

PRIVATE PAY AGREEMENT

FOR SERVICES

This agreement is hereby made and entered into this day of (date) _____ by and between (client name) Simpson Co. Schools, responsible party, and Growing Minds Learning Center (GMLC) or Community Living in Kentucky (CLiK), service provider, at a private pay rate as detailed below.

| Applied Behavior Analysis (ABA) | |
|---|---|
| Initial Assessment / Treatment Plan | \$1,000.00 flat rate |
| Applied Behavior Analysis Therapy | \$90.00 per hour - Board Certified Behavior Analyst (BCBA) \$75.00 per hour - Board Certified Associate (BCaBA) - limited availability \$30.00 per hour - Behavior Technician |
| Behavior Support | |
| Functional Assessment / Positive Behavior Support Plan | \$1,000.00 flat rate |
| Behavior Support Services | \$90.00 per hour - Positive Behavior Support Specialist (PBSS) |
| Training / In - Service / Consultation Services | |
| Training / In - Service / Consultation Services | \$90.00 per hour - Board Certified Behavior Analyst (BCBA) \$75.00 per hour - Board Certified Associate (BCaBA) - limited availability \$90.00 per hour - Positive Behavior Support Specialist (PBSS) |
| Mental Health Services | |
| Intake, Treatment Planning, Ongoing Individual / Family Therapy | \$90.00 per hour – Mental Health Therapist |

Applied Behavior Analysis (ABA):

Initial Assessment / Treatment Plan. An initial assessment will be completed by a Board Certified Behavior Analyst (BCBA) or Board Certified Associate Behavior Analyst (BCaBA) using formal and informal observation and assessment procedures. Formal assessment procedures may include administration of the VB-MAPP, ABLIS-R, EFL, or another widely recognized assessment that is deemed appropriate. Informal assessment procedures may include parent/caregiver interview, direct observation, and record review. Time spent completing an assessment may include: pairing with child/client to establish rapport; observation of behaviors and skills in multiple settings; analysis of data collected; formal assessment procedures; development of treatment plan and report; parent/caregiver feedback session to include explanation and interpretation of findings.

Applied Behavior Analysis (ABA) Therapy. ABA therapy will be provided by a behavior technician and supervised/coordinated by a Program Supervisor (BCBA or BCaBA). Customized therapy programs are developed based on results of assessment and the detailed treatment plan. Program Supervisors provide training and supervision necessary for high-quality, consistent teaching and behavioral intervention. Materials to support implementation of the program are created and provided by GMLC/CLiK. Duplicate versions of these materials are available for purchase to be utilized in additional settings upon request.

- Minimum length of session is 3 hours
- Mileage is billed at .49 cents per mile (if applicable)
- Hotel and travel accommodations are billed (if applicable)
- Per diems are billed at \$40.00 per day (if applicable)

Behavior Support:

Functional Assessment / Positive Behavior Support Plan. A functional behavior assessment will be completed by a Positive Behavior Support Specialist (Master's level clinician with specialized degree in field of behavior science). The PBSS will utilize a combination of formal and informal assessment and data collection methods for the purpose of identifying target behaviors, function of behaviors, and development of a Positive Behavior Support Plan. The Positive Behavior Support Plan will focus on reduction of challenging behaviors and identification of functionally equivalent replacement behaviors. When appropriate, the PBSP will also target age-appropriate and socially-important skill deficits for improvement. Fee includes up to 12 hours of assessment-related tasks (observation across multiple environments, interview with multiple caregivers, direct/indirect assessment methods, analysis and graphing of data collected, and report writing).

Behavior Support Services. Behavior Support services consist of a combination of direct and indirect services and are provided by a Positive Behavior Support Specialist (PBSS). PBSS's teach positive replacement behaviors to reduce problematic behaviors using various treatment strategies. Behavior Support services include parent/caregiver training, collaboration with teacher/therapists, and development of materials to support desired changes in behavior or skill acquisition.

- Mileage is billed at .49 cents per mile (if applicable)
- Hotel and travel accommodations are billed (if applicable)

Training / In-Service / Consultation Services:

Qualified providers (BCBA, BCaBA, and/or PBSS's) can provide training, consultation, or in-service with individualized curriculum/content based on audience or needs. Such services can include, but are not limited to: teacher or staff training on ABA, Behavior Support, specific treatment procedures, specific behavior challenges, or specific skill deficits. Service may also include ongoing consultation with a qualified provider. Please contact the Executive Director or Clinic Director to discuss details further.

Mental Health Therapy:

Outpatient therapy for mental health, behavioral and emotional issues may be conducted in an individual, family, couple, or group setting for children and adults. All of our therapists are licensed in the state of Kentucky or work under the direct supervision of a licensed therapist. Therapy sessions are typically one hour in duration. The frequency of sessions will be discussed in your first meeting with your therapist and will be based on you and/or your families specific needs (weekly, multiple times per week, every other week, etc.). Individual and family therapy typically follows a process where a comprehensive assessment is completed by the therapist during the first session to determine the nature of the problem and determine a clinical diagnosis (if applicable). This initial comprehensive assessment considers biological, psychosocial, and social factors that can be contributing to a problem or mental health issue. Upon completion of an initial assessment, your therapist will work with you to collaboratively develop a plan for treatment services. This plan for treatment will have goals and objectives that will address your specific needs.

| Service Selections (Check All That Apply) | |
|---|--|
| Applied Behavior Analysis (ABA) Private Pay Rates | |
| <input type="checkbox"/> Initial Assessment / Treatment Plan | \$1000.00 fee |
| <input type="checkbox"/> Applied Behavior Analysis Therapy | Behavior Technician direct services \$30/hour for ____ hours per week / month (circle one). Program Supervision (BCaBA) services \$75/hour for ____ hours per week / month (circle one). Program Supervision (BCBA) services \$90/hour for ____ hours per week / month (circle one). |
| Behavior Support Private Pay Rates | |
| <input type="checkbox"/> Functional Assessment / Positive Behavior Support Plan | \$1000.00 fee |
| <input checked="" type="checkbox"/> Behavior Support Services | PBSS Behavior Support services at \$90/hour for ____ hours per week / month (circle one) <i>24 in school hours from March 27 - May 22, 2020</i> |
| Training / In - Service / Consultation Services | |
| <input type="checkbox"/> Training / In - Service | BCBA services at \$90/hour for ____ hours total. BCaBA services at \$75/hour for ____ hours total. PBSS services at \$90/hour for ____ hours total. |
| <input type="checkbox"/> Consultation | BCBA services at \$90/hour for ____ hours per week / month (circle one). BCaBA services at \$75/hour for ____ hours per week / month (circle one). PBSS services at \$90/hour for ____ hours per week / month (circle one). |
| Mental Health Services | |
| <input type="checkbox"/> Individual Therapy | Mental Health services at \$90/hour for ____ hours per week / month (circle one). |
| <input type="checkbox"/> Family Therapy | Mental Health services at \$90/hour for ____ hours per week / month (circle one). |

Terms for Service. Some services require a minimum number of hours per week in order to be ethical and effective. Other expenses may also accrue based on needs and location of services.

Consent for Treatment. I voluntarily consent to treatment or evaluation performed by clinicians with Growing Minds Learning Center (GMLC) / Community Living in Kentucky (CLiK). I understand that I can revoke this consent for treatment at any time in writing to GMLC / CLiK.

By signing this agreement, the responsible payee party agrees to provide payment for services to be received at the rate agreed upon and listed above.

Whitting Maxwell Specialized Instructional Programs 3-21-19
Parent / Guardian Signature School District Date

GMLC / CLiK Representative

Date