin Fax: 1-877-409-2655
TTY: 1-800-360-5899

Planning and Budgeting

Developing your child's plan and budget is a collaborative process. Although your Care Manager is responsible for coordinating the process, he or she relies heavily on your input and the input of your child's provider in order to create a plan and budget that reflects your child's needs. The budget outlines how the ADSD funding for your child will be utilized to purchase evidenced based therapies and services, as well as necessary tools. Remember ATAP is an assistance program and the monthly allotment is intended to help parents pay for treatment. It is understood that the funding provided by ATAP will not pay for all of the provider recommended hours of treatment or weekly hours required by plan types. Comprehensive Plans and Targeted Extensive Plans require parents to fund or provide additional hours of treatment to meet the plan weekly hour requirement.

The child's budget tells PPL Nevada what payments to make, so it is important that the information in the budget is up-to-date and that you are satisfied with the supports and services that you and your Care Manager have included in the budget. PPL Nevada will only pay for services authorized in your budget.

Allocation

One of your most important responsibilities is to budget your child's allocation. Without a budget, you risk overspending or under spending. Budgeting, done well, is not difficult; it just takes time. Basically, you need to ask yourself five questions:

**Creating
A Budget
Your Child's
budget is a
planning tool that
is designed to
manage and track
the services that are
provided to your
child, allowing you
to view your
spending and
availability of
funds online.**

- 1) How many hours of treatment does my child need?
- 2) How much is my child's provider charging monthly?
- 3) How much will my employees (interventionists) cost?
- 4) How much money do I have to spend? (What is my child's monthly allotment?)
- 5) Once I subtract what my provider is charging from my monthly allotment, how much money is left to fund my child's hours?

Detailed answers to these questions will provide you with the basics for a good budget.

Living within your child's allocation

One of the best things about ATAP is the ability to change your child's providers or interventionists. There are some situations, when you may wish to change how your child's funds are distributed amongst the provider and interventionists. This can happen when you change to a provider who charges more/less than the previous one. Your child's Care Manager can assist with your request to change a provider.

Making Changes to Your Budget

If you are interested in making changes in your child's budget, please contact your child's ASD Care Manager to discuss your ideas. If the changes are approved, your child's Care Manager will make the appropriate modifications.

How Do I Purchase Goods?

Discuss with your Care Manager any items or tools that you and your child's Provider believe are essential to your child's treatment. Some examples are Language Builder Cards, a Motivator or an assistive technology device. The initial plan of service may include learning tools. However, for reimbursement, items must be recommended by the Provider and pre-approved by the Care Manager. Items are typically purchased and invoiced to ATAP by the provider. Receipts must be submitted with the invoice to the Care Manager. The deduction from your child's account will appear in the Provider Budget on the Family Friendly Report and online.

Wages

The wage you pay your employees depends on many things. At the least, you need to be sure the wage is fair and that you can afford it. As of July 1, 2010, the Nevada State minimum wage is \$8.25/hr and the maximum rate for the interventionists defined by ADSD is \$25.00/hr. With PPL Nevada you can pay each interventionist different wages depending on the job he/she is performing for your child. You and the interventionist will indicate these wages in the PPL Nevada Employment Agreement. ATAP positions are part time; therefore interventionists are not authorized to work overtime or on holidays. It is your responsibility, as the Authorized Representative, to ensure that the interventionists and providers are paid. This requires staying within budget and signing off/approving timesheets and provider service verification forms in a timely manner. Please be aware that, Employees who work in excess of 8 hours per day or more than 40 hours week will not be paid overtime through ATAP. As a result, you will want to pay close attention to how many hours in a week/day your child's interventionist is working for ATAP. Please be aware of the fact that other family's hours count towards the total hours worked.

Taxes and Workers' Compensation

The law requires that PPL Nevada, the common law employer, deduct workers' compensation and certain employer taxes from the interventionists' wages. This means the actual employee costs will be higher than just the wages you pay them. The "Cost to You" chart shows the employee's wage and how much actually comes out of your child's budget in order to cover all necessary costs.

Reference the "Cost to You" Form for a breakdown of costs.

Steps to determine the number of hours a month available for an interventionist:

1. How many treatment hours a week are required by my child's ATAP plan?
2. How many hours a week of treatment does my child need?
3. How many hours a week can I provide or fund to help meet hourly requirements?
4. Once I subtracted what my provider is charging from my monthly allotment, how much money is left to fund my child's hours?
5. What will my interventionists cost per hour?
6. Utilize the Monthly Budget to Support Supervision and Interventionist Hours chart to help you plan.
7. If the wage you pay is high, then you will have to budget for fewer hours than you would at lower rate. If you pay less, you may be able to get more hours of treatment out of your allocated budget.
8. Using the "Cost to You" chart to determine the actual hourly cost for the wage you are offering.
9. Utilize the "ATAP Budget Breakdown" chart to help you.
10. To calculate the number of hours of intervention in your child's budget. Take the Monthly allotment subtract Provider monthly fee = amount available. Then divide by the hourly "cost to you" to get the number of hours the interventionist can work each month.

An example: If a child has a \$1,100 monthly allotment and the Provider fees are \$500 and you want to pay the Interventionist \$10.00 per hour, which is \$11.57 on the “Cost to You” chart.

Here’s the math:

$$\$1,100 - \$500 = \$600$$

\$600 divided by \$11.57 = 51 hours per month and then you divide by 4.3 weeks in a month to determine weekly hours = 12 hours

Here are some questions to consider regarding wages:

1. What is the going rate for employees in your area?
2. Does where you live have any influence on pay levels? (For example, is your home difficult to get to or a long drive for the person you wish to employ? Or, are you in an easy to get to area with quick, easy access to all major conveniences?)
3. Will you pay different wages based on the person’s skill and experience?
4. Do your employees have skills that require a higher wage?
5. When your interventionists are attending training sessions will you pay a lower rate for those times?
6. Will you give raises to employees who have been with you a long time? You will need to discuss this with your Care Manager to ensure proper long term budgeting.

To assist you is an additional chart “ATAP Budget Breakdown” breaking down available funds per plan type based on average pay rates.

How Much Money Do I have to spend?

Your child's allocated budget is the amount you have to spend each month. Below are the requirements for determining allocations.

In Nevada ATAP, you, your chosen provider and your Care Manager will discuss your concerns and review available evaluation reports to assist in the development of a plan to address your child's needs. Monthly allocations are based on State established limits, Plan type and co-pay. At anytime, your child's Care Manager may review your child's current plan of service and spending history. If your child has not been spending his allocation or has had a change in services, the Care Manager may recalculate a new monthly allocation or transition your child to a different plan type. The new allocation will be within the allowed limits for the chosen plan type. Plan implementation, spending and child's demonstration of progress may effect continuation in chosen plan type.

The first month of funding may include additional funds to support initial training, recommended materials and assessments.

Adjusting Your Allocation

If there is a significant change in your child's condition, families' financial situation or you believe the allocation is not appropriate to meet your child's needs, you have the right to ask your Care Manager for an allocation adjustment. If it is necessary to adjust your monthly allocation, your Care Manager will consider the following:

- Changes in your child's condition
- How much you are paying your employees
- The quality and quantity of services your child is receiving
- Ways to revise your child's budget so you can pay for needed services
- Change in plan type

If your Care Manager approves an increase in your allocation, he/she will make the appropriate changes directly in the PPL Web Portal. Care Managers will authorize services in the Autism

Treatment Assistance Program for 12 month periods. This budget period defines the beginning and end date that you may purchase or employ employees and how much money is allocated for services during that time frame.

Budgeting Flexibility

Even though your child is allocated a set monthly budget, there is some flexibility in how it is spent. It is possible to over or under-spend in a given month, within certain limitations. It is also possible to exceed those limitations if you have a specific plan in place. Please talk with your Care Manager about the details of the ATAP's flexible spending options.

What Else Should I Be Aware Of?

You have to budget for a monthly allocation, but not all months are the same. You may also need certain types of care daily and others weekly. Keep in mind the following:

- **Calculate daily employee costs** – If you usually look at how many hours an employee works in a week, you might want to think in terms of hours per day. Months do not contain an even number of weeks.
- **Number of days in a month** – Not all months have the same number of days. This means your costs will be more in January (a 31-day month) than in February (a 28-day month). How should you budget for this since your monthly allocation is a fixed amount? If you budget for a 33 – 35 day month, you should always be within your budget. At a minimum, you should budget for a 31 day month, which will cover you for every month in the year.
- **Scheduled weekly visits** – If you want an employee to come once a week on the same day each week, this will take some special planning. Sometimes a day of the week occurs not just four times a month, but five times. Budgeting for four visits a month, for example, Monday, will not be enough for months that have five Mondays. So look carefully at a calendar. Better still, simply budget for five visits a month.
- Some families pay for their interventionists to attend workshops, some do not, and others pay the interventionists less per hour for a workshop. Regardless, the workshop hours need to be considered when creating a budget.
- Some families pay for their interventionists to shadow with another interventionist for training purposes, some do not, and others pay the interventionists less per hour for this

training. Regardless, these additional training hours need to be considered when creating a budget.

- Sometimes providers require the lead interventionist to provide an update summary prior to the workshop, this may take time, billable time up to a maximum of two hours. Parents can be trained to do this to decrease costs to your child's budget. These hours are not included as treatment hours.
- Data is a critical part of your child's program. Sometimes the lead interventionist may request time to update or organize the logbook, this can be billable time up to 1 hour a month. Parents can take on this responsibility to decrease costs to your child's budget. These hours are not included as treatment hours.
- Sometimes the monthly allocation cannot rollover into the next month, as in the end of the State's fiscal year on June 30 of each year.

Monthly Budget to Support Supervision and Interventionist Hours

Comprehensive Plan (25 Hours Per Week Required)

Supervision			Interventionists						
Amount	Tier	Hours	Amount	Hours at \$10/hr (cost \$11.57)	Hours at \$12/hr (cost \$13.88)	Hours at \$13/hr (cost \$15.04)	Hours at \$15/hr (cost \$17.36)	Hours at \$18/hr (cost \$20.83)	Hours at \$20/hr (cost \$23.17)
\$1,000	1	6+	\$1,000	86/mo, 20/week	72/mo, 16/week	66/mo, 15/week	57/mo, 13/week	48/mo, 11/week	43/mo, 10/week
\$700	2	4+	\$1,300	112/mo, 26/week	93/mo, 21/week	86/mo, 20/week	74/mo, 17/week	62/mo, 14/week	56/mo, 13/week

Targeted-Extensive Plan (15 Hours Per Week Required)

Supervision			Interventionists						
Amount	Tier	Hours	Amount	Hours at \$10/hr (cost \$11.57)	Hours at \$12/hr (cost \$13.88)	Hours at \$13/hr (cost \$15.04)	Hours at \$15/hr (cost \$17.36)	Hours at \$18/hr (cost \$20.83)	Hours at \$20/hr (cost \$23.17)
\$700	2	4+	\$400	34/mo, 7/week	28/mo, 6/week	26/mo, 6/week	23/mo, 5/week	19/mo, 4/week	17/mo, 3/week
\$500	3	3+	\$600	51/mo, 12/week	43/mo, 10/week	39/mo, 9/week	34/mo, 8/week	28/mo, 6/week	25/mo, 6/week

Targeted-Basic Plan (No Weekly Requirement)

Supervision			Interventionists						
Amount	Tier	Hours	Amount	Hours at \$10/hr (cost \$11.57)	Hours at \$12/hr (cost \$13.88)	Hours at \$13/hr (cost \$15.04)	Hours at \$15/hr (cost \$17.36)	Hours at \$18/hr (cost \$20.83)	Hours at \$20/hr (cost \$23.17)
\$500	3	3+	\$200	17/mo, 4/week	14/mo, 3/week	13/mo, 3/week	11/mo, 2/week	9/mo, 2/week	8/mo, 2/week

-Interventionist's hours for workshop/supervision attendance have not been taken into account.



Section 6: Selecting a Provider

**Phone: 1- 888-805-1074
Admin Fax: 1-877-409-2655
TTY: 1-800-360-5899**

Selecting a Provider

Selecting a Provider that Can Meet Your Child's Needs

Below are steps to help you make an informed choice when selecting a provider to supervise your child's treatment. ATAP only funds treatments, which are evidence-based. Evidence-based treatments support children at all functioning levels including:

- **Children that because of ASD have various delays or gaps in their skills**
- **Children with sensory issues**
- **Children who have challenging behaviors**
- **Children who only need to learn to socialize with peers**
- **Non-Verbal or Verbal Children**
- **Children with no behavior issues**

1. All Children with ASD can benefit from the evidence-based treatments funded by ATAP

Discuss the needs of your child and family with your Care Manager to decide which treatment(s) and plan option is the best fit for your child and your family. Although all Providers are delivering an evidence-based treatment, they may look and feel slightly different depending on the procedures the Provider follows. Some Providers will develop a comprehensive program for your child, whereas others will only address your child's issues as they occur. Some Providers will provide wrap around services between home, school and the community, whereas other Providers will provide treatment in a clinic setting. Choosing a Provider is critically important and it is your right as a customer to interview various Providers before making your decision. Remember it is possible to change providers and your child's plan may include more than one provider. Pricing can also be a factor:

- **How many hours of supervision a month will my child and team of interventionist receive and at what cost?**
- **What is included in the Provider's fee structure (IEP's, monthly reports, telephone consultations? Is the price hourly or monthly?**
- **Will the Provider work within ATAP's set pricing?**
- **What are the Provider's travel fees?**
- **Does the Provider provide interventionists and if so, at what hourly rate?**

2. Choosing a Provider

When selecting a Provider who will provide an Applied Behavior Analysis (ABA) program, a Verbal Behavior (VB) program, or a Pivotal Response (PRT) program, request to view a program already in process. This allows you to see the provider in action and to see what a treatment session looks like. Ask the parent about their satisfaction with their child's program and how much support they receive from their Provider. You can ask your Care Manager for the names and contact information of parents who are willing to let new parents view their child's program. Another option is to ask the providers you are considering to put you in contact with one or more of their clients.

Ask your Care Manager for a list of Providers who provide evidence-based treatment in your area. Providers include: A Licensed Psychologist; a Board Certified Behavior Analyst (BCBA) or Board Certified Assistant Behavior Analyst (BCaBA); another professional who is overseen by the BCBA or a Licensed Psychologist; A company which provides Behavior consultants which are overseen by a BCBA; a Speech Therapist (SLP); an Occupational Therapist (OT); and a Physical Therapist (PT).

a. A BCBA or a BCaBA

These professionals typically oversee a treatment model using ABA, VB, or PRT. The program is usually comprehensive and may include social skill training, teaching daily living skills, addressing sensory issues, teaching skills to fill in learning gaps, address behavior issues, improve language and communication skills, facilitate peer interactions, provide vocational or educational support.

All individuals certified as either a Board Certified Behavior Analyst (BCBA) or Board Certified Assistant Behavior Analyst (BCaBA) follow guidelines set forth by the Behavior Analyst Certification Board (BACB). The Board adheres to strict education requirements and requires a mandated amount of experience in the field of behavioral analysis. A BCBA must also obtain continuing education credits to maintain their credentials. Certified individuals have met a standard of expertise and possess in-depth knowledge on how to apply the principles of Applied Behavior Analysis (ABA). BCBA's are required to have a minimum of a Master's degree, have

completed 225 classroom hours, and have met appropriate supervision and experience requirements set by the Behavior Analyst Certification Board (BACB). In addition, a BCBA must also pass an exam by the BACB prior to certification. A BCaBA must possess a minimum of a Bachelor's degree, have completed 135 hours of coursework, and obtained the appropriate amount of supervision and experience required by the BACB and pass an exam by the BACB prior to certification.

When interviewing a BCBA or BCaBA, request to see their certification and ask about their experience with children with Autism Spectrum Disorders. The BCBA Certification does NOT mean that the BCBA has experience working with children with Autism. Ask for references.

b. Another Professional Working under a BCBA as a Behavior Consultant

Inquire as to the extent of their experience with child with an Autism Spectrum Disorders: How much training have they received? How long have they been developing programs for children with ASD? And who is their supervising BCBA or Licensed Psychologist? Ask for references.

Experience should involve designing and implementing individualized programs to build skills and promote independent functioning in each of the following areas:

- 1. "Learning to learn" (e.g. observing, listening, following instructions, imitating); communication (vocal and non-vocal); social interaction; self-care; school readiness; academic; safety; motor; play and leisure; community living; self-monitoring; and pre-vocational and vocational skills. Able to modify instructional programs based on frequent, systematic evaluation of direct observational data.**
- 2. Providing ABA programming to at least eight individuals who represent children across the Autism Spectrum and with various ages. Provide training and supervision to at least 8 interventionists providing ABA services to individuals with ASD.**

c. Speech Therapist*

Speech therapy can address a wide range of communication problems for individuals with Autism. Children may access speech therapy when a Therapeutic Plan is chosen.. Children with ASD may have major problems with both speech and nonverbal communication. They may also find it very hard to interact socially. Request to see their license, both business and professional. Inquire as to the extent of their experience with child with an Autism Spectrum Disorders. Ask

for references. Your Care Manager will be able to share the names and contact information of Speech Therapists who are currently providing treatment to children in ATAP.

d. Occupational Therapist*

Occupational therapy might include developing skills for handwriting, shirt buttoning, shoe tying, and fine and gross motor delays. Children may access occupational therapy when a Therapeutic Plan is chosen. Occupational therapists specializing in autism may also be trained in sensory integration or may work with their clients on play skills, social skills and more. Request to see their license, both business and professional. Inquire as to the extent of their experience with child with an Autism Spectrum Disorders. Ask for references. Your Care Manager will be able to share the names and contact information of Occupational Therapists who are currently providing treatment to children in ATAP.

e. Physical Therapist*

Physical therapists are trained to work with people to build or rebuild strength, mobility and motor skills. Children may access physical therapy when a Therapeutic Plan is chosen. Children on the spectrum may have low muscle tone, or have a tough time with coordination and sports. These issues can interfere with basic day-to-day functioning — and they're almost certain to interfere with social and physical development.

Children with autism would rarely be termed physically disabled (though there are some children with very low muscle tone, which may make it difficult to sit or walk for long periods). Most children with autism do, however, have physical limitations. A PT can address these areas.

Request to see their license, both business and professional. Inquire as to the extent of their experience with child with an Autism Spectrum Disorders. Ask for references. Your Care Manager will be able to share the names and contact information of Physical Therapists who are currently providing treatment to children in ATAP.

Important Questions to Ask when Interviewing a Potential Provider about his/her Treatment:

- a. Does the Provider support your plan choice?
- b. How does your treatment model work?
- c. Do I bring my child to you or do you see my child's in our home?
- d. If I have questions or concerns throughout the month, how will they be addressed?
- e. Do they spend more time with my child and team during the initial month?
- f. Does the Provider provide interventionists, if so at what hourly rate?
- g. How is my child's progress evaluated?
- h. As the parent, how is my input included?
- i. Will my child's program provide support in the community?
- j. Can I view another child's program you oversee?
- k. How much parent involvement is required?
- l. What outcomes have already been established by the model or treatment you provide?
- m. Does your fee include travel, writing reports, or attending IEP meetings?
- n. Inquire if they have experience overseeing your plan type?
- o. The extent of their ability to oversee and train interventionists?

ATAP will make every effort to help you choose a qualified provider to meet your child's needs. And remember, you are permitted to change providers, if at some point in treatment, you feel the provider is not what you expected or your child's needs have changed

***NOTE: ATAP only provides funding for Speech Therapy, Occupational Therapy, and Physical Therapy when it is not covered by the child's medical insurance. Documentation of proof of non-coverage from your insurance company will need to be submitted to ATAP to include any of these therapies in your child's treatment plan.**



Section 7: Your Child's Progress

Phone: 1- 888-805-1074
Admin Fax: 1-877-409-2655
TTY: 1-800-360-5899

Your Child's Progress

Your child's progress is important to us. Safeguards have been put in place by ATAP to ensure your child's treatment journey is guided by data-driven decisions. As your child's Authorized Representative you have made a commitment to take part in the data process.

Data-driven Decision Making

A key component to effective treatment is to install a data monitoring system and related decision-making strategies to optimize the delivery of effective services.

In considering all factors, one might pose that the formula associated with quality outcomes is:

$$\text{(Intensity) X (Fidelity) X (Social Validity) X (Comprehensiveness) X (Data-Based Decision-Making) = QUALITY OUTCOMES}$$

In this formula, the fundamental message is that as any factor approaches a "zero value" then the sum or outcome will approach zero as well.

To watch your child's on-going progress and support data-driven decisions, ATAP has put in place the following procedures:

- 1) Required Progress Reports - Providers are required to provide written reports on your child's progress and an overview of what is being implemented at least quarterly to you and to ATAP. ATAP has outlined what is required in Provider Reports.
- 2) On-Going Data Collection - Data is to be taken by the interventionists or therapists during your child's treatment sessions. This allows the provider to assess your child's progress and adjust treatment as needed.
- 3) Requiring specific amounts of monthly supervision/oversight a child must receive from his/her established provider.
- 4) Quarterly Review conducted by your Care Manager.
- 5) Impact Data Targets assessed annually.
- 6) Annual Review conducted by your Care Manager with input from your child's Provider.

To understand your child's long-term outcomes ATAP established the following:

At intake, annual reviews and at close all children are required to be evaluated using a select group of assessments. These evaluation tools help to first establish a baseline of your child's current level and then to compare the difference over the funding timeframe.

Assessments may include the following:

- **A Vineland (an adaptive behavior measure)**
- **An I.Q. (an assessment to evaluate cognitive ability)**
- **Some form of language assessment (an assessment to evaluate expressive/receptive language skills)**
- **PDD-Behavior Inventory (a parent rating form)**
- **Home Situation Questionnaire (helps us to get a view of how child's behavior is in the home)**
- **School Situation Questionnaire (helps us to get a view of how child is in his/her school environment)**
- **Caregiver Strain Questionnaire (helps us to get a view of how your child's behavior impacts the family)**
- **ATAP Impact Data Targets (to be completed by your child's provider at intake and the end of each funding year)**
- **Review of Video (Video taken by your Care Manager or Provider during intake, close and at specific milestones throughout the course of ATAPs enrollment)**
- **Data Collection - (on-going data taken by your child's interventionist)**
- **Observation Data - (by your Provider, Care Manager, Teachers, taken as case notes)**
- **Review of Your Child's Individualized Education Plan (I.E.P) or Individual Family Support Plan (I.F.S.P.)**

Using this baseline data and follow-up assessments/data collection over the course of your child's treatment, ATAP and your Provider will be able to demonstrate your child's progress.

Each child's journey is their own and progress is different for each child. If you have concerns about your child's progress, you are always free to address this with your Provider or Care Manager.

Sometimes a child's progress may be hindered by underlying medical conditions (such as allergies, seizures, stomach problems or dental needs) and it would be wise to consult their physician or dentist. A plan change may be necessary if the child's condition limits access to service or demonstration of progress defined in plan type.

Sometimes it may be necessary to change the Provider to find a better fit for your child. Your ATAP Care Manager will make every attempt to help you address these issues and help you choose a Provider to better meet your child's needs.

Remember, you can change your Provider at any time.

You may also request a consultant change within the company you currently use.

Children are required to meet a percentage of the ATAP Impact Targets and master Critical Targets at indicated Annual Reviews to demonstrate treatment effectiveness. When a child does not meet these requirements at their Annual Review, the child's plan may be revised to the next level of plan to prioritize treatment or the child may be exited from ATAP.

A copy of the Impact Targets, Quarterly and Annual Review are included on the following pages.

A.D.S.D.
Autism Treatment Assistance Program (ATAP)
Impact Data Targets

Established to demonstrate the effects of treatment, outcomes
and to support the continuation of program funding.

Providers are required to complete
at initial for baseline and at the end of each year of treatment.

Behavior targets
(Data points recorded, may be taken off provider reports, assessments, school district reports,
parent input and through observation)

CHILD'S NAME: _____

Intervention started at what age? _____ How many hours a week of intervention does child currently receive? _____

Types of treatments child currently receives? _____

Does the applicant's behavior limit community access? _____ Explain: _____

PROVIDER TO COMPLETE TARGETS - CARE MANAGER TOTALS POINTS

Behavior targets (data points recorded, can pull off provider reports, assessments, school district reports, parent input and through observation)

★ Starred Targets are Critical Progress Indicators - Video must be taken during demonstration of skill with Care Manager and A.R. present.

Notes/Comments:

Date: _____ Child's Age _____

Percentage of time in regular education: _____

(Indicated on child's I.E.P.)

Aggressive or self-injurious behavior? Yes No

Eat a variety of foods: Yes No

Echolalic? Yes No Is child non-verbal? Yes No

Does child have articulation problems? Yes No

Greets Appropriately Yes No Waits Appropriately Yes No

Number of tantrums a day lasting over a minute in duration: _____

Rate of self-stimulatory behavior (10 sec intervals for 6 minutes record 0 or Y)

(Video during 6 minute assessment- set up: layout a variety toys and task completion activities for child to do independently without prompts or re-directions)

★ Is able to visually discriminate: Yes No

Mean Length of Utterance

(number of words in spoken/written/sign sentence) _____

Says at least 100 recognizable words Yes No

Understands the function of common items Yes No

Understands 3-4 part sequence of events Yes No

Can explain how to do a simple task Yes No

Can group items by common attributes Yes No

Can generate an original idea or story

and recall events? Yes No

Communicates personal information upon request:

Yes No

Able to self-monitor own behavior: Yes No

Accepts helpful suggestions or solutions

from others Yes No

Participates in family activities by choice Yes No

of successful community outings in a week: _____

Amount of time child can independently stay on task: under minute

3-5 minutes 10 minutes 15 minutes 30 minutes 30+

Spends time outside of school with friends on a bi-weekly basis.

Yes No

Demonstrates age-appropriate problem solving skills: Yes No

Demonstrates observational learning: Yes No

Applicants 18 months through 5 years old

Notes/Comments:

Date: _____ Child's Age _____

- ★ Generalized imitation skills? Yes No
- ★ Express wants and needs? Yes No with prompts/cues
- Completely toilet trained? Yes No
- Follows one step instructions? Yes No
- ★ Follows two step instructions? Yes No
- Can pretend play? Yes No
- ★ Plays with 0-4 5-8 10+ toys appropriately.
- Does the child take turns? Yes No with prompts
- Can dress oneself? Yes No (at age appropriate skill level)
- Eats independently using utensils Yes No with prompts
- Does child bid appropriately for attention? Yes No
- # Expressive labels child has? 0-9 10-25 26-50 100+
- # Receptive labels child has? 0-9 10-25 26-50 100+

41 total points possible

Applicants 6 years old through 8 years old (note: need to complete above targets)

Notes/Comments:

- ★ Transition from preferred activity to non-preferred without protest?
 Yes No
- Initiate conversations? Yes No
- Participate appropriately in games? Yes No
- Participate in group? Yes No
- Ask appropriate questions? Yes No
- Makes appropriate comments? Yes No
- Ask for assistance when needed? Yes No
- ★ Uses an effective mode of communication?
 Yes No What is it? _____
- Conversational turns child can take? 0 1-3 4-5 6+

52 total points possible

Applicants 9 years old to age 19 years old (note: need to check targets from lower age groups)

Notes/Comments:

- Reads at what grade level? _____
- Maintains topic during conversation Yes No
- Independently Completes Weekly Chores ? 0 1-3 4+
- ★ Independently Completes Hygiene Routines: 0 1-2 3+
- Prepares meals: 0 1-3 4-5 6+
- Can make purchases? Yes No
- Participates in the community on a weekly basis? Yes No
- Can follow a schedule independently Yes No
- Can be left alone: Yes, How long _____ No

- Is able to enter employment environment:
 Yes No With Support Only Campus Environment
- Graduated with regular diploma: Yes No
- Plans for some level of secondary education: Yes No

Participation in High School transition employment program, define: _____

Care Manager will total points and utilize information to complete Annual Review.

1 point is given to each item in red.

TOTAL POINTS: _____

64 total points possible

Provider Funding Justification

Please summarize what progress was made during the last year and define what specific goals will be addressed during the next 3 months: _____

Has child progressed to the point he/she is ready to transition to next level of Plan? Yes No

If YES, Recommended Plan Type: EXTENSIVE BASIC SP/OT/PT THERAPY SOCIAL SKILLS

Has child progressed to the point he/she is ready to exit treatment? Yes No

If YES, Please outline Transition Plan and recommended supports to exist: _____

Additional comments: _____

During the course of the funding cycle how many hours a week of intervention did the child average? _____

What was total length of funding? _____

Provider Name: _____ & Company Name: _____

Signature: _____ Date: _____

ATAP QUARTERLY REVIEW

CHILD'S NAME: _____ Date: _____

How many hours a week of intervention has child averaged per week for the quarter? _____

How many of those hours, did the AR provide independent of funding? _____

Types of treatments child currently receives? _____

DATA/LOG BOOK CHECK

Is log book available to review? Yes No Is data being kept? _____ Date of last recorded entry _____

Is most recent provider report available to parents and team? Yes No

Are program instructions provided and current in the logbook? Yes No

Parent data sheets completed & collected? Yes No **OR** _____ Parent logging in data as interventionist

OR Parent participation is defined in provider report and parent is demonstrating this via _____

OR Parent has shown proof of funding hours out-of-pocket for this quarter. Yes No # OF WKLY HRS _____

Parent has been provided with data sheets and explained how to use them. Yes No

OR Parent has elected NOT to participate in treatment. _____

IF CHILD'S PLAN IS A TARGETED BEHAVIOR TREATMENT PLAN

Are behaviors targeted in child's plan being addressed? Yes No

Is data being kept on individual objectives towards targets outlined in plan? Yes No If No explain: _____

IF CHILD'S PLAN IS A COMPREHENSIVE TREATMENT PLAN OR INSURANCE ASSISTANCE PLAN

of programs/formats or skills on acquisition: _____ # of programs/formats or skills on maintenance: _____

Number of new programs/formats or skills introduced last month? _____ All Domains addressed: Yes No

Does parent have any concerns, if so what are they at this time: _____

PROVIDER SATISFACTION

Is parent happy with provider: Yes No # of hours provider saw your child during the quarter? _____

If no what are the issues at this time: _____

Would parent like to make a change? Yes No Discussed options with parent: Yes No

CHALLENGING BEHAVIORS - Define behaviors: _____

Recorded protest behavior during sessions for the most recent sample (1 hour minimum):

Frequency Within Sample: _____ Hours of Data Recorded within Sample: _____

Total Under 5 Seconds Under 1 Minute Over 1 Minute Over 5 Minutes

If sample taken during quarterly visit... provide an approximation of frequency:

Under 5 Seconds Under 1 Minute Over 1 Minute Over 5 Minutes Total

Did Sample Include Aggressive Behavior: _____ Yes _____ No

During the last week, frequency of protest behavior outside of treatment: _____ (this may be an approximation)

Is a plan in place to address challenging behaviors: Yes No Does Plan Include Proactive Strategies: Yes No

REVIEW OF CHILD'S PROGRESS Acquisition rate across domains/programs or skills.

Prior Quarter goals/objectives met: Yes No Partial - Comments: _____

IF COMPREHENSIVE PLAN OR INSURANCE ASSISTANCE PLAN

Select one program/format each, from four of the domains listed: Communication/Language Development, Cognitive Development, Social/Emotional or Play Skills Development, Fine/Gross Motor, Daily Living Skills or Addressed Behavior.

DOMAIN: _____

DOMAIN: _____

1) : _____

2) : _____

GOAL: _____

GOAL: _____

Date Introduced : _____

Date Introduced : _____

Mastered Responses : _____

Mastered Responses : _____

of Items on Acquisition: _____

of Items on Acquisition: _____

DOMAIN: _____

DOMAIN: _____

3) : _____

4) : _____

GOAL: _____

GOAL: _____

Date Introduced : _____

Date Introduced : _____

Mastered Responses : _____

Mastered Responses : _____

of Items on Acquisition: _____

of Items on Acquisition: _____

BEHAVIOR Defined: _____

1) : _____

GOAL: _____

Date Introduced : _____ Current Baseline: _____ :

Notes: _____

IF TARGETED BEHAVIOR PLAN

The reason child was funded was to improve and address specific behaviors. Please outline data which demonstrates a decrease is occurring with challenging behaviors or behavior changes are taking place to demonstrate treatment is effective on selected targets. Listed below are types of Targeted Behavior Plans.

PROGRAM IS FOR: EXTENSIVE BASIC SP/OT/PT THERAPY SOCIAL SKILLS

List skill or targets, define measurement, and document data/measure (time, quantity, master responses or percentage)

PLAN TARGET: _____

PLAN TARGET: _____

1) : _____

2) : _____

GOAL: _____

GOAL: _____

Date Introduced : _____

Date Introduced : _____

_____ :

_____ :

PLAN TARGET: _____

PLAN TARGET: _____

3) : _____

4) : _____

GOAL: _____

GOAL: _____

Date Introduced : _____

Date Introduced : _____

_____ :

_____ :

PLAN TARGET: _____

PLAN TARGET: _____

5) : _____

6) : _____

GOAL: _____

GOAL: _____

Date Introduced : _____

Date Introduced : _____

_____ :

_____ :

IF SOCIAL SKILLS PROGRAM, CURRICULUM USED: _____

Confirmed monthly participation in activity with typical peers outside of social skills sessions and beyond school day and family: Yes No

IF PLAN IS ON PROBATION

ARE AGREED UPON REQUIREMENTS OCCURRING TO WARRANT CONTINUATION OR IS TRANSITION OR EXIT RECOMMENDED? Yes No

OTHER CONCERNS OR ISSUES DISCUSSED:

Appropriate documentation was submitted for proof of out-of-pocket copay for the quarter: Yes No N/A

Provider supervision was below required monthly amount. Yes No If Yes, discuss policy with parent.
(Provider requirements: Supervision level defined by plan)

Weekly hours were at or below 25/15 hours a week? Yes No N/A If Yes, discuss policy with parent.

Child underspent 2 of the 3 months, during period by 30%. Yes No *If YES, discuss adjusting monthly allotment.*

Underspending planned? Yes No Reason: _____ Pre-approved: Yes No

Decrease in monthly allotment recommended & discussed. Yes No

Parent educated on the importance of hours: Yes No _____

Weekly hours less than 25 hours, program is no longer a Comprehensive treatment plan, plan must be revised to a Targeted Plan.

Has provider indicated any cancellations? Yes No If so how many in the quarter? _____

Issues which may have exaggerated or contributed to the likelihood of challenging behaviors or lack of progress or canceled sessions or supervision hours: _____

Note any issues or circumstances which may have impacted the child: _____

MOST RECENT PROVIDER PROGRESS REPORT REVIEWED BY CARE MANAGER: Yes No Not submitted

Report indicates parent participation: Yes No N/A Report included parent concerns: Yes No

QUARTERLY REVIEW SUPPORTS CONTINUATION: Yes No

A YES indicates the child demonstrates progress when accessing and comparing data from the last quarterly review with the current review and ATAP policies and procedures are being followed.

IF NO - Factors leading to recommendation: _____

Options discussed: **PROBATION** **PLAN CHANGE** **TRANSITION** **EXIT**

Did Care Manager conduct home visit? Yes No FOLLOW UP VIDEO TAKEN? Yes No
(not required at every visit)

Parent Name: _____ Date: _____

PARENT SIGNATURE: _____

CARE MANAGER SIGNATURE: _____

Annual Review

Child's Name: _____

Date: _____

Start date: _____ Number of months in treatment: _____ Annual: 1 2 3 4

Completed by Care Manager

Completed Document Review: Yes No

Reviewed Completed QTRLY Reviews: Yes No

Quarterly Reviews Confirm:

One A.R. attended all supervisory trainings Yes No N/A

A.R. participated during supervisory trainings Yes No N/A

A.R. provided/funded additional hours Yes No N/A

A.R. following plan requirements and program rules Yes No

A.R. provided proof of meeting monthly copay Yes No N/A

Passed quarterly log book checks Yes No

Comments: _____

A.R. has submitted current IEP Requested: _____

All releases are current & signed Requested: _____

Provider followed program policies/procedures:

Yes No

Provider submitted completed Annual Data Targets

Form: Yes No

Provider recommendation: Yes No

Provider annual data target form justifies continuation

Provider recommends transition: Yes No

Recommendations: _____

Provider report reviewed: Yes No

Provider report from most recent quarter
submitted by provider and reviewed by care manager

Average weekly hours: _____

Averaged across 3 quarters

Plan weekly hour requirement met: Yes No

Monthly Supervision requirement met: Yes No

Spending requirement met: Yes No

IMPACT DATA TARGETS

Required for All Children

Utilizes provider completed Annual Data Target Form

Required at Year 1: 10%; Year 2: 25%; Year 3: 50%
of Annual Data Targets met.

18 month - 5yrs points possible 41

6- 8 yrs points possible 52

9-19 yrs points possible 64

Progress Indicators Point Total: _____

Progress Indicators Percentage: _____

Divide total points by possible points to find percentage

Impact Data Targets achieved: Yes No

IF COMPREHENSIVE PLAN

Progress Demonstrated Across 4 Domains:

Yes No

Number of Current Programs: _____

Provider list current programs on acquisition, document how
many are currently on acquisition.

Comments: _____

Number of Programs:

On Maintenance/Generalization: _____

Provider list programs which have moved to generalization or
maintenance, document how many are.

Comments: _____

Number of Programs Achieved: _____

Provider list programs completed or mastered by the child,
document how many have been completed.

Comments: _____

CRITICAL IMPACT DATA TARGETS

Mastery required at the completion of 2 years of a Comprehensive Plan. Utilizes provider completed Annual Data Target Form. The child must be able to demonstrate the following skills to maintain a Comprehensive Plan. Demonstration must be completed during video taped assessment with Care Manager and AR present.

Able to visually discriminate: Yes No

Generalized imitation skills: Yes No

Follows two step instruction: Yes No

Plays with at least 5 toys appropriately: Yes No

Expresses wants and needs: Yes No

IF TARGETED PLAN

EXTENSIVE

BASIC

SP/OT/PT THERAPY

SOCIAL SKILLS

Progress Demonstrated Toward Plan Targets:

Yes No

Quarterly Defined Objectives Met: QTR1 Yes No

QTR2 Yes No QTR3 Yes No

IF EXTENSIVE PLAN

Mastery of CRITICAL IMPACT DATA TARGETS Required at the end of 1 year for children over 6. Utilizes provider completed Annual Data Target Form. The child must be able to demonstrate the following skills to maintain an Extensive Plan. Demonstration must be completed during video taped assessment with Care Manager and AR present.

Able to transition from preferred activity to
non-preferred activity without protest: Yes No

Uses an effective mode of communication: Yes No

Independently completes 2 hygiene routines:

Yes No

Did Care Manager observe session? Yes No ASSESSMENT VIDEO TAKEN: Yes No (Required)

PERSONS PRESENT DURING OBSERVATION:

ANNUAL REVIEW SUPPORTS CONTINUATION: Yes No (IF YES, STOP HERE)

A YES indicates the child demonstrates progress when accessing and comparing data from the quarterly reviews with the current review. IMPACT DATA TARGETS: Mastery of critical Impact targets are met and yearly required percentage of progress indicators are met and ATAP policies and procedures are being followed.

IF NO - Factors leading to recommendation: _____

Options discussed: PROBATION PLAN CHANGE TRANSITION EXIT

IF PLAN CHANGE, INDICATE PLAN TYPE: _____

IF PROBATION INDICATE TERMS: _____

Transition and close recommended: Yes No Referral made: Yes No
Call made to Regional Center: Yes No Proposed transfer/close date: _____
Define: _____

DISCUSSED WITH PARENT: Yes No Parent understands determination: Yes No

OTHER CONCERNS OR ISSUES DISCUSSED:

Parent Name: _____ Date: _____

PARENT SIGNATURE: _____

Care Manager Name: _____ Date: _____

CARE MANAGER SIGNATURE: _____



Section 8: Hiring Interventionists

Phone: 1- 888-805-1074
Admin Fax: 1-877-409-2655
TTY: 1-800-360-5899

How Do I Hire Interventionists?

As the Authorized Representative, you will hire the Interventionists and Supervising Provider(s) to provide your child's treatment. The interventionists can either work for an Agency, be an Independent Contractor, or work under your supervision. The different types of Interventionists are important to understand, because each requires you to take on different responsibilities. With each type, you will oversee their work and review their data collection. Interventionists are not qualified to develop or supervise treatment; however a Provider may give a more experienced interventionist other responsibilities, such as training and overseeing data.

Interventionists work with individuals with Autism Spectrum Disorders in the home and the community. Interventionists are responsible for implementing the treatment program, collecting data and maintaining the data log book. Interventionists receive monthly on-going training, direction and direct oversight to ensure treatment is delivered appropriately and as directed. ATAP interventionists are part time positions, therefore holiday and overtime pay are not authorized.

a.) Non-Agency Interventionist: If you hire an interventionist, who is not associated with an Agency you will be the "supervising employer", and PPL Nevada will be their common law employer. PPL Nevada will provide and process all employment paperwork, workman's compensation and payroll deductions. You will negotiate an hourly rate with the interventionists and sign a PPL Nevada Employment Agreement with them.

b.) Agency Interventionist: If the Provider you choose employs the interventionist (as is seen in a clinic model), than PPL Nevada is not involved in administration of the employee.

c.) Independent Contractors – some senior level interventionists, and junior level therapists, are qualified as independent contractors. This means that they are self-employed and responsible for their own taxes and workman's compensation. PPL Nevada is NOT the common law employer for independent contractors. The Authorized Representative is responsible for negotiating an hourly rate for services and signing a contract with the Independent Contractor. The Independent

Contractor will work with ATAP for reimbursement according to the child’s budget. Independent Contractors must complete I.R.S. Form SS-8 and be approved as an independent contractor to be paid through ATAP and PPL Nevada on a W-9.

Hiring

Depending on the type of interventionist you hire – whether they are an employee or an independent contractor – different types of paperwork will be required. All employees and independent contractors are required to have passed a criminal background checks.

Cost To You


Every time PPL Nevada cuts a check for your child’s interventionists, we must process “Employer Taxes”. These employer taxes cover FICA, FUTA, SUTA and WC. The “Cost to You” table shows how much money will actually come out of your child’s budget based upon the Interventionist’s hourly Pay Rate to account for employer taxes and worker’s compensation fees. As the Employer of Record, PPL will withhold the taxes and pay the worker’s compensation fees.

Contracts and Agreements

Once you have identified the interventionists that will provide services to your child, you need to complete the PPL Nevada Employment Agreement. The contract needs to include the agreed rate for the specified service. You, as the Authorized Representative, should keep copies of the contracts, and PPL Nevada will keep them on file as well.

PPL Nevada
PPLA Services
6 Admirals Way
Chandler, AZ 85110

Phone: 1-888-805-1074
Admin Fax: 1-888-805-0000
TTY: 1-800-369-2399



PPL NEVADA

Authorized Representative Name: _____
Interventionist Name: _____

PP-Nevada Employment Agreement

This Employment Agreement is a three-party agreement by and among: (1) PPL Nevada (employer); (2) the participating Child's Authorized Representative (supervisor); and (3) the interventionist (employee). This Employment Agreement establishes the responsibilities, rights, options and expectations of each party relating to each other and the provision of Autism Treatment Assistance Program ("ATAP") services for the participating child.

This Employment Agreement is effective as of _____ ("the Effective Date"). It may be modified only upon the signed written agreement of all parties.

1. Terms of Employment

PPL-Nevada serves as the employer of record and co-employer with the participating child's Authorized Representative in the ATAP program. PPL-Nevada is responsible for all employer of record obligations including: processing payroll and timesheets; withholding, filing and paying federal and state income tax withholding, and FICA, FUTA and SUTA to the appropriate tax authorities; issuing W-2 forms; the provision of workers' compensation insurance; and maintaining up-to-date financial records, copies of all forms, applications, agreements and consent documents.

The Authorized Representative, who is the managing employer serves as the Supervisor and is responsible for the recruitment, hiring, scheduling, wage setting, supervision and, where necessary, discipline and termination of the Interventionist(s).

The Interventionist (employee) agrees to provide services in a safe, courteous, and professional manner; to provide quality services as scheduled; to keep all information regarding the child confidential; and to respect the Child's privacy. The Interventionist further acknowledges that any physical, sexual or mental abuse or neglect of the Child by the Interventionist will result in the immediate termination of this Agreement.

2. Compensation

PPL-Nevada agrees to compensate the Interventionist at a wage rate determined by the Authorized Representative, provided that the rate is either equal to or greater than the Nevada state minimum wage. As of July 1, 2010 the Nevada state minimum wage is _____.

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Payments and Payment Cycle

Payments will be made based upon the services and supports authorized in your child’s budget. PPL Nevada must have a completed employment packet and receive a timesheet for services before we can pay an interventionist. You must approve each timesheet to indicate that you have read it and agree that the services listed were provided. We regularly distribute a table of payment dates. Our current schedule, as excerpted in the example on the right, is included in both the Interventionist Employment packet and in this packet. There will be two pay periods every month. They will always begin on the 1st and the 16th of the month and will end on the 15th and the last day of the month.

**PPL Nevada
NV ATAP Payment Schedule
Calendar Year 2010**

Lincoln, Nev.
CHSAA 001010
Phone: (702) 462-1071

NOTE: Payments are issued twice monthly.
Direct Deposit (if it) payments are issued to the bank twice monthly.
Payment should be received in your account one to two days later.

Pay Period		Timesheets Received By	Checks Mailed/EFT Issued On
Start	End	Deadline	Payable
July 18 2010	July 31 2010	August 1 2010	August 18 2010
August 18 2010	August 31 2010	August 18 2010	August 23 2010
September 18 2010	September 30 2010	September 1 2010	September 8 2010
September 18 2010	September 30 2010	September 18 2010	September 23 2010
October 18 2010	October 31 2010	October 1 2010	October 8 2010
October 18 2010	October 31 2010	October 18 2010	October 23 2010
November 18 2010	November 30 2010	November 1 2010	November 8 2010
November 18 2010	November 30 2010	November 18 2010	November 23 2010
December 18 2010	December 31 2010	December 1 2010	December 8 2010
December 18 2010	December 31 2010	December 18 2010	December 23 2010
January 18 2011	January 31 2011	January 1 2011	January 8 2011
January 18 2011	January 31 2011	January 18 2011	January 23 2011
February 18 2011	February 28 2011	February 1 2011	February 8 2011
February 18 2011	February 28 2011	February 18 2011	February 23 2011
March 18 2011	March 31 2011	March 1 2011	March 8 2011
March 18 2011	March 31 2011	March 18 2011	March 23 2011
April 18 2011	April 30 2011	April 1 2011	April 8 2011
April 18 2011	April 30 2011	April 18 2011	April 23 2011
May 18 2011	May 31 2011	May 1 2011	May 8 2011
May 18 2011	May 31 2011	May 18 2011	May 23 2011
June 18 2011	June 30 2011	June 1 2011	June 8 2011
June 18 2011	June 30 2011	June 18 2011	June 23 2011
July 18 2011	July 31 2011	July 1 2011	July 8 2011
July 18 2011	July 31 2011	July 18 2011	July 23 2011

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Family Friendly Financial Report

Every month, PPL Nevada will send you “Family Friendly” financial reports. A sample of the report is shown here. The Family Friendly report provides you with the specific information about how much you have spent to date, your child’s account balance, and your child’s annual budget.

In order to keep your child’s Care Manager up-to-day, PPL Nevada will send him/her a copy of this report. These reports may seem a little confusing at first. If you have questions, please contact PPL Nevada.

Public Partnerships LLC
1118 Program - Interventionist
Lincoln, Nev.
CHSAA 101010

Monthly Budget Expenditure Report
NV ATAP SELF-DIRECTED PROGRAM

INDIVIDUAL ID:
DATE PRINTED:
ACTIVITY FROM:
TO:

INDIVIDUAL FIRST NAME & LAST NAME
INDIVIDUAL ADDRESS

HOW TO READ THE MONTHLY ACCOUNT STATEMENT

SECTION 1: SUMMARY OF YOUR ACCOUNT DATA

Review Period	START DATE	END DATE	BUDGET QUOTE	BUDGET QUOTE	ACTUAL QUOTE	ACTUAL QUOTE	ACTUAL QUOTE	ACTUAL QUOTE

SECTION 2: DETAIL OF YOUR PAID UNITS TO DATE

SUPPORT GROUP - DIRECT SERVICES	SUPPORT #	DATES	TO

Personnel Issues

This section covers recruiting, hiring, managing and firing your employees.

Recruiting

Before recruiting, you must know what you want your employees to do. You must consider the work to be performed and the knowledge and skills a person needs to have in order to be able to work for you. A sample job description is included at the end of this Section. Finding the right interventionists takes time. How much time depends on your needs and how well you have planned?

Use all the resources available to you. Using people you know can make the process easier, but it can also be tough on your relationships. Recruiting can be divided into several tasks:

(1) Writing job ads/creating flyers; (2) posting job ads/flyers;
(3) Talking to other parents/support groups/providers;
(4) Screening interested parties; (5) interviewing candidates;
and (6) selecting interventionists. We will look at each of these below. What if you want someone to work with your child in the evenings to help him learn how to play cooperatively with his brother? Do you want the interventionist to:

- 1) Facilitate play activities?
- 2) Use the behavioral techniques identified in your child's behavior plan to reinforce positive interactions?
- 3) Chart data on a worksheet to share with your child's supervising behavior consultant/provider?

For Hiring Staff

- ✓ **Determine Your Budget**
- ✓ **Prepare Job Description**
- ✓ **Develop Job Application**
- ✓ **Advertise the Job**
- ✓ **Review Resumes**
- ✓ **Conduct Phone Interview**
- ✓ **Narrow Candidate Field**
- ✓ **Schedule Sit-Down Interview**
- ✓ **Prepare Interview Questions**
- ✓ **Request Applicant References**

Where to Look

Word of Mouth

Try asking families with similar employment needs for advice or ask about interventionists, who they preferred or who work for them or have in the past. They might have availability for more hours and want to work with another child. Ask your Provider if they have a list of interventionists looking for work. Inquire with your Care Manager, or support groups in your area. Speaking with friends or family about interventionists they know and recommend allows you to get quality interventionists with much less search time and recruiting efforts. Also asking friends or family members, if they would like to be trained to be an interventionist allows you the peace of mind of knowing the person well.

Inquire with Established Organizations

In Southern Nevada, F.E.A.T. of Southern Nevada provides quarterly interventionist trainings, and shares their list of attendees with parents. Starting in the fall of 2010, the ACON website (www.aconv.org) will have a listing of Interventionists statewide organized by zip code. In Elko, check with the Northern Nevada Autism Network, In Northern Nevada, check with RAIN and ACON for possible training events that might produce interventionists. The Nevada Board of Psychological Examiners will begin a behavior interventionist certification process to meet AB162 requirements. AB162 is the bill, which provides for Autism insurance coverage. This begins in January 2011; therefore the Board may have a listing of certified behavior interventionists at that time.

Keep it Local

Create a flyer, describing who you are looking for. Post it at local libraries; “YMCA’s”; Community Centers; Houses of Worship, some LDS Churches have their own employment agencies; Coffee Shops; High Schools; and on College Campuses.

Try Student Employment Services, Colleges and High Schools

Local colleges can be a great resource for young, energetic workers. Many campuses have their own newspapers where you can advertise or you can post a job through the student employment office. Inquire with the psychology, early childhood and special education departments and ask if you can present to a class or the professor share a flyer with their class. Try to get the position posted at a college.

Contact the nearest high school, and inquire if you can post a flyer there or speak to a counselor. Ask what would be the best way to solicit students with outstanding grades and good character. A great option in Southern Nevada, are Magnet High Schools, which offer coursework in Child Development and becoming a teacher. These students are already interested in a career path working with children.

Place Ads in Newspapers

Paid advertisements can get the word out to a large number of people. In general, start with smaller, local papers first. If you don't know what papers serve your town, call your Care Manager or PPL Nevada staff, and they can help you.

Writing Job Ads

The job description you develop becomes the foundation for your job ad. To begin, you need to decide whether you want a lot of people to respond to your ad or only a few. The rule of thumb in writing job ads is: less information brings more responses; more information gets fewer responses. You might think that it is better to have a lot of people respond to your ads. Yet, the more responses you get, the more people you will have to screen, making your hiring process more involved. Remember, the primary purpose of a job ad is to identify people who are both qualified and interested in doing what you need done. A well-written ad can help screen out people who are not what you want. You want to include enough information to “quality” applicants. You must be sure your ads do not discriminate.

Read each example ad carefully to see how adding one or more key words makes them more specific:

Example #1:

Dependable person to work with 6 year-old. Flexible hours. Monday – Friday. Starting pay \$9 hour. Call ###-#### for an appointment to interview.

Example #2:

Dependable person to work with 6 year-old girl. Flexible hours. Monday – Friday. Starting pay \$9 hour. Call ###-#### for an appointment to interview.

Example #3:

Part-time position available for dependable person to work with 6 year-old girl. Training provided. Flexible hours, Days Negotiable. Starting pay \$9 hour. Call ###-#### for an appointment to interview.

Example #4:

Part-time position available for dependable person to work with 6 year-old girl with Autism, to assist in daily living skills and ABA sessions. Experience preferred. On-going training provided. Days Negotiable. Flexible hours. Starting pay \$9 hour. Call ###-#### for an appointment to interview or email resume to mom@yahoo.com

In the **first example ad**, a variety of people are likely to respond. **In the second ad**, someone who does not want to work with a young girl is less likely to respond. **In the third ad**, adding in that “Days are Negotiable” may attract more people to apply. **While in the fourth ad**, people who feel uncomfortable working with children with disabilities are not likely to respond. And by adding “experience preferred”, people already in the field will be more likely to inquire about the position.

Below is an example for a flyer:

Looking for a new career...

Now Hiring Interventionists to provide life changing treatment for Children with Autism

Interventionists work directly with a supervisor to implement intervention techniques using Applied Behavior Analysis, Teaching the child daily living skills, communication and learning to learn skills.

- Flexible scheduling from 6 to 40 hours per week
- Choice of Days
- Excellent starting pay from \$9.00 to \$15.00 per hour depending on experience and skill level.
- On the job training.

Position Requirements

- Must be energetic, open minded, honest, responsible and committed.
- Must have reliable transportation.
- No formal training required.
- College students encouraged, this is a fantastic spring board to teaching, psychology, or becoming a supervisor.
- Honor Roll Senior High School students with interest in child development, teaching or psychology.

Position currently available for a 3 year old child with Autism. Call for ###-#### for an appointment to interview.

Note: When producing flyers that will be posted, it is advised to create tear-offs with your contact information.

Regardless of your approach, you have the final decision as to what to put in your ads. You might want to try posting several ads with different information in each and see what works best for you. You should think about your privacy, safety and security as you create and post your job ads. You do not need to include your name or home address. All you need is a way for people to contact you. This could be by phone, email, or regular mail. If you want people to contact you by mail, consider renting a post office box. Although you have to pay a PO Box rental fee, it will give you more control and maintain your privacy.

You can arrange with a friend or a disability organization to take applications and handle questions for you, though this can be confusing for applicants if not handled very carefully. Whichever way you choose to be contacted, protect your privacy as much as possible.

Posting Job Ads

The best place to post an ad is the place that gets you the best workers. But, where is that? That is a challenge and will require you to be creative. Here are some suggestions. Medical facilities, such as hospitals and clinics, can be good sources. Some of the staff may be interested in finding extra part-time work. Ask the personnel department if you can post an advertisement.

Friends, family, neighbors, other employees, and area businesses can be good “word-of-mouth” resources. Let personal contacts know you are looking for an employee, but make it clear you will do the screening and hiring.

Colleges and Universities can be good places for ads. Students look to gain work experience and often need income. Many colleges provide employment services. Contact the college’s career center to find out if and how you can post an ad on campus.

Employment agencies are an option, but using one can cost you or your employee certain fees if you make a successful hire. You may have to sign a contract with an employment agency for services. Make sure you read and understand any documents the agency gives you before you sign an agreement. Local publications can be a free or low-cost resource. Many community

groups have newsletters in which you can post ads. Local newspapers are usually cheaper than citywide newspapers, and your ad will reach people in your area. Call a publication that you think might be helpful and ask for the classified department. Be sure to place your ad in the “Help Wanted” section. If there is a cost, you will be charged by the word or line.

Therefore, make your ads brief but complete enough to contain essential information.

Often parent support organizations will send out email ads to its members. This is an excellent way to reach other parents and inform them you are looking for interventionists.

Some families say that local newspapers are the best places to find employees in large urban areas. Bulletin boards in high traffic areas are good places to hang posters or index cards. This seems to be especially true in small towns where people are more likely to seek employment this way. High traffic areas might include supermarkets, drug stores, coffee shops, banks, Laundromats, places of worship and community centers. Internet recruiting is another option. This can be a quick and efficient way to find employees. You can post your job ad on the “post classified” page on sites such as Craig’s List.

Remember, recruiting is an on-going activity.

One important recruiting tip is to develop a list of possible workers. Keep a list of former employees and people you liked but did not hire. They might make good back-up workers and might someday become your regular employees. Talk to other families in Nevada ATAP for suggestions of people who might be interested in picking up some additional hours. Other families may also know of people who might suit you, even though they didn’t work out for someone else. Remember, recruiting is an on-going activity. As long as you are directing your employee’s services, you will need to recruit workers, both permanent and backup. Employees may not be with you forever, so stay on top of your recruiting skills and practices. You may have to be ready to recruit on very short notice.

When People Respond

After posting an ad, be ready to respond to people who contact you. Have the job description close at hand. Have it memorized if necessary. However you decide to handle recruiting, respond quickly to people who have contacted you about the job. Good workers do not wait around very long, as they will be hired by someone else.

Screening

Screening out people who are not appropriate or who do not meet your needs is very important, as it will save time and effort for you and everyone else. Using the telephone to speak with applicants for the first time is a good way to pre-screen them. This will help you to eliminate applicants who do not meet your criteria.

NOTE: Some questions are illegal to ask during the interview process. Read the “Questions You Cannot Ask in an Interview” page so you will know which questions are illegal or discriminatory.

Guidelines for telephone screening:

- **Act Quickly:**
 - Call people back as soon as possible. Good people find jobs quickly.
- **Be Pleasant:**
 - This is common sense, and but it bears repeating: Be friendly and pleasant on the phone.
- **Provide some basic information about the job:**
 - Write a list of job tasks so that you are giving the same information to every person that calls.
 - Let them know the needed amount of hours and days along with the hourly wage and start date.
 - Tell people if you smoke or have pets, as this may eliminate some applicants.
 - After giving them the basics, ask them if this sounds like the kind of job they would be interested in. If an Applicant does not think this is the right job for them, this is a good time for them to say so. This is when you both can politely hang-up without wasting too much time.
- **Ask a Few Questions of the Potential Interventionists:**
 - Why are you interested in this kind of work?
 - What experience or training do you have?
 - Do you smoke?
 - If lifting and transferring are essential functions of this job, is there any reason you would not be able to do those tasks?
 - Occasionally, I might need you to work more hours. Can you do that?
 - Are you willing to participate in training at a slightly lower rate of pay?
 - Are you willing to participate in an initial training, which may be up to 12 hours spread out over the course of several days?
- **Be Organized**
 - Take notes. Write down the names and phone numbers of everyone you talk to. You can set up a personal interview for good candidates when you talk with them, or you can call them back, after you have time to review all of your phone calls.

If, at the end of your telephone screening, you think you would like to interview this person face to face, you can make those arrangements while you still have the person on the phone. If you are not sure, you can politely end the conversation by saying “Thank you for your time. I will be making my final selections by (date) and will notify my top choices on that day to set up another interview. Thank you again, good-bye.”

Once you have decided to interview someone face to face, set a day and time and give the person directions to your house. If you prefer not to interview at your house, negotiate a reasonable meeting place. Be sure you have each other's phone number in case one of you needs to change the interview.

Interview Questions

You may Ask or Do:

- ✓ If you have no telephone, how can I reach you?
- ✓ Are you a veteran? Do you have any military experience?
- ✓ Are you a U.S. citizen?
- ✓ After hired, you may ask about religious observances, which could interfere with work.

Do NOT Ask or Do:

- Are you married? Single? Divorced?
- Do you have children at home?
- Do you live in an apartment or house?
- Have you ever been arrested or spent time in jail?
- Religious denomination, affiliations.
- How old are you?
- Any questions in regards to ethnic origin.

Interviewing

Conducting a good interview takes practice. You may be nervous in the beginning, but remember—so will the job seeker!

You may want to have your Care Manager or a family member or friend with you while you are interviewing staff. They can observe the interview and you can compare impressions afterward. Remember though, you will be the boss so you need to do most of the talking or the job seeker may be confused about who they will be reporting to.

Don't try to conduct an interview without a list of questions to work from. You will be less anxious and get more information if you do so. If you have someone who is with you for the interviews it may be a good idea for them to write down the answers, that way you can concentrate on how the person makes you feel when they talk to you.

One important key is your ability to communicate with the person you are hiring. Although it takes time to build a relationship, it's important to think about whether you are comfortable with this person. Are they respectful? Can you envision asking this person questions or for advice? Would it be difficult to tell this person what to do?

-- Even if the person has lots of experience, they may not be the right person for your child. --

References

It is important to check the references of the interventionist who is applying for the position. Remember this is someone who is going to be working with you and your child in your home; you want to be sure who are you are hiring / allowing into your home. Checking references will

**Even if you think
you have found the
perfect worker, it is
still very important
to check their
references.**

not only give you information about the person, it will also help the job applicant know that you are serious about being the boss.

Sometimes people don't feel comfortable giving references for their current employer and that is okay. Just make sure you get references for the most recent jobs you can. If the person does not have much work history, get the name of one of their teachers or someone else who has been involved in their life. Some employers will only confirm dates a person worked but won't comment on the quality of their work. If you get a reference like that, go back to the applicant and get additional references. If the persons states they have experience working as an interventionist, ask for a reference from the Providers they have worked under.

If everything goes well and you want them to work
with your child—it's time to make a job offer!



Section 9: Supervising Interventionists

Supervising an Interventionist

Tips to Maintain a Positive Work Environment

- **Assume Responsibility**—Especially in the beginning, don't lay on the blame. Begin feedback by saying things like: "I may not have made this clear at the beginning, but I really want you to . . ."
- **Remember that Everyone Has a Bad Day**—One of the difficulties with working together so closely is that it's hard to hide a bad mood. Try to be accommodating when someone seems to be "off" once in a while. Don't ignore frequent moodiness or disrespect, however.
- **Engage in Mutual Problem Solving**—Bring up a problem and ask your worker for ideas about how to solve the problem. "I know you are trying to get to work on time but when you are late, I get nervous. Do you have any ideas on how to solve this?" Your worker may re-double their efforts to get to work on time, or if she really can't get to you on time and you want to keep them, perhaps you could do some things in the evening that you are currently doing in the morning.
- **Try Temporary Solutions**—Sometimes there is no good solution to a problem. Instead of doing nothing, try the best idea for a set period of time. Make plans to review the situation with your worker after this trial period. It may be helpful to write a note on your calendar to make sure you actually discuss the issue again.
- **Get Help**— Just because you are the boss, doesn't mean you have to go it alone. Contact your ADSD ATAP Care Manager and/or PPL for help and advice. Remember too, your child's provider is your partner. If you feel the interventionist needs more training, you can request your provider to oversee a session. You can discuss the issues with your provider and have a discussion together with the interventionist in question. You can ask for your provider's opinion on the quality of service the interventionist provides to help you evaluate retaining the person.
- **Feel More at Ease** – You can put a baby monitor in the therapy room, so that you listen for positive reinforcement, know your child is safe and progressing through programs.

Performance Evaluation

A good way to keep a balance between being "friends" and having an employer/worker relationship is doing performance evaluations. Evaluations don't have to be long, but they are an

important way for both you and your worker to check in with how things are going. Your child's provider can help you with this too.

Terminating an Employee

Most people do not like having to fire someone. However, that perfect person you thought you hired may not work out. People change and situations change. If you find at some point your employee is not meeting your needs, you may have to fire that person. Keeping a hiring agreement up to date and keeping a regular schedule for reviewing your employee's job performance can help you decide if you should fire an employee.

The reasons to fire someone will vary. Here are some of the most common reasons:

- The employee's work is not good enough
- The employee does not work well with the rest of your child's team
- The employee implements treatment not outlined by your child's provider
- The employee refuses to implement treatment directed by your child's provider
- The employee does not follow the Ethics guidelines
- The employee does not learn fast enough to meet your changing needs
- The employee is late or fails to show up too many times
- The employee's personal habits bother you
- The employee does not pay attention to your instructions
- The employee often argues with you
- You do not feel safe or comfortable with the employee, even after working with her for several weeks
- The employee has a schedule that is not flexible enough for you
- The employee violates your employment conditions, seriously or often

Grounds for Immediate Firing

Some actions by an employee are grounds for firing him or her immediately. You should state them clearly in your guidelines for. These grounds include:

- Arriving to work under the influence of drugs or alcohol
- Drinking on the job
- Using drugs on the job
- Stealing from you
- Abusing you or your child in anyway (beware of types of abuse; physical or sexual abuse is a crime)
- Use of aversive interventions with your child during treatment sessions

Firing Workers

Weigh all options before you fire an employee. It might be better to try to work things out with an employee first. Trying to hire a new one will take time and effort and there is no guarantee your new employee will be a better worker. How you decide to handle this difficult task will depend upon your personalities and the situation.

But if firing is your decision, consider the following:

- How should you tell the employee you are firing him or her? Firing an can be difficult, and how you choose to tell your depends on the situation. If you feel comfortable with the situation, you may tell the in person. However, there are other options if you do not feel safe with a face to face approach. You may have a third person tell the interventionist that s/he is fired, or let the employee know by telephone. Remember, it is important to be respectful when firing an employee, but your safety comes first.
- What reasons should you give the employee for firing him or her? If you have been giving plenty of corrective feedback and doing regular evaluations, the employee should know what the problems are. S/he should also know what you have said are grounds for firing. In some cases, something can happen or some very serious problem can come up that you have not addressed in your guidelines or evaluations. In most cases, give the employee some idea of why you are firing him, but you do not have to go into great detail. Keep in mind that Nevada is an At-Will state and an explanation is not required by law.

Remember, the biggest problems are those that you try to ignore until it's too late!

- How will the employee react? It is best to have a neighbor, friend, relative or other person in the room with you and your employee when you fire him, to provide you more safety.
- How much notice should you give your employee? Be fair, but remember if you give the employee advance notice, you can risk problems with his or her work and behavior for the remainder of his employment. Sometimes immediate firing is the best approach to ensure your safety.
- Who will provide your support once you fire the employee? Before you fire your employee, have at least one backup employee ready to step in right away.
- Are you safe and secure? If the employee you fired had access to the keys to your residence or car, get them changed. Once you fire an employee, contact PPL Nevada immediately. PPL Nevada needs to make changes to the employee's work file and to your records. By law, PPL Nevada must deliver the employee's final paycheck within 24 hours of the firing.

Please note: We advise never sharing your keys or alarm codes with interventionists that you hire. We also recommend that you or a relative is present in the home during your child's treatment sessions. This helps to protect your child and your assets.