

**Bailey Robinson, MS, BCBA, LBA**  
Behavior Analytic Behavioral Services  
Bowling Green, KY 42101  
Phone: 918-804-3144  
E-mail: brobinsonbcba@gmail.com

This agreement is initiated and entered on \_\_\_\_\_ (Date) between Bailey Robinson, MS, BCBA, LBA and Franklin Simpson Schools of Franklin, KY (Responsible Payee Party) for behavior analytic services completing ongoing behavior analytic monitoring services not to exclude any service below but mainly consisting of "training/in-service/consultation services" (not to exceed 115 hours) at the private pay rate as detailed below. This agreement will end 07-01-2021, when the identified service has been completed and submitted, or when either party provides formal written notice of case of services.

<b>Applied Behavior Analysis (ABA) Private Pay Services</b>	
Initial Assessment / Treatment Plan	\$90.00 per hour
Applied Behavior Analysis Ongoing Treatment	\$90.00 per hour
Functional Behavior Assessment	\$90.00 per hour
Behavior Intervention Plan	\$90.00 per hour
Training/In-Service/Consultation Services	\$90.00 per hour

**Applied Behavior Analysis (ABA) Services Descriptions:**

**Initial Assessment / Treatment Plan:** An initial assessment will be completed using direct and indirect assessment procedures. Direct assessment procedures involve administration of an evidence-based assessment tool evaluating functional communication, academic skills, social skills, daily living skills, and overall behavioral needs which may include but is not limited to: administration of the ABLLS-R (Assessment of Basic Language and Learning Skills-Revised), VB-MAPP (Verbal Behavior-Milestones Assessment and Placement Program, EFL (Essentials for Living), AFLS (Assessment of Functional Living Skills), and/or PEAK (Promoting Emergence of Advanced Knowledge). Indirect assessment procedures may include but are not limited to: structured and unstructured parent/caregiver interview, record review, Problem Behavior Questionnaire, Functional Analysis Screening Tool, direct observation of behavioral displays, assessment results and report completion, data collection, development of graphic behavioral data, data review, and/or parent/caregiver feedback session to include assessment results and conclusions.

**Applied Behavior Analysis Ongoing Treatment:** ABA therapy interventions include administration of individualized established goals and objectives address skill deficits as concluded from the initial assessment/treatment planning phase. Personalized programming may include evidence-based teaching methods including but not limited to: DTT (Discrete Trial Training), Precision Teaching, Natural Environment Teaching, Self-Monitoring Procedures, and formal tracking of behavioral responses to ensure efficacy of interventions and mastery of identified skill deficits.

## Private Pay Agreement for Services

**Functional Behavior Assessment:** A Functional Behavior Assessment will be conducted utilizing direct and indirect assessment methods for the purpose of concluding the function of identified undesirable behaviors. The function of displayed undesirable behaviors is necessary to determine prior to establishing effective interventions to avoid inadvertently reinforcing the future frequency of those identified target behaviors. Developing a behavior intervention plan based on behavioral function, will ensure future behavioral success and program for individualized intervention procedures. Direct and indirect assessment procedures are utilized throughout this evaluation completion process. This includes direct time with the individual, parent/caretaker interview, data collection, development of graphic behavioral data, data review, and report completion.

**Behavior Intervention Plan:** A Behavior Intervention Plan will consequently be developed to establish an effective treatment package identifying intervention procedures to decrease the future frequency displays of challenging behavior(s). Inclusive in the treatment package recommendations apart of the Behavior Intervention Plan is identified skill deficits with corresponding teaching procedures to address academic deficits, functional communication deficits, social skills deficits, and daily living skills deficits necessary to decrease challenging behavioral displays as well. Direct and indirect assessment procedures are utilized throughout this evaluation completion process. This includes direct time with the individual, parent/caretaker interview, data collection, development of graphic behavioral data, data review, and report completion.

**Training/In-Service/Consultation Services:** Training, consulting, and collaboration services can be provided addressing desired individualized treatment interventions, behavioral evaluation topics, behavioral intervention topics, evidence-based procedures related to addressing challenging behavior topics, evidence-based procedures related to addressing skill deficits behavior topics, or any professional development support related to Applied Behavior Analysis. Such services can include but are not limited to: teacher or staff trainings, parent/caregiver trainings, specific evidence-based treatment procedures, specific behavioral challenges, skill deficits, or behavioral support aimed to increase pro-social behavior.

Applied Behavior Analysis (ABA) Private Pay Service Selection- Please Check all Requested Services		✓	Requested Number of Hours not to exceed:
Initial Assessment / Treatment Plan	\$90.00 per hour	✓	_____/_____ week/month
Applied Behavior Analysis Ongoing Treatment	\$90.00 per hour	✓	_____/_____ week/month
Functional Behavior Assessment	\$90.00 per hour	✓	_____/_____ week/month
Behavior Intervention Plan	\$90.00 per hour	✓	_____/_____ week/month
Training/In-service/Consultation Services	\$90.00 per hour	✓	_____/_____ week/month

\*Total services listed above to be included but not to exceed 150 hours.

**Terms of 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.

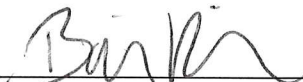
Private Pay Agreement for Services

**Consent for Treatment:** I consent to treatment or evaluation performed by Bailey Robinson, MS, BCBA, LBA. I understand that I can revoke this consent for treatment at any time in writing to Bailey Robinson, MS, BCBA, LBA.

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.

Responsible Payee Signature

Date

 MS, BCBA, LBA  
Bailey Robinson, MS, BCBA, LBA

06-15-20  
Date





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/12/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Allstate Insurance: Elaine Payne 165 Indian Lake Blvd Ste 106 Hendersonville, TN 37075		<b>CONTACT NAME:</b> Conor Payne <b>PHONE (A/C, No, Ext):</b> 615-338-0018 <b>E-MAIL ADDRESS:</b> conorpayne@allstate.com <b>PRODUCER CUSTOMER ID #:</b>		<b>FAX (A/C, No):</b> 615-590-7148
<b>INSURED</b>  Bailey Robinson 1024 Paddock Park Cir Gallatin, TN 37066		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Kentucky Employers' Mutual Insurance <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>		<b>NAIC #</b> 10320

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE  DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ PERSONAL INJURY \$ AGGREGATE \$
X	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	N/A		430823	06/10/2020	06/10/2021	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Bailey A Robinson - Behavior Specialist

**CERTIFICATE HOLDER****CANCELLATION**

Simpson County Schools 430 S College St Franklin, KY 42134	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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## Policy Detail

Policy Number: 430823

Effective Date: 6/10/2020

Expiration Date: 6/10/2021

### Account Holder

Bailey Robinson  
Bailey A Robinson  
1064 Paddock Park Cr  
Gallatin, TN 37066  
Phone No: 918-804-3144  
E-mail: brobinsonbcba@gmail.com  
Federal ID: \*\*\*\*\*  
Contact: Bailey Robinson

### Agency 7569

Elaine Payne  
Elaine Payne Agency Allstate Insurance  
165 Indian Lake Blvd Ste 106  
Hendersonville, TN 37075  
Phone No: 615-338-0018  
E-mail: elainepayne@allstate.com  
Federal ID: \*\*\*\*\*  
Contact: --  
Fax No: 615-590-7148

### Other Information

Entity: Sole Proprietor (Individual)  
NCCI ID:  
SIC Code:  
Status: Active

### Employer's Liability Limits (3.B)

Bodily Injury by Accident: **\$100,000.00** - each accident  
Bodily Injury by Disease: **\$500,000.00** - policy limit  
Bodily Injury by Disease: **\$100,000.00** - each employee

Risk Type: Standard

### Covered Individuals

NAME	TITLE - JOB ROLE	SS#	COVERED?	EFF DATE	END DATE
Bailey Robinson	BEHAVIOR SPECIALIST - Sole Proprietor	***-**-****	N	6/10/2020	6/10/2021

### Class Codes

CODE	CLASSIFICATION	COVERED	PAYROLL RATE	EST. PREMIUM
8835	Public Health Nursing Association - All Employees	Employees	\$0 2.88	\$0.00

### Premium

Total Manual Premium	\$0.00
Total Subject Premium	\$0.00
Total Modified Premium	\$0.00
Balance to Policy Minimum Premium	\$285.00
Total Standard Premium	\$285.00
Expense Constant	\$260.00
Estimated Annual Premium	\$545.00
Kentucky Special Fund Assessment	6.41% \$34.93
Total Amount Due	\$579.93

### Billing Schedule

Bill Date	Due Amt
5/6/2020	\$579.93

Minimum Premium: \$545.00



Kentucky Employers' Mutual Insurance  
250 W. Main Street, Suite 900  
Lexington, KY 40507  
Phone (859)425-7800

# Policy Detail

www.kemi.com / answers@kemi.com

Page 2 of 3

Policy Number: 430823

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Expiration Date: 6/10/2021

## Endorsements

ENDORSEMENT NO.	ENDORSEMENT NAME
KEMI_001	Special Fund Assessment
KEMI_007	Policy Information Page
KEMI_012	Premium Discount Endorsement
KEMI_034	Experience Rating for Modification Factor Endorsement
KEMI_044	Terrorism Risk Insurance Program reauthorization Act Disclosure Endorsement
KEMI_045	Catastrophe (Other than Certified Acts of Terrorism)Endorsement
KEMI_053	Application of Premium Payments Endorsement
KEMI_058	Sole Proprietor and Partners Exclusion Endorsement
KEMI_061	Audit NonCompliance Charge Endorsement
KEMI_999	Policy Booklet

Total Certificate Holders: 0

Total Claims: 0-





Kentucky Employers' Mutual Insurance  
250 W. Main Street, Suite 900  
Lexington, KY 40507  
Phone (859)425-7800

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Page 3 of 3

## Policy Detail

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**Expiration Date:** 6/10/2021

### Risk Locations

NAME	ADDRESS	CITY, ST ZIP
Bailey A Robinson	430 South College Street	Franklin, KY 42134

### Additional Named Insureds