

APEX PEDIATRIC THERAPY SERVICES

PARENT HANDBOOK

APEX PEDIATRIC THERAPY SERVICES

Phone: (847) 604 0955; Fax: (847) 589 5875

info@apexped.com; www.apexped.com

Parent Handbook

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Parent Handbook

I. Welcome to Apex Pediatric Therapy Services!

We are excited that you have entrusted us with the therapy services need for your child! We value our clients and want to take this opportunity to welcome you to Apex Pediatric Therapy Services.

Apex Pediatric Therapy Services provides individualized Applied Behavior Analysis (ABA) services, Speech Therapy and Occupation therapy services to individuals from 2 years to 18 years of age. We offer a comprehensive multidisciplinary solution towards betterment of individual life leading to higher quality of care and satisfaction.

At Apex Pediatric Therapy Services, we strive to maintain the desire and commitment to providing the highest quality therapy services with the best outcomes.

We look forward to working with you and your child!

II. Mission Statement

To provide the highest quality behavior therapy services to those living with developmental disabilities to facilitate self-help. We believe in educating parents and guardians on the rights of their loved ones with disabilities.

III. Our Services

Apex Pediatric Therapy Services provides intensive behavioral analytic therapies services for both children and adolescents diagnosed with Autism. These services are comprised of ABA treatment program implementation, parent training, school ready learning, and visual supports.

Our services include however, are not limited to:

- Writing and implementing individualized behavior intervention service plans that are geared toward assisting individuals with positively integrating into their external environment and society.
- Collection of data for analysis and review of the outcome of interventions, which ensures interventions are effective.

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- Training for family member(s). Training ensures the implementation of interventions on a continual basis in the absence of the clinician. Training also includes client-centered approaches to increase compliance, self-advocacy, and self-monitoring.
- Collaboration for school staff, pediatricians, and psychologists.

Our comprehensive line of therapy services include:

- Applied Behavior Analysis (ABA) Therapy
- Speech Language Pathology Services
- Occupational Therapy Services

Each child receives 1:1 individualized therapy treatment. For ABA services, the therapy team consist of a supervisor BCBA and ABA therapist(s). The supervisor BCBA provides ongoing assessment and evaluation of your child's progress and needs, and develops program goals, ensures effective data collection and that the ABA procedures are implemented correctly. The BCBA Supervisor will also train you on periodic basis so learning done at the clinic can continue at home. The ABA Therapists implement the goals and targets developed by the supervisor BCBA with the child on daily basis.

IV. Our Service Areas

The Company began its operations in April 2018 with in-home settings and soon expanded to in-clinic, in-home, in-school, telehealth and in-community settings. Our flagship clinic opened in June 2019 in Palatine. Today, Apex Pediatric provides in-home therapy throughout the Chicagoland area including Cook, DuPage, Lake, McHenry and Will counties as well as in-clinic therapy through one of our four locations.

In-Home

Entire Chicagoland Area

In-Clinic

Palatine:	887 E Wilmette, Suite E, Palatine, IL 60074
Morton Grove:	8120 Lehigh Ave, Suite 101, Morton Grove, IL 60053
Gurnee:	105 N Greenleaf Street, Suite B, Gurnee, IL 60031
Lisle:	2525 Cabot Drive, Suite 108, Lisle, IL 60532

Each clinic has an associated clinic manager and a BCBA Clinical Director.

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V. Hours of Operations

Our hours of operations are as follows:

Monday	8:00am CST to 8:00pm CST
Tuesday	8:00am CST to 8:00pm CST
Wednesday	8:00am CST to 8:00pm CST
Thursday	8:00am CST to 8:00pm CST
Friday	8:00am CST to 8:00pm CST
Saturday	8:00am CST to 3:00pm CST
Sunday	8:00am CST to 3:00pm CST

VI. Company Policies and Procedures

a) Cancellation Policy

- 1) For non-emergency cancellations please call or text the scheduler phone 24 hours before your scheduled appointment so our daily schedule may be adjusted in a timely manner to notify scheduled staff. If prior notification is not given for planned cancellations at least 24 hours before the session, you may incur a \$30 Cancellation Fee. Insurance cannot be billed for this fee. Advanced notice allows us the ability to offer appointments to another client, as well as show courtesy toward the therapist.

For Palatine Clinic:

Scheduler/Front Desk Cell: (224) 238 9409

Scheduler/Front Desk Email: scheduler@apexped.com

For Morton Grove Clinic:

Scheduler/Front Desk Cell: (847) 951 4981

Scheduler/Front Desk Email: mortongrovescheduler@apexped.com

For Gurnee Clinic:

Scheduler/Front Desk Cell: (847) 390 2271

Scheduler/Front Desk Email: gurneescheduler@apexped.com

For Lisle Clinic:

Scheduler/Front Desk Cell: (630) 465 3963

Scheduler/Front Desk Email: lisescheduler@apexped.com

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2) We understand emergency/late cancellations (those with less than 24 hours-notice given) can occur for any of the following reasons:

- a) Illness
- b) Personal emergencies
- c) Inclement weather that affects transportation safety

If you need to cancel your appointment, we respectfully request at least two-hour notice by either calling or texting the respective scheduler phone. Any late cancellation with less than 2 hours-notice may incur a \$30 cancellation fee.

b) Late Arrivals and Pickups

A late arrival or pickup is defined as dropping off or picking up your child more than 15 minutes after the session was scheduled to start or end. Due to the complex nature of scheduling our sessions, it is essential that parents/caregivers arrive for their session in a timely manner. Being late to pick up your child from sessions may result in another child missing out on session time, as our technicians are often scheduled for back-to-back sessions. For every minute over 15 minutes delay, you may incur a \$1 per minute Late Arrival Fees to offset the cost of our staff time.

Please call or text the schedulers as soon as possible if you are running late. If we have not received any updates or had any communication after 30 minutes from the scheduled start time, we may cancel the session.

c) Consistent Attendance

Please note that consistent attendance in sessions is vital to the success of your child's program. The progress made towards recommended goals is based on consistent attendance and participation in services. If you frequently miss the appointments, it will delay the progression toward goals. If more than 10% of the sessions are missed or canceled in any given month, it may result in a conference between you and your clinical team to discuss any barriers which are impacting attendance.

d) Vacation Time

Please notify the schedulers at least 2 weeks in advance, when your child will be unable to attend therapy due to a family vacation. Extended family vacations, or any absence lasting more than two consecutive weeks, could result in a therapist's change.

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e) Infection disease or Sick Child Policy

If the child is sick or have an ailment that is infectious, the clients are required to call or text Apex Pediatric Therapy at the respective scheduler's phone and let them know in advance so treatment services can be temporarily suspended until the child gets better and no longer carries the infectious disease.

If the child is not feeling well during an in-clinic session, parents will be immediately notified by Apex Pediatric Therapy Services staff of any symptoms of illness or discomfort reported by their child's ABA Therapist or BCBA.

If it has been determined that the child is unable to effectively participate in therapy due to present symptoms, parents are required to pick up their child from the clinic.

Also, if it has been determined that the child fits the criteria for illness as indicated by the CDC, parents are required to pick up their child from the clinic.

A doctor's note may be required upon return to the clinic if certain symptoms are present.

The following symptoms may be signs of illness in your child:

- Vomiting
- Fever/Chills
- Coughing
- Diarrhea
- Lethargy
- Runny nose/eyes
- Rashes
- Itchy skin

If any of the above symptoms are present, or have been present within the last 24 hours, please follow the following guidelines:

Vomiting

If your child has vomited, they are not permitted to attend sessions until symptom free for a full 24 hours. If your child vomits or shows signs of dehydration while at the clinic, he/she will be sent home and must not return until symptom free for 24 hours.

Fever/Chills

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If your child presents with a fever of 100.4 (100 for oral reading) or higher, they are not permitted to attend sessions until symptom free (temperature not above 98.6) without fever reducing medication for a full 24 hours.

If your child presents with a fever while at the clinic, he/she will be sent home and must not return until symptom free for a full 24 hours.

Coughing

If your child presents with a persistent cough, he/she will be sent home for observation and may not return for 24 hours. If coughing remains persistent, the clinic may require a doctor's note stating they have been evaluated and the cough is not contagious. Apex Pediatric Therapy Services reserves the right to follow further CDC guidelines pertaining to coughing as a symptom.

Diarrhea

If your child has experienced diarrhea within the past 24 hours, or three or more loose bowel movements in a 12-hour period, they are not permitted to attend sessions until symptom free for a full 24 hours.

If your child experiences diarrhea 2 times during the session, he/she will be sent home and may not return until symptom free for a full 24 hours.

Rashes/Scabies/Ringworm

Unless the child has documented skin issues (e.g. eczema), any rash that presents will be evaluated by management and if determined appropriate, they will be sent home and may not return for 24 hours. If the rash is still present, they may only return after an additional 24 hours of observation with a doctor's note stating they have been evaluated and the rash is not contagious.

Lice/Pick Eye/Chicken Pox

If your child presents with symptoms of any of the above illnesses (e.g., itchy scalp, pustules, discharge from eyes), they will be sent home. The child must be symptom free for 24 hours with a doctor's note provided before they will be permitted to return.

Any questions regarding this policy may be directed to the clinic management.

f) Drop Off/Pick Up

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Your child will be dropped off/picked up in the waiting area of the ABA Clinic. An authorized pick-up form will need to be completed by the parent(s) if you need someone other than the parent(s) to pick up your child. Identification is required at pick up time for any new person picking up your child. For receiving a copy of the authorization pick-up form, please contact your clinic manager.

g) Holidays

Apex Pediatric Therapy Services observes the following holidays per year and the clinics will be closed on these days.

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day and the day after
- Christmas Day

h) Inclement Weather/Emergency Closings

At times, emergencies such as severe weather, fires, or power failures can disrupt in-clinic operations. The decision to close the office will be made by Executive Staff. If we should need to close for an emergency, weather-related or otherwise, we will inform the families as soon as possible.

i) Lunch/Snacks

Apex Pediatric Therapy Services does not provide regular meals or drinks. All children are asked to bring their own lunch, snacks, beverages, and dinners each day if they are here during lunch or dinner time. A refrigerator, microwave, and toaster oven are available to heat lunches and dinners. If your child's program uses edibles as reinforcers, parents are responsible for providing the edibles. We will provide storage if edibles are purchased in bulk.

Please report any special diets/food restrictions to Apex Pediatric Therapy Services.

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j) Complaints and Concerns

Any problems, questions, or complaints should be discussed with the BCBA supervisor or the Clinic Manager if the BCBA supervisor is unavailable. If the problem remains unsolved, parents should direct the complaint or concern to the respective Clinic's BCBA Director.

For Palatine

Clinic Manager: Ryan Axelrad – Work Cell – (224) 461 0350

For Morton Grove

Clinic Manager: Nadiia Radetska – Work Cell – (224) 461 0349

For Gurnee

Clinic Manager: Angelica Gallegos – Work Cell – (847) 513 1091

k) Mandated Reporting of Suspected Child Abuse and Neglect

Illinois Child Protection Law requires caregivers to report suspected child abuse or neglect to the make an immediate verbal report to DHS upon suspecting child abuse and neglect, followed by a written report within 72 hours. Failure to report suspected abuse or neglect is a crime. Employers are prohibited from retaliating against caregivers who make reports in good faith. Apex Pediatric Therapy Services' employees will follow the law should a situation arise that causes them to suspect abuse or neglect.

l) Statement of Non-Discrimination

Apex Pediatric Therapy Services does not discriminate in enrollment opportunities because of race, color, religion, sex, national origin, age, or disability.

m) Statement of Confidentiality Practices and HIPAA

The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) require the Department of Health and Human Services (HHS) to establish national standards for electronic health care transactions and national identifiers for providers, health plans, and employers. It also addresses the security

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and privacy of health data. Innovations In Learning follows these standards to improve the efficiency and effectiveness of our services as required by law.

Apex Pediatric Therapy Services Employees must follow HIPAA standards to respect the confidentiality of clients served. If you feel your privacy is not being protected while discussing your child's day in the waiting area, please ask the line therapist to move to a more private location.

VII. Client Acknowledgement Form

I have received my copy of the Parent Handbook. I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures contained in the handbook.

Signature	
Printed Name:	Date: