RISE HANDBOOK 2025

Welcome To the RISE Center for Autism

Our mission is to "Raise Independence through Skills Empowerment." Nestled in the heart of Michigan, we're dedicated to nurturing growth and independence in individuals with autism by tailoring evidence-based strategies to each person's unique abilities. Join us in empowering lives through skillful, compassionate guidance towards self-reliance and confidence.



What RISE Center for Autism does

We harness the proven techniques of Applied Behavior Analysis (ABA) to tailor transformative programs that enhance communication, social skills, and learning for individuals with autism. Our personalized approach emphasizes positive reinforcement, encouraging independence and confidence through manageable, rewarding steps. We're committed to fostering lasting growth that enriches lives and supports families on their journey with autism.



What is Applied Behavior Analysis

Applied Behavior Analysis (ABA) is a respected therapeutic approach for Autism Spectrum Disorder (ASD), enhancing behaviors like social skills and communication through personalized interventions. Utilizing positive reinforcement, ABA promotes skill development and reduces challenges, fostering significant life improvements and independence for individuals with autism.



www.RISEAutismCenter.com

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MISSION AND VISION

The Mission of the RISE Center is to

Raise Independence through Skills Empowerment (RISE)

for youth on the Autism Spectrum



The Vision of the RISE Center is to

To expand the RISE footprint by increasing locations and leveraging innovative technology, creating a streamlined, scalable model that broadens access to comprehensive autism services and supports for vulnerable populations across Michigan then into other States.

LOCATIONS



Washtenaw County

2300 Washtenaw Ave Ste 201, Ann Arbor, MI 48104



Livingston County

Coming soon



In Home Services

RISE can perform ABA services directly in your home!



Houghton Lake

1070 W. Houghton Lake Drive, Prudenville, MI 48651



Gladwin

324 W. Cedar Ave, Gladwin, MI 48624



Gaylord

611 N. Center Ave, Gaylord, MI 49735

SERVING AWARDED EXCELLENCE



HIGH STANDARDS OF CARE

Behavior Analysis Certification Board (BACB) Ethics Compliance Code



RISE recognizes the BACB Professional and Ethical Compliance Code for Behavior Analysts (the "Compliance Code") as the Applied Behavior Analysis (ABA) "Standard of Care". Staff at RISE receive training in the Compliance Code and are expected to know and comply with the Code.

Michigan Public Health Code - Applied Behavior Analysis Section

RISE recognizes the Michigan Public Health Code - Applied Behavior Analysis Section as Michigan's Applied Behavior Analysis (ABA) "Standard of Care". Staff at *RISE* are expected to visit, read, and know Michigan's Public Health policies concerning ABA, and are expected to know and comply with the Code.

http://www.legislature.mi.gov/(S(i1yuxy5p4f4wlt34homxgcg4))/mileg.aspx?page=getObject&objectName=mcl-368-1978-15-182A

Consumer Involvement

Parent/Caregiver involvement and input in creating and implementing treatment and behavior plans is highly valued at *RISE*. Prior to implementing any plan, Parent/Caregiver informed consent is adhered, allowing the parent to "accept", "decline", or "accept with the below exceptions" the plan, and advised right to withdrawal without penalty.

Parents are encouraged and expected to be continually involved in, get updates on progress, and learn about ABA and Autism through weekly family training. *RISE* offers formal, dynamic, and good quality weekly family training.

INTAKE AND ACCESS

HOLIDAY CLOSURES

- New Year's Day Wednesday, January 1, 2025
- Martin Luther King Jr Day Monday, Jan 20, 2025
- Easter Sunday, April 20, 2025
- Memorial Day Monday, May 26, 2025
- Independence Day Friday, July 4, 2025
- Labor Day Monday, September 1, 2025
- Thanksgiving Thursday, November 27, 2025
- Day after Thanksgiving Friday, November 28, 2025
- Christmas Eve Wednesday, December 24, 2025
- Christmas Day Thursday, December 25, 2025
- New Year's Eve Wednesday, December 31, 2025
- New Year's Day Thursday, January 1, 2026

STAFF INSERVICE CLOSURES

Tuesday's:

- March 4, 2025
- June 10, 2025
- Sept 2, 2025
- Dec 16, 2025

ACCESS TO RISE SERVICES

Access to Services

Ratios: Approximately 85% of RISE patients are school-aged children. Presently, 70% are Medicaid and are serviced through the Community Mental Health (CMH) system. 30% are serviced through private insurance or private pay, inside residential facilities, inside prison systems, and/or for our local courts. *RISE* offers 1:1 patient therapy, family training, ABA Assessment, and ABA case supervision services for children ages 2 -20 diagnosed with autism.

Referrals: Patients are received at *RISE* through referral from Community Mental Health for patients with Medicaid, direct inquiry from the patient for patients who have private insurance, or the courts typically, on a first-come-first-served basis, after determining that *RISE* has the ability to competently service the patient's clinical needs, can staff, has availability of physical space and desired time-slot space, and suitability to safety is considered.

Wait List

RISE does not maintain a wait list. Clients are accepted if RISE feels they can sufficiently resource upon acceptance.



RISE does not maintain a client wait list.
Clients are accepted into RISE upon referral if RISE determines RISE has adequate resources and suitability to
services is established.

COORDINATION OF BENEFITS

RISE does not accept conditions requiring multiple insurance payers.

RISE does not accept conditions that require 3rd party billing.

RISE accepts only a client's primary insurance and client is responsible for any balance not paid by the primary.

RISE is happy to provide coded invoices and billable progress notes so individuals can submit to their secondary to pursue their own reimbursements.

Medicaid Beneficiaries are Accepted on a Selective Basis

Thus, RISE policy as a Medicaid provider is to accept Medicaid beneficiaries on a selective basis; specifically, RISE chooses to not accept a beneficiary as a Medicaid beneficiary if that patient also has any other insurance (for example, commercial insurance) as RISE does not have the resources or knowledge to do the complicated funnel down billing and multiple payer service coordination.

Thus, be advised: When a Medicaid beneficiary has other insurance in addition to Medicaid, the patient's Medicaid and miHealth card are then not accepted by RISE, and the beneficiary must come to RISE under their primary insurance only, and the beneficiary/client is responsible for payment.

Medicaid is a payer of last resort, meaning they can only be billed after all other insurances are billed.

Failing to disclose other insurances in order to use Medicaid benefits first would be Program Eligibility Fraud.

Medicaid patients will be required to re-attest to insurance coverage monthly.

Additionally, the Medicaid patient has full responsibility to immediately notify RISE and CMH should they as a beneficiary attain other insurance while being serviced by RISE, or if Medicaid coverage lapses.

Private Insurance:

In-Network: Rates charged will be consistent with each private insurance contracted in-network rates.

Out-of-network and private pay: Rates charged will be RISE's current Usual and Customary Rates.

Missed Appointment Policy

Missed appointments are appointments that are not attended or cancelled with a full 24-hours' notice. <u>Private insurance</u> and <u>Private Pay</u> patients will be charged for missed appointments, due immediately and/or deductible from any existing retainer.

Retainer Policy

<u>Private insurance patients</u> who have a deductible, co-insurance, co-pay, uncovered service, or any expected payment balance liability, and <u>Private Pay</u> patients, are required to keep on retainer an amount that will cover the following 4 weeks of expected liability. RISE may suspend delivery of services for a lapsed retainer.

COORDINATION OF CARE

RISE is committed to providing high-quality, collaborative care. To ensure treatment is informed, consistent, and comprehensive, our organization actively coordinates with other professionals and service providers involved in each patient's care.

1. Initial Information Collection

At assessment and through records review, RISE requests or receives information about any additional services the patient is receiving. This includes:

- The name and type of service provider(s)
- Contact information
- Scope of services being provided (if known)

2. Consent for Coordination

RISE requests and first receives written consent via a HIPAA Records Release form from the patient's parent/guardian or legal representative in order to:

- Initiate or respond to communication with other providers
- Share relevant treatment information
- Obtain external records to support treatment planning

3. Sharing and Gathering Information

With appropriate consent, RISE will:

- Contact the patient's other service providers (e.g., speech therapy, occupational therapy, psychiatry, school staff)
- Share relevant information including but not limited to:
 - o Treatment goals and behavior plans
 - Progress updates and data summaries
 - Upcoming assessments or transitions
- Request information that may inform our treatment planning, such as:
 - Other professionals' evaluations, reports, or treatment goals
 - o Observations of the patient's functioning in other settings

4. Documentation

All communication and attempted communication with external providers must be documented via a HIPAA release form and stored in the patient's record. Documentation must include:

- The date and method of contact
- The name and role of the external professional
- The nature of the information exchanged or attempted exchange
- A copy of any written communications, when applicable

INTAKE PROCESS

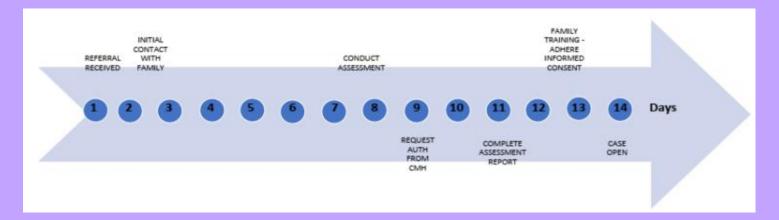
Referrals: Patients are received at *RISE* through referral from CMH, private insurance, or the courts typically, on a first-come-first-served basis, after determining that *RISE* has the ability to competently service the patient's clinical needs, can staff, has availability of physical space and desired time-slot space, and suitability to safety is considered.

Push to Intake: The patient file is then pushed to our intake supervisor who will contact the family to identify the service and schedule needs to begin the staff search process, identify the family availability for family training to assign to a family trainer, and schedule the first task of ABA Assessment.

Push to 1:1 Services: Once ABA Assessment has been completed and a suitable behavior technician has been secured, the family will be contacted to schedule case open and caseworker will be contacted to secure an authorization for 1:1 services. Case Open will be scheduled.

CASE HANDLING (referral to open)

Case Flow



What Day 1 - Case Open - Looks Like:

Prior Arrival

Supervisor Arranges and Confirms Case Open with All Parties Involved (family, technician, shadow person if applicable, and supervisor)

Supervisor Loads Initial Programming Into Data Collecting System

Meet 1h with Tech to:

Brief on Case

Train on at least Initial Programming & RISE Standard Behavior Emergency Plan (help/prompt/wait) strategy

Adhere/Confirm IPOS trained and signed

ABA Supervisor

Conduct a Family Guidance

Adhere all Permission Forms

Review Parent Handbook Explain what to Expect & answer Q's

Review PDD-BI Results (or save that for next FT

Confirm next family training

Begin Supervision

Day 1 Attendees:

Family Supervisor

Technician

Shadow Tech if Applicable

Behavior Technician

Begin RISE Initial Programming Begin Full ABC Data Draw for Behaviors Complete Supplies List with Parents Complete Training Area Form with Parent

Shadow Tech

For New Tech - As Initial Floor Training Support Assigned Tech

ABA CASELOAD DETERMINATION

ABA Caseload Determination Policy

To ensure high-quality, ethical, and effective service delivery, caseloads for Board Certified Behavior Analysts® (BCBAs®) and Board Certified Assistant Behavior Analysts® (BCaBAs®) must be determined based on the individual needs of each client, the complexity of the cases, and the level of supervision and support provided to staff.

1. Caseload Guidelines

Caseloads must be manageable and allow for the delivery of effective treatment, consistent supervision, and appropriate client progress monitoring. Caseloads will be determined based on:

- The intensity of client services (e.g., number of hours per week).
- Client needs and severity of behavioral concerns.
- Client treatment goals and complexity of programming.
- Availability and competence of direct support staff (e.g., RBTs).
- Amount of supervision and direct involvement required by the BCBA/BCaBA.

2. Recommended Caseload Ranges

Based on BACB guidance:

- Supervising 10–15 hours/week of ABA services per client:

 A BCDA result miss live and a service per client:
 - A BCBA may typically manage a caseload of 10–15 clients.
- Supervising more than 20 hours/week of ABA services per client:
 - A BCBA may typically manage a caseload of 6–12 clients.
- For **BCaBAs**, caseloads must be determined in coordination with the supervising BCBA and should be lower than BCBA caseloads due to their supportive role.

3. Flexibility & Professional Judgment

Caseloads may exceed or fall below these ranges when justified by factors such as:

- Client stability and progress.
- Presence of additional qualified staff (e.g., co-BCBAs).
- Level of organizational support and technology-assisted supervision.
- Use of group services or parent-mediated interventions.

BCBAs must use **professional judgment**, guided by ethical responsibilities and evidence-based practices, to ensure caseloads do not compromise service quality.

5. Ethical Compliance

This policy aligns with the BACB's Ethics Code for Behavior Analysts, specifically:

- Code 2.15: "Practicing within Scope"
- Code 2.11: "Avoiding Conflicts of Interest"
- Code 4.02: "Responsibility in Supervision and Training"

All clinicians must ensure that their caseloads support effective treatment and ethical practice.

SUITABILITY TO SERVICES: HOME

RISE offers home-site services. Access to services is given in patient home where the following necessary and suitable home-site delivery conditions and check list, can be met:

Necessary Service Delivery Conditions

- 1. RISE will have adequate resources available or attainable and appropriate staffing to service the site.
- 2. Tele-supervision is possible and allowed to ensure RISE can always get adequate supervision resources to the site.
- 3. Client being committed to at least 10 hours of services per week, where a session is not less than 3 hours long, so that *RISE* will be able to realistically staff.
 - a. NOTE: RISE <u>will</u> service sites for sessions shorter than 3 hours in length in-clinic. In-clinic sessions can be 2 hours in length minimum.
 - b. NOTE: RISE will service sites for less than 10h a week, in cases where the patient is entering a step-down level of care.

Home-Site Conditions Check List

When patients receive their ABA therapy in home, the home becomes a "classroom" for your child but is also a workplace for our staff, thus the below home-site conditions check list must be met:

- Home should have a designated "therapy area"
- Patient should be "therapy ready" at arrival (meaning they are awake, fed, clean diaper, and not engaged in a highly reinforcing activity such as watching television or playing on tablet).
- Tele-supervision must be logistically possible, and family must be ok with it it must be pre-authorized
- Pets must be put behind a closed-door during therapy sessions.
- The working environment must be adequate:
 - No current or consistent issues with insects/rodents
 - Sanitary considerations (e.g., no pet waste on the floor, not working in a bedroom with a wet bed, garbage pile up in the training area, etc.)
 - Must have active utilities electric, heat, water, access to fresh air
 - Bathroom facility
 - No strong odors (including heavy smoke)
 - No questionably legal activities or domestic issues occurring during therapy
- Site is determined suitable to safety

SUITABILITY TO SERVICES - PATIENT

Patients have a right to receive mental health services suited to his or her condition.

Sometimes patients are received into RISE for services under conditions that RISE does not or is not qualified to address.

Sometimes a patient has a comorbidity that is predominate over autism that makes ABA inappropriate or unsafe.

Sometimes a condition exists that is medical versus behavioral, making ABA inappropriate.

RISE may identify other needs at intake or assessment.

The needs may become apparent through day-to-day services delivery.

A family may request certain services or help that RISE does not provide or is not qualified to provide.

In these cases, the patient and payer will be notified in writing by RISE, referring the patient to more appropriate services.

The family will be advised to check with the payer to obtain a list, information, or referral to agencies that provide the more appropriate care. If RISE knows of a provider, with patient consent, RISE may refer or suggest that provider.

SUITABIITY TO SERVICES: SAFETY

In order to service a patient, RISE has to determine suitability to safety and determine that we can safely deliver ABA. RISE has a duty to the safety of everyone inside the training environment, including the patient, other present patients, staff, family and any incidental individuals in the environment.

RISE uses an LRE>MRE (least restrictive to most restrictive environment) continuum to help determine safety measures.

L	
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M O S T

Level	Trainer	Supervisor Oversight	Parent In-Session	Locations	Materials & Equipment
1	Technician	10-20%+	N/A	CLINIC: Group OK HOME: Separate Area, less distractions and dedicated/conducive to training and learning	Standard
2	Technician	15-20%+	N/A	CLINIC: Individual Room HOME: Separate room dedicated to training. CMH FACILITY: Same	Tables & chairs and only training materials in a crate or carry bag. Large reinforcers outside room for pull in. Open greater room during nonbehavioral moments.
	One Technician	15-20%	Parent required to sit in session. Some FC* required during each patient session.	CLINIC: Individual Room. Only into greater area for escort to bathroom. If necessary for safety, use code word w	Remove all items from room except picnic table. If necessary to remove picnic
3	1-Tech + Intensive Supervision	25%+	Some FC* required during each patient session.	other staff so they can separate & secure other children during transitions.	table, replace seating with balls. Trainer materials only, in a crate or carry bag.
	Two Technicians	15-20%	Some FC* required during each patient session.	HOME: Separate room dedicated to training. CMH Facility: Same as Clinic.	Use small quickly manageable reinforcers only.
4	Tele- Technician (behavioral reasons)	15-20%	Some FC* required during each patient session.	HOME: Separate room empty of all objects and dedicated to training.	Room Equipped with computer and internet sufficient for tele.
5	Intensive Family Centric (FC) only	5-8h Per We	ek	100% Tele	Access to computer or tablet and internet sufficient for tele.

*Family Centric (FC) is an intensive family centered training program (8h/w), where parent serves the role the behavior technician would – doing the work with their own child. Supervisor delivers guidance to that in the form of intensive family training, including ABA and autism curriculum, and training in their own child's programming + direct supervision guidance to the family's work with their child, similar to what a supervisor would do with a technician. Families who do 48h in FC will have received all the trainings a behavior technician does, and thus will receive a 40h training certificate, just like technicians get. FC is intended to be a 5-8h a week program.

UTILIZATION & MAKEUP

The policies below are RISE Policies (not CMH policies).

RISE has these policies because overall consequences to failed utilization are serious clinically and operationally.

Therefore, RISE has the following fixes and policies to lower utilization risks.

What is Utilization?

Medicaid mandates that a patient's use of the prescription (called their "utilization") is expected to be at 100%. Medicaid strict mandates that services cannot be delivered in an amount at or below 75% of the authorization, on average. For example, if a patient is authorized for 10 hours of week of therapy, 100% utilization will be that the patient has received all 10 hours when averaged. If that patient is receiving only 7.5 hours on average, the patient is at 75%, and when at or below 75%:

- 1. Patient's therapy effectiveness is compromised
- 2. RISE is out of compliance with Medicaid law and at risk of serious sanctions

About Makeup and Substitutes

RISE policy is to always offer session makeup when there is a cancellation because RISE strives to make sure to offer patients their full prescription amount, as RISE as Medicaid law requires.

Our policy is that if RISE cancels, we MUST offer you makeup opportunity.

If the family cancels, we SHOULD offer makeup.

It is always family choice to accept or decline any service session, including offered makeups.

A simple "no" will be respected

When patients miss sessions, RISE's ability to do makeup may be limited by staffing availability as RISE Staff typically work more than one patient case and may or may not have extra availability. Substitute staff will be offered when and if available. Again,

It is always family choice to accept or decline a substitute behavior technician.

A simple "no" will be respected.

ALL MAKEUP AND SUBSTITUTES ON SHIFTS MUST BE ARRANGED BY RISE ABA SUPERVISORS
AND NOT THROUGH RISE BEHAVIOR TECHNICIANS.

Utilization %	Time Length	Status	Action			
85%	Any	Low Risk	We will alert you that utilization is falling low and we will offer you makeup time, if staff is available.			
77% or below	For 1	At Risk	We will alert you that utilization is at risk, and we will ask you to consider either: 1. Scheduling makeup time to bring utilization up above 80%, if staff is available. 2. Discuss with your caseworker reducing your authorized hours to match what you actually use			
			We will alert your CMH caseworker that you are at utilization risk so they can assist you with solutions.			
75% or below	For 1 months	High Risk	If an average of 25% or more of sessions are missed, resulting in utilization average at 75% or less for 1 months, we will alert the CMH of high-risk utilization, request entry into a new Services Participation Notice with plan to bring utilization risk to "at risk" within 30 days.			
Refusal of SPN			With refusal or no response to enter into a Services Participation Notice that will bring the case minimally up to "at risk", the Notice serves as a 15-day notice of discontinuation from the RISE program.			
Failure of SPN			After entering into an SPN, if it fails, RISE will: Offer to convert the case to an intensive Family Training only case, or Issue a 10-day notice of discontinuation from RISE programs.			

SERVICE CANCELS & NO-SHOW TO SERVICES

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When RISE Staff Cancels or Arrives Late

- *RISE* has staff policies and procedures in place to promote proper notification of a staff absence, and *RISE* will in turn make every attempt to give our families proper and timely notification.
- When WE cancel, we <u>will</u> offer the family make-up time or a substitute, whenever possible, that the family can choose to accept or decline.
- Our staff is expected to arrive 5 minutes prior patient session to prepare their work, so they can then greet the patient at
 service scheduled start time. If a staff is repeatedly or consistently arriving late, RISE would like the family to please notify
 their ABA Supervisor, ABA Family Trainer, or notify our Well-Check Supervisor during the Monday check-ins.
- RISE staff are expected to stay until the end of their shift and to not leave early.

When Patient Family Cancels

- If a family needs to cancel services, the family should contact *their* ABA Supervisor and/or their Behavior Technician an hour prior the assignment to prevent a wasted trip and to prevent being considered a no-call-no-show (NCNS).
- As a work policy, our technicians cannot call themselves off their own workday. They have a time off process and must be released from work by their employer.
 - Be aware that your canceling to get your staff the day off may result in them just being assigned as a substitute
 somewhere else, so it may only result in depriving your own child their therapy.
 - Be aware that all cancels affect the case utilization, and where we have a mandate to balance utilization, it could be compromising to your services stability.
- When FAMILIES cancel, we <u>should</u> offer make-up time and we may make ourselves available to the parents at a time that works for parents. It is always the family's right to take advantage of that offering or to decline.

Patient Late Arrival

Parents should contact their ABA Supervisor immediately, but no less than an hour prior the session, to cancel services or to inform of running late and to request the session be held for their late arrival.

- RISE will do our best to work with the client to adjust services as needed.
- Calling and altering service time is not a guarantee that a technician will be available for the alteration. Our technicians typically have multiple assignments or other jobs or responsibilities that will prevent them from staying beyond the time they were initially scheduled. RISE also typically has patients waiting for service, so the time may be reassigned to get services out to another patient.
 - A technician is only paid for a 15-minute wait, so if the delay asks them to give of their personal time, they may choose to not wait beyond 15-minutes.
- If a patient has frequent late arrival that results in unreasonable non-billable level of company expense (paying staff to wait) and/or interferes with the potential services of other patients, we may discontinue the courtesy of the 15-minute wait. We may request that you alter your service hours to remedy the situation. An alteration to service schedule does not guarantee availability of a technician nor immediate availability or acquiring of a new staff.
- If a patient is not onsite at the scheduled arrival time, and <u>has not</u> contacted *RISE* to notify or make alternate arrangements prior to service start time, the client will be considered a <u>no-call-no-show</u>.
 - Our staff will wait onsite for 15 minutes for patient to arrive.
 - Our staff will contact their ABA Supevisor to see if the patient family has left message concerning the session.
 - If client has not left a message, the ABA Supervisor may choose attempt to contact the client to get arrival and session status if they believe there has been a scheduling confusion. Ultimately arriving for session on time and consistently is the client responsibility.
 - o If at the end of 15 minutes, client has not contacted nor showed, *RISE* staff will cancel the session, and mark the appointment as a family no-call-no-show (NCNS). Your staff will be reassigned.

RISE No-Call-No-Show (NCNS) Policy

- Definition No-Call-No-Show (NCNS): A no-call-no-show (NCNS) for services is cancelling less than 30 minutes prior the
 appointment more than once, cancelling or notifying after the appointment start time, showing up for services more
 than 15 minutes after scheduled start time without contacting RISE and having made late arrival arrangements that
 RISE also agreed to, or not showing at all.
- RISE requests that if families do not want their scheduled service shift, to please contact the ABA Supervisor or technician 60 minutes prior the appointment start time, so RISE has opportunity to offer the service time to a waiting patient and/or to prevent staff drive out to the site.
- RISE typically does have patients waiting for hours and staff, so when a service slot is dropped without proper and timely cancel, it deprives another child of an opportunity to grab that slot and receive their medically necessary service.

- RISE staff typically drive as much as an hour to work, and when they arrive at work but end up with no work, the staff loses income and also incurs a gas cost, as does then RISE. Repeated NCNS or late cancels for services is a known contributor to staff retention loss and turnover, or to staff requesting to be removed from the case and re-assigned. When a staff requests a new case due to repeated work loss due to NCNS, you may lose your staff. When a staff quits due to repeated work loss due to NCNS, multiple children's medically necessary services are likely to collapse.
- Therefore, to protect the integrity of all patient's right to their medically necessary therapy, RISE has the following No-Call-No-Show (NCNS) policy:

Three (3) No-Call-No-Shows (NCNS) to ABA services with RISE within any 6-month span of time, measured beginning the first instance of a NCNS, will result in a Services Participation Notice with a 15-day notice to discharge from RISE services.

Snow Closures

At *RISE*, our goal is to deliver high quality ABA on a consistent basis for an effective therapy product and to ensure we are delivering the patient's full amount/scope/duration, as we are mandated to do under Medicaid law (it's called Utilization).

RISE is Essential Services and will very rarely close for snow days.

- Our snow closure policy is consistent with general business and local health, which rarely close due to weather related events,
 versus with Public School policy which often closes.
- Consider RISE Snow policy akin to "University Policy". Snow, ice or wind do not typically result in a cancelling of classes or
 a closing of campus. All three together in severe and extreme rare circumstances might cancel some classes, and very
 rarely close a campus.
- If local public schools are closed or State offices are closed for weather, it <u>does not</u> mean *RISE* is closed. As a matter of a fact, when school is closed, our parents typically indicate they would prefer to extra ABA training, not less.
- If other general businesses and health organizations (e.g. McDonalds, Walmart's, banks, local doctor's offices and urgent care, etc.) are open and staffed, our goal is also to be open and staffed.
- If the State Police shut the highway down RISE will close.
- RISE Staff are not allowed to cancel their shift through their patient or have their client cancel for them.
 - Clients do not cancel your child's services for the purpose to help your technician get a day off, for any reason. Be aware, cancelled services can compromise your child's utilization and the stability of your child's services. Be aware that if your services are cancelled, it doesn't mean your technician is off work. They may be assigned to another site.

CLINICAL

RISE BLOCKSTM (RISE DELIVERY STRUCTURE)

3-HOUR SCHEDULE (REPEAT FOR ADDITIONAL HOURS)

Activity	Enter your Specific Activity/Theme	Time Amount		Check Completed
Transition In / Snack (if family provided one)		15 minutes		
Rug Time OR Intraverbal "how is your day?" for older		15 minutes		
Self-Management	Yogarilla BRT Grounding Timed Breathing <u>Other:</u>	15 minutes		
Any Journey Programming		15 minutes		
<u>Gemiini</u> OR Large Curriculum	Gemiini Zones Superflex MM Kidz Sheriff Program Homework ABA Overcoming Obstacles Soft Skills to Work Other:	15 minutes		
Center 1 – Interactive Music/Dance/Role-Play		15 minutes (10m <u>activity +</u> 5m cleanup & transition)		
Center 2 – Craft/Science/Math Activity		15 minutes (10m <u>activit</u> cleanup & transition)	<u>ty +</u> 5m	
Center 3 – Puppet Story Time / Reading+Comprehension		15 minutes (10m <u>activity +</u> 5m cleanup & transition)		
Outside Large Motor / (All kids outside during summer unless outside activities CXLD by admin or parent_for safety – or client is behaviorally a safety risk)	Walk Outside I-Spy Kickball Toss a Baseball/frisbee Sidewalk Chalk Bug Hunt Bird Watching Water Play Shadow Tag Fly Kite Other:	15 minutes	Minutes	RISE ABA Meals Blocks TM For Clients who Attend during Meals
Handwash Chain (if already trained, quick wash & go right into Journey Programming)		15 minutes	10	Hand Washing Forward Chain (Standard Programming)
Any Journey Programming		15 minutes	10	Setup & ID Food & Related Items
Gemijni OR Large Curriculum	Gemiini Zones Superflex MM Kidz Sheriff Program Homework ABA Overcoming Obstacles Soft Skills to Work Other:	15 minutes	20	Eat Utensil practice – Manners Practice (individualize length of time) Clean Up Meal and Table
			10	Teeth Brushing Forward Chain (Standard Programming)

RISE ABA SUMMER DAY CAMI

RISE ABA Summer Day Camp will be offered across 8 Fridays in months June, July, and August each year. For 2025, those dates will be:

> June 20th, 27th July 11th, 18th, 25th Aug 1st, 8th, and 15th



2020 Summer Camp Sessions

9:00am - 3:00pm Friday's: June 19, 26 July 3, 10, 17, 24, 31 August 7, 14, 21

Reservations Required

Camp Spaces are Limited

All Attendees must have a 1:1 Behavior Tech Assigned

To Reserve

Advise your ABA Supervisor and/or Email t@RISECenterForAutism





RISECenterForAutism.com

RISE Summer ABA Camp History

A parent came to me in 2017 in tears because her autistic child was denied enrolling for a summer camp for children with disabilities due to the child's behaviors. Well we're not scared of behaviors at RISE as we specialize in both Applied Behavior Analysis (ABA) and Autism; behaviors are our business. I wanted to give this one child a camp opportunity, so I decided to create an ABA infused summer camp. My hope was that just one more family would sign up to make the weekly hour-long trek to the RISE Center in Houghton Lake so we would have the socialization piece. I was amazed when every RISE child signed up for camp. dedication of our parents to their children, and their appreciation for the opportunity, was truly humbling.

2017 became a yearly repeat, and RISE families begin asking for their reservations long before Spring hits.

For 2020, we are excited to be able to additionally offer the RISE Camp to children in our own local community as RISE is now servicing Northern Lakes CMH.

RISE ABA Summer Camp is structured around RISE Standard Programming and *RISE* Blocks[™] featuring Behavior Relaxation Training on Balls (BRT), Yogarilla, SuperFlex Social Skills, and Zones of Emotions. We add social interactive opportunities through our Super Science/Crafts sampler, an Action! Block, Group Music, a Gardening Club, and the Kidz Prepped Picnic.

Camp facilities include a fenced picnic area, lake access for wading and fishing, a large nearby community park, and a rural northern Michigan camp ambiance for traditional camp activities like science, arts and crafts. campfire and smores, and nature exploration.

RISE ABA Technicians are all highly qualified and receive over 40 hours of registered behavior technician (RBT) training. We maintain a 1:1 camper/technician ratio.

> Dr. Margaret Ficaj, Ph.D., BCBA, LBA Chief Clinical

Morning Camp

9:30am - 12:00pm Sensory Stations Gardening Club Zones of Emotions Competition Table

Kidz Picnic

12:00pm - 1:00pm Kidz Prepare Kidz Eat Together Kidz Cleanup

Afternoon Camp

1:00pm - 3:00pm Action Block! Sensory Stations Group Music SuperFlex Social Skills Super Science & Crafts Sampler

GARDENING CLUB

An ABA NET program where kids learn plant life, soil, weather, related insects, and gardening in team format. ABA Focus: We're doing small motor skills, feature-function-class, sequenced instructions, and working as a social team.

SUPER SCIENCE/CRAFTS SAMPLER

Make candles*mini canoes*Tie Die T-Shirts*erupting volcano*stress shaker bottles*make knots*bird feeders* finger printing*stress balls*sock puppets*mosquito traps* magic milk experiment*excavate dinosaur eggs create a minnow habitat*explorer kit*magnet project ABA Focus: Listener respond, sequenced directions, Intraverbals. small motor, group

ACTION! BLOCK

Parking Lot Obstacle Course Kite Flying Red Rover Game Soap Boat Races Shape Scavenger Hunt Brikz Competition (Legos)

RISE Hoops Hero's Visit

Life Size Chess/Checkers * Parachute Ball Bounce Shadow Measuring * Bubble Magic *Gold Rush Rocks

ABA Focus: Sportsmanship*Group*Turn Taking Problem Solving**sequencing instructions*Social Play Initiate/Respond with Age Peers*conflict resolution

SENSORY STATIONS

Three 5-min rotated sensory stations (Swing/Squish/Sp BRT & Yogarilla: Tactile)

ABA Focus: Transition adjustment desensitize personal space & motion. self-regulation and relaxation, large and small motor skills, cleanup

SUPERFLEX SOCIAL SKILLS

 Superflex is a curriculum based on cartoon characters that live in "social town" where children learn socially acceptable behaviors and norms through interactive and fun activities.

GROUP MUSIC

Interactive group music including hand or body motions (e.g. Going on a Bear Hunt!) or instruments (eg maracas!).

ABA Focus: Listener Respond, Imitation; group

ZONES OF REGULATION

Zones is an interactive and fun curriculum that includes behaviorbased strategies to develop emotional awareness and self-management





ZONES OF REGULATION





Foam Fort

Theatre

Hopscotch

As a team, the children take roles in preparing a fun together, and cleaning up afterwards. the food game for children with selective eating.



meal for the group, setting the picnic table, eating small campfire if we can keep it safe and incorporate

RISE "HANDS OFF" POLICY

RISE is a "Hands Off" organization.

RISE does not implement physical management procedures to control behaviors.

This policy is not to:

- Be confused with need for kind hands assist, for example, with a full physical prompt or wiping for toileting
- Prevent a staff from using positive and non-intrusive, non-restraint, or non-seclusion component strategies in programs such as CPI and QBS for crisis prevention, de-escalation, or minimization.
- Prevent a staff from doing whatever necessary to protect a patient or anyone in the environment in an immediate
 eminent harm situation. By eminent harm, we mean someone would probably lose their life, a limb, or an organ
 without immediate action, and the action is either followed up with a call to 911 or paired with that call, and obviously
 an incident report and a self-report to Recipient Rights.

This policy is meant to:

- Make clear that RISE does not use physical management procedures to control behaviors
- Protect the client from restraint or seclusion
- To prevent use of restraint or seclusion to control behaviors

Because:

- The use of physical management, restraint, or seclusion presents a highly elevated potential for risk of injury to the client and staff
- Physical management to control behaviors is not ABA and is not a therapeutic intervention.
- It is unsafe to teach a client that it is ok to allow someone else to take physical control over you.
- It can be emotionally unsafe for the client and can create or trigger trauma.
- The social and physical attention inside it can inadvertently reinforce the problem behavior, causing increase and harm.
- The use of physical management and the control it produces can be reinforcing to the person implementing, which poses an elevated risk to the person the techniques are used on.

RISE Center for Autism

Problem Behavior Emergency Procedures

RISE CENTRAL LINE: 989-272-3073

LEVEL 1: Prevent the problem behavior from occurring:

- Know and follow any applicable Behavior Intervention Plan (BIP) closely (attention to prevent drift over time).
- · Preference assess & effectively (consistently per the prescribed schedule, immediately, descriptively, and varied)
- Be aware of any possible precursors to problem behavior. Recognizing precursor behaviors will potentially prevent more serious problem behaviors from occurring.
- Follow Incident Prevention Procedures
 - Incident Prevention Procedures
 - Minimize disorganization, clutter, and excessive stimulation
 - Engineer the Environment
 - Clear the training area of all dangerous objects or substances that could be used as weapons
 - Dress for safety (layer clothing, remove loose clothing and items, closed toe footwear)
 - Position trainers and equipment closest to the elopement exit, with training table in front of trainers and between trainer and patient
 - Carry a small pillow to place between trainer and patient if necessary for aggressive behavioral incidences
 - Practice Safety Habits to protect yourself (Elbow Check, Awareness, Positioning, Bite Prevention)
 - Check Emotional Reactions (Verbal Behavior, Physical Expression, Physical Behavior)

LEVEL 2: Problem Behavior is Occurring:

- If working in the home environment, summon parents immediately to assist with problem behavior management
- Implement any in-place and consented to Behavior Intervention Plan (BIP) with fidelity as written by the BCBA.
- Implement Incident Minimization Procedures
 - O De-Escalation procedures: Help Strategy (prompt patient to mand for what they need), Prompt Strategy (prompt to an incompatible), and/or Wait Strategy (Planned Ignoring).
 - Self-Safety Procedures use only specific QBS or CPI <u>Self-Safety</u> procedures that are not intrusive or involve restraint to the
 patient (safe approach strategies, safely avoiding contact, physical redirection skills, and releases from wrist grabs, clothing grabs,
 chokes, hair pulls, and bites), **ONLY if used properly per protocol and staff is trained and current with certificate to use.**
- RISE is a "Hands Off" company and RISE Policy Prohibits Physical Management Procedures (restraint; seclusion; intrusion; aversives)
 - Physical management will not be written into any patient plans.
- Following any incident, record appropriate behavioral data & additional details in SOAP notes in progress report
- Following any incident requiring incident minimization procedures, fill out incident report
- Following any incident decided to be highly concerning or unusual, fill out an incident report
- If the patient rights may have been violated in any way, fill out a recipient rights complaint in addition to an incident report
- Alert your BCBA.

Level 3: Problem Behavior requires "EMERGENCY INTERVENTIONS" ONLY AFTER implementing Plan/BIP fails to reduce the risk of serious or non-serious risk of physical harm

- <u>Discontinue</u> session immediately in any circumstance where imminent danger or harm becomes apparent; otherwise discontinue session per written plan, BIP, or company policy.
 - o DO NOT exit and leave the patient unattended; Patient must be turned over to the parent or responsible adult
 - DO NOT exit the worksite without your supervisor direct permission; instead go out to your vehicle and wait on the site and contact your supervisor for advisement on how to proceed.
- <u>Contact 9-1-1</u> in any "emergent" or emergency situation an instance where an individual is at <u>imminent risk of physical harm</u> or where <u>client or anyone</u> in the training has been harmed requiring medical or emergency response.
 - o If use of law enforcement for emergency intervention occurs more than 3x in 30 days, request review and modification of IPOS.
- Contact your immediate ABA Supervisor
 - o For Immediate or Urgent issues:
 - Contact your immediate ABA Supervisor directly by phone AND via text AND email
 - When your immediate ABA Supervisor cannot be reached, contact CENTRAL LINE 989-272-3073 and explain that there is an emergency and you need assistance AND send an email to Forms.RISE@gmail.com
 - For Issues that can Wait a Response:
 - Contact your immediate ABA Supervisor directly Or email or call the CENTRAL LINE (989-272-3073)

PATIENT SERVICING POLICIES

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Parents Pack Supplies and Meals Daily

No Storage

Parents are expected to pack adequate supplies and meals for their child and send them daily. *RISE* does not provide storage for groceries, supplies of diapers or wet wipes, change of clothing, etc. We recommend parents get a backpack to send daily supplies in.

Send Supplies Daily

Supplies may be items such as a sack meal, diapers, wet wipes, a change of clothing, winter gear, summer gear, etc. Supplies cannot include personal items or toys (see below section regarding personal items, toys, and preference items). If sending diapers, please plan on sending in 1 diaper for each hour, as we do an hourly check. We will send back what we did not need to use.

Send Meals Daily

RISE has across-the-clinic meal blocks, which means all clinic-based children eat a meal at the below times:

Lunch Block = 12:00 – 12:30p (parents provide lunches)

Off School Bus Transition Snack – Single serving of cracker or chip type food and cup of water (provided by RISE)

Dinner Block = 5:00pm – 5:30pm (Parents provide dinner)

Meals NOTES:

- Meals sent from parents should be a cold or microwaveable meal.
- Meals will be offered in whole unless there is a documented medical advisement to do otherwise. This is because withholding any portion or type of food provided for a meal, for any amount of time or at any time, is restricting access to meals and a violation of recipient rights. Thus, *RISE* will not withhold meal delivery or any components. You may be wondering why someone would ever want to withhold? Take, for example, if a parent sends a dessert as part of the child's meal. *RISE* will not withhold the dessert until the end of the meal nor will *RISE* make the dessert a reward for eating other items or eating them first.

No Personal Toys or Play or Preferred Items Brought into Session

No personal toys, play items, or preferred items can be brought into *RISE* ABA training sessions. This includes a child's preferred "stimming" items, stuffed animals, phones, tablets, and any other toys or preferred items.

Preferred items cannot be brought in and left in the child's backpack.

Why?

Having personal preferred items in session interferes with effective programming by limiting the strength of the reinforcers offered during training.

Parents must be the ones to take any items away from the child before the parent exits, and must take the items home with them.

RISE staff cannot take personal items away from the child.

Sometimes we have older more self-sufficient children whose parents prefer they carry a phone for emergencies. In this case, the patient still cannot have that technology with the child during the session. **Parents** must either:

- Take the item from the child and take it home during session to give back to them after they get home, or
- Take the item from the child and parent gives it to the staff and ask the staff to store it in a cupboard until the end of session (*RISE* staff will store an item in a cupboard but accepts no responsibility for the item or for remembering to send the item home at the end of the session), OR
- If the child arrives on their own so the parent is not there to take the item. The parent must engage in a phone call with the child, and the parent must advise the child to give the item to the staff until the end of session. The child must then voluntarily initiate to offer the item to the staff upon the parent's direction to their child, as the staff cannot take the item from them. The staff will store the item, but again RISE accepts no responsibility for the item or for remembering to send it home at session end.

Schedule Changes

RISE hires, trains, and reserves staff for requested and specific session days and times.

- Changes to an established schedule require a 2-week notice.
- RISE will accommodate the change within the 2 weeks, if staff and clinic physical space is available.
- If staff or space is not available, any changes may result in a gap in services until availability opens.
- No schedules or schedule changes are considered temporary.
- Families are not promised availability of service times or clinic space, specific staff, general staff availability, or adequate and immediate return of the previous resources, at any time that they change their schedule.
- School-aged children's schedules are not typically shifted to day service during the summer break, so to preserve the patient service space and resources for when school resumes.

Where Therapy can Occur

Regular delivery of *RISE* Services must occur only (per our insurance rules), either:

- 1. At the *RISE* Clinic
- 2. At the patient's legally listed place of residence

This is because we have a legal duty to always be ADA compliant (Americans with Disabilities Act), which protects the rights and vulnerabilities of people with disabilities by placing facility safety standards on buildings where the commercial service is being delivered, and responsibilities on those delivering a commercial service to individuals with disabilities (such as ABA therapy). The *RISE* facility has been upgraded and site-inspected to meet all ADA facility requirements. A patient's legally listed residence does not require ADA compliance upgrades. All other sites would, so using alternate sites puts us in a liability risk we cannot assume.

This does not prevent outings, or "field trips", per se, as these are incidental to regular therapy delivery.



School vs ABA

School is compulsory and the law is clear ABA cannot interfere with a child's education.

RISE will not provide ABA during a child's regular school hours. ABA services for public school children must take place after school is released. Homeschooled families must submit a supplement / non-supplant form detailing and testifying to their school hours or homeschool hours versus ABA training hours.

School is the Department of Education. ABA is the Department of Health. School teaches education goals. ABA is therapy where skills specific to the 3 pillars of autism are trained and problem behaviors are remediated. While targets or goals between ABA and school may sometimes appear to overlap, approaches and purposes to teach or train the goals will differ.

For example, when delivering Homework ABA Style, RISE will be working on behaviors related to attending to and completing homework, not the homework itself. Our technicians are not qualified to, and are not allowed to, teach or tutor your child's homework content – that is what the school does. Your technician will not track, assist your child to understand, teach, or guarantee or ensure correctness or completion of your child's homework. Those responsibilities remain between the parent, the child, and the school.

RISE School-Aged Hours Policy (ages 6-16)

RISE will not provide ABA services to any child aged 6-16 during regular and typical public-school hours (typically prior 3pm but aligned with whatever time local public schools release), regardless of whether the child attends a public school, private school, or is homeschooled. A child cannot exit the school early to attend ABA. The below policies also apply to a child over the age of 16 if that child attends a brick-n-mortar school or online public school, to avoid Medicaid double-dipping hazards.

Exceptions:

- 1. The patient is a private insurance patient, and the private carrier allows overlap. In this case services will be delivered consistent with what is allowed by the private carrier.
- 2. Through a signed ABA Provider Contract with the ISD, for services paid for by and through the ISD and the Medicaid Caring 4 Students (C4S) program.
- 3. If there is an Individualized Education Plan (IEP), and it is specifically written into that IEP that the child has a "modified school day". That modified school day must specifically state what the modified school hours are, so that ABA hours can be easily determined counter to that. For this exception, the family must be willing to provide the IEP for the patient file. The State of Michigan Supplement/Supplant Compliance form will be filled out and placed in the patient's file alongside the corresponding IEP.
- 4. If the patient is home-schooled and a sufficient Supplement/Supplant Compliance Form is filled out, signed, and placed in the patient file.
- 5. If there are emergency or disaster related altered school day/time terms, such as remote and/or asynchronous school days in accommodation of safety during CoVid. The State of Michigan Supplement/Supplant Compliance form will be filled out and placed in the patient file.

This is a RISE policy (not a CMH policy) and we have arrived at this policy to comply with Medicaid law and for several reasons:

- School is compulsory, and Medicaid Behavioral Health Treatment (BHT) law is also clear that:
 - ABA can only supplement education; It cannot supplant education.
 - o BHT benefit cannot be provided while a child is in school.
 - ABA cannot be provided, "...when the child would typically be in school but for the parent's/guardian's choice to home-school their child."
- Medicaid paid ABA services cannot overlap (double dip) with other government paid services, by law.
- Violations to school attendance are very serious, so it is crucial we operate to best guarantee our company compliance at all times.
- *RISE* operates with a clear guideline and clear separation of the services, and we are going to accomplish that through the above across-the-board *RISE School-Aged Policy*.

The school is not a medical environment, and RISE has no training control over the school environment outside a services contract with the school. As RISE only provides ABA, and ABA is a licensed industry, for safety, liability, ethics, and license compliance reasons RISE cannot advise nor consult with schools regarding patient behaviors within the school setting, nor will RISE try to address behavior issues at the school outside of a contract for ABA services directly with the school. Families should address school issues within their Individualized Education Program (IEP) process to determine what supports/services the school can or should provide and should connect with the school's autism or behavior specialist to address behavior issues at school. RISE is happy to provide the school with a copy of the patient's most recent treatment and/or behavior plan, with parent release. Parents can invite their school to their family training meetings as an observer to what the family is trained on.

HOT TIP: Special Education Medication Services is an excellent resource to advocate for families to get services in schools that meet the special education student learning and behavioral needs, including IEP facilitation, mediations, addressing IDEA violations, and walking you through Due Process access to your special education rights:

https://www.mikids1st.org/ 833-KIDS-1st OR 833-543-7178

Patients in Service and Relatives Working for RISE

RISE policy is strict that RISE will not have both a patient in service and a relative working for RISE. The conflicting roles clearly cause dual relationship hazards that have a high probability of negatively impacting treatment efficacy. It must be one or the other. Priority will be given to the individual already positioned with RISE.

- If a patient is already in service with RISE, a relative cannot be offered work or hired in.
- If an individual is an employee of *RISE* and a relative is referred in as a patient, the employee will be asked if they prefer to continue to work or if they would prefer to resign so the patient can come into service.

Community Outings



At *RISE*, we want to integrate our patients into the community as much as possible. We do not restrict to a-priori or specific settings, but instead strive to expose our patients to varied settings to maximize treatment outcomes for the individual. Therefore, we encourage and create opportunities to take patient's out to community settings and to events.

ABA Supervisor Consent for Staff to Service Outside Assigned Workplace

RISE technicians must get all outings or "field trips" pre-approved by the case assigned ABA Supervisor if they will not be at their assigned regular work site. They must be able to explain the clinical need for the outing and what programs will be delivered with data draw during the outing.

Only Outings Based on Clinical Need

All outings are required to match an honest patient clinical need and our staff are required to be able to deliver already written programs while on the outing. Purpose of an outing is to generalize taught ABA skills.

Clinically appropriate exceptions to Generalizing Taught Skills

- Friday fun day outings do serve the clinical need of delivering the end of week terminal reinforcer.
- If a related clinical need and goal is identified in the child's IPOS, then the outing is clinically appropriate.
- ABA Summer Camp outings, appropriate as being group and community social skills practice.

Transporting During Outings

Outings that technicians engage in should typically occur within walking distance from the regular training site and be activities that are free. Technicians at *RISE* technicians may NOT transport patients to and from the RISE Clinic or to and from any community outing.

RISE staff never ride with patient family in the patient family vehicle. If a staff chooses to do this of their own accord, they must come off the RISE employment clock during that time and do so on their own personal time.

Transport Programming

RISE does not write nor implement behavioral programs that are to learn safety during transport for insurance liability reasons. Nor will RISE advise parents on how to safely transport.

Costs & Purchases During Outings

RISE staff cannot pay for things for a patient or family while on an outing with a child, nor allow families to pay for anything for them. RISE staff will not be required do outings that incur unwanted expense or drive time for the staff.

Outing Liability Considerations

RISE staff cannot participate in an outing that increases RISE liability in terms of safety. RISE reserves the right to decline to do outings or activities that increase RISE level of liability beyond comfort level.

ABA is never delivered nor billed while wheels are rolling.

ABA is never delivered nor billed while inside a vehicle.

RISE staff never ride with patient family in the patient family vehicle. If a staff chooses to do this of their own accord, they must come off the RISE employment clock during that time and do so on their own personal time.

Patient Falls Asleep

If a patient falls asleep during ABA service, obviously we are not delivering ABA during that time. *RISE* staff will first prevent a patient falling asleep during training by engaging that child in up and active play.

Should a child fall asleep, RISE staff will wait for 15 minutes to allow a "cat nap" and then try to waken the child. If the patient continues to sleep beyond 15 minutes and will not wake with prompting, or the parent prefers the child is not woken when they fall asleep, technician will come off the billable clock and services will be considered cancelled for the day by patient. Parents will be contacted for pick up.

If a patient commonly falls asleep during therapy time, parents will be consulted to consider changing therapy session time or arrangements to accommodate the patient sleep needs.

Use of Terminal Reinforcers

Terminal Reinforcers are part of a reward system. The Terminal Reinforcer is what the child works for by first earning smaller reinforcers, then trading in those smaller or secondary reinforcers for a more valuable terminal reinforcer. Terminal Reinforcers are delivered two ways:

- 1. At the end of a session.
 - Use a tangible measure for earning: eg Token Board, stickers, or tallies.
 - Do not deliver an unearned Terminal Reinforcer. "Always Earned. Never Given."
 - End of day Terminal Reinforcer should be no longer than 15 minutes.
 - The child should be the one to make the exchange, as if they are "buying" something bigger with their tokens.
 - All staff are required to use a token board or Smiley Face Behavior Chart with their patient.
- 2. At the end of the week.
 - All staff are required to use a Smiley Face Behavior Chart (or other appropriate token system) with their patient.
 The Smiley Face Chart is not optional and technicians who choose to not use it because their patient cannot comprehend, must get that removal approved by the ABA Supervisor.
 - All patients using the Smiley Faced Behavior Chart (which should be all children) are offered an <u>earned</u> end of week Terminal Reinforcer.
 - "Friday Fun Day" is delivered through the Smiley Face Behavioral Chart only.
 - The child chooses the reinforcer, with the technician guidance, to keep it realistic.
 - The activity should be an activity without cost unless the parents offer to pay for their own child's cost in the activity.
 - End of week Terminal Reinforcers are delivered on Friday or the child's last day of service for week.
 - Maximum time allowed for the end of week terminal reinforcer is 1 hour for a full-time patient; proportionately less for a part time patient.
 - End of week terminal reinforcer activities must be approved by the ABA Supervisor.

Mutual Respect

Mutual respect is crucial for effective therapy and for a positive working relationship.

RISE Staff are forbidden to display disrespectful or uncivil behavior toward our families or their co-workers.

- Disrespectful behavior is behavior that is rude, unpleasant, inappropriate, or unprofessional. It is behavior that causes hurt feelings and distresses, disturbs, and/or offends others.
- Uncivil behavior is behavior that displays a lack of regard for others, is combative, or highly offensive (such as swearing at someone).

RISE expects families to show the same mutual respect toward RISE staff as staff is expected to show families.

Heated verbal arguments, swearing at each other, and physical altercations are examples of things that will not be tolerated on either side. Instances like this will probably result in an immediate separation of the staff from the patient site and could result in discharge for either party dependent on the severity.



CLIENT ASSESSMENT

CLIENT ASSESSMENT FREQUENCY

Each client receives an Initial Assessment and then a reassessment at least every 6 months or more frequently if RISE administration determines it is needed.

AGGREGATE ASSESSMENT OUTCOMES

With each assessment, the following information is required to be entered into RISE's Journey platform for Annual aggregate progress information across all RISE clients, to be used for changes to policies, practices, and clinical procedures, as determined Annually by RISE BOD, based on the results.

of Goals on Previous Assessment

of Goals Mastered

of Goals Continuing

of New Goals

ASSESSMENT INFORMS PATIENT PROGRAMMING

Every target identified in an assessment must be included in the patient's programming and data must be collected and documented on each target. This data is collected in RISE's in-house data collection platform Journey on a schedule dictated by the supervising behavior analyst based on patient-specific goals. The collected/documented data is essential to monitor patient progress and modify treatment as needed. Further, all treatment goals must be individualized based on the patient's needs.

Supervisors must plan for the generalization and maintenance of patient programming. RISE considers mastery of a target when the patient scores 90% of opportunities for 2 consecutive sessions. To demonstrate maintenance, supervisors will collect data on periodic probes of previously mastered targets as well as probing generalization (ex. Have a parent or a technician other than the patient's regular technician give the SD and record patient response).

All assessments must include an FBA section for each patient with behaviors targeted for reduction.

ASSESSMENT CONTENT AND FORM

Client assessments include a FAI interview, direct observation, protocol administration, analysis, and writeup.

1. FUNCTIONAL ASSESSMENT INTERVIEW

Supervisors must conduct a RISE Functional Assessment Interview (FAI) with all client assessments.

2. DIRECT OBSERVATION

All Client assessments must include a direct on-site observation portion.

3. PROTOCOL ADMINISTRATION

RISE uses only evidence-based, developmentally appropriate assessments to evaluate patient outcomes. Thus, when conducting an assessment, supervisors are to choose from these standardized, criterion-referenced assessments:

- VB-MAPP
- AFLS

- Essentials for Living (ESL)
- PDDBI
- VINLAND

Choose the assessment most suited toward the patient's individualized needs and in line with skill set.

4. ANALYSIS

The reassessment must measurably update client progress on ALL targets from the Initial Assessment as well as identify any new targets. An initial assessment must either state baseline or give a time period for collection of baseline data to inform the target.

5. WRITE-UP

RISE Assessments write-ups must contain a Deck Page, ABA Assessment Section, and ABA Treatment Plan Section, arranged with the below organization and subheadings and details:

Deck Page

- Demographics
- Reason for Referral
- Statement of Confidentiality
- Coordination of Benefits Disclosure
- Diagnoses*Allergies*Conditions*Medications
- Background Information

ABA Assessment

- Assessments of Concern & Records Review
- Direct Clinical Observation
- FAI Interview
- Assessments Conducted Description
- Skills Findings
- Behavior Findings
 - Operational Definition of Behavior/s
 - Behavior Remediation Steps
- Skills Assessment Grid
- Behavior Assessment Grid (if applicable)

ABA Treatment Plan

- Treatment Recommendations
- Statement of Clinical Necessity to Level and Intensity
- Authorization Request
- 1:1 Training/Technician Weekly Schedule Arranged
- Family Training Weekly Scheduled Arranged
- Treatment Goals
 - Settings and Mastery Criteria for all Goals
 - Goals for Problem Behavior Decreases
 - Plan for Behavior Decreases
 - Proposed Intervention Strategy
 - Delivery Protocol
 - Data Collection Procedure
 - Maintenance and Transferring (Generalizing) Procedure
 - Goals for Skills Increases

- Communication Related Goals
- Socialization Related Goals
- Stereotypy Related Goals
- Behavior Skills Related Goals
- Family Centric Goals
- Discharge Plan
 - Projected Duration of ABA Services and Discharge Criteria
 - Step Down Level of Care
 - Additional Discharge Criteria
- Potential Risks, Benefits, and Safety Concerns
- Parent Signed Informed Consent Page
 - Client meaningful input in selection of treatment goals
 - Disclosure (in layman's terms) that treatment outcomes cannot be guaranteed

R

Raising

1

Independence through

S

Skills

E

Empowerment

Center for Autism



1070 W. Houghton Lake Drive
Prudenville, MI 48651
989-202-4900
Contact@RISECenterforAutism.com

Functional Assessment Interview (FAI)

Staff Conducting Interview: Click or tap here to enter text.

Family Member/s Present: Click or tap here to enter text.

Date Conducted: Click or tap to enter a date.

Time Conducted: Time+AM/PM TO Time+AM/PM

Patient Name:

DO YOU HAVE HEALTH INSURANCE BESIDES MEDICAID/CMH? Choose an item.

Click or tap here to enter text.

If yes, what insurance? (get copy of insurance card): Enter Details

HEALTH RELATED

Does client have a primary doctor (PCP)? Choose an item.

If yes, who? Click or tap here to enter text.

What medications does child take; how do you believe it affect his/her behavior?

Medication	For this Condition	How it affects Behavior

Does client have any known and diagnosed medical conditions? Choose an item.

What are those conditions? Enter Details

What medical complications (if any) does child experience that may affect behavior:

- \square asthma \square allergies \square rashes \square sinus infections \square seizures \square teeth issues
- \square consistent illnesses \boxtimes constipation \square digestion issues \square Other

Enter Details

Re infectious disease issues and the client, infectious disease issues are: Choose an item.

If yes, what Enter Details

Does the client have drug or food allergies Choose an item.

If yes, what? Enter Details

Being seen by another <u>behavioral</u> health clinician (e.g. psychiatrist): Choose an item.

If yes, who? Enter Details

Are other individuals in the family diagnosed with autism? Choose an item.

If yes, who? Enter Details

Behavior health issues or histories with other bio family members? Choose an item.

If yes, who? Enter Details

AUTISM RELATED SERVICE HISTORY

Previous or present ABA services services? Choose an item.

With whom and when? Enter Details

How about non-ABA types or non-intensive autism related services? Choose an item.

What were they? Enter Details

EDUCATION RELATED INFORMATION APPROPRIATE TO AGE

Does the client have an IEP? Choose an item.

Are you willing to provide the IEP for our record? Choose an item.

Is client involved in other school-based interventions? Choose an item.

Were the school-based interventions effective? Choose an item.

Enter Details

SPECIFIC CULTURAL NEEDS OR IMPORTANT FACTORS

Are there any specific cultural needs or important factors? Choose an item.

Foreign Language Barriers? Choose an item.

Deaf or hard of hearing barriers? Choose an item.

Spiritual variables to consider? Choose an item.

Other? Choose an item. Enter Details

OTHER CRUCIAL INFORMATION PIECES

What community resources are currently used or are available to the client? (e.g., Support groups, social services, school-based services, other social supports)? Click or tap here to enter text.

Concerning relevant legal issues and the client, legal issues are: Choose an item.

Enter Details

EVENTS THAT MAY AFFECT THE BEHAVIOR:

Describe the child's <u>sleep cycles</u> and the extent to which these cycles may affect his/her behavior.

Enter Details

Describe the child's eating routines and diet and the extent to which these routines may affect his/her behavior.

Enter Details

On a scale of 1 - 10, to what extent do you believe your child's daily schedule is predictable for your child?

How does your child know this? Enter Details

	HOW D	OES YOUR CHILD COMMU	NICATE?				
To Request a Desired Item?	Enter Details						
To Request Help?	Enter Details						
To Protest?	Enter Details						
To Request Comfort?	Enter Details						
To Communicate Illness?	Enter Details						
To Show you Something of I	nterest? Enter Details	5					
What are the general commu	unication strategies your o	child uses? \square Verbal \square I	PECS □ Sign □ Proloquo	□Other			
How consistently ar	e the strategies used acro	oss <u>ALL</u> environments? 10	0% 75% 50% 25%	10%			
Enter Details							
Does your child follow verba	l instructions? Choose	e an item.					
If so, approximately how ma	any in a <u>sequence</u> ? 1	2 3 4+					
Is your child able to <u>imitate</u> s	someone demonstrating h	now to do a task or play wit	h a toy? Choose an ite	m.			
HOW DOES YOUR CHILD SOCIALIZE?							
Describe how your child play	s (with what? With whom	n? How often?)					
Enter Details	Enter Details						
Does your child have probler	n behavior when playing?	P Describe.					
Enter Details	Enter Details						
Does your child play alone?	What does he/she do?						
Enter Details							
Does your child play with adu	ults? What toys or games	5?					
Enter Details							
Does your child play with other children his age? What toys or games?							
Enter Details							
YOUR CHILD'S PREFERENCES:							
What are your child's favorit	What are your child's favorite things?						
Snacks	Toys	Items	Attention	Activities			

Snacks	Toys	Items	Attention	Activities

THREE PRIMARY PROBLEM BEHAVIOR CONCERNS:

	Behavior 1 (MOST concerning)	Behavior 2 (SECOND most concerning)	Behavior 3 (THIRD most concerning)
What do you call the behavior?			
What is the setting the behavior presents in?			
What do you think triggers the behavior?			
What is one thing you know you can do to prevent the behavior?			
Describe the behavior. What does it look like? What is the child doing?			
What do you usually do right after the behavior (like within 1 minutes)?			
What is the child trying to obtain?			
What is the child trying to avoid?			
What types of things have you or your child's care providers done, formal or informal, to try to change the problem?			

TREATMENT RECOMMENDATIONS

At RISE, clinical treatment recommendations for ABA services are based on clinical need, best practices in the field, and ethical guidelines. Recommendations regarding treatment dosage, setting, and intervention types are determined by objective, data-driven factors to ensure the best outcomes for our clients. However, RISE recognizes that other factors can impact client ability to participate in our clinically recommended level of services so our final/actual recommendation will include those factors.

Factors That Are Considered When Making Treatment Recommendations:

- Clinical assessment of client current level of functioning (Focused or Comprehensive) consistent with BACB recommendations.
- Research-based standards for effective intensity of treatment (final/actual recommendation must be minimum of 10 hours/week for clinical effectiveness).
- Client-specific goals, progress toward mastery and generalization, and barriers to success.
- Risk factors associated with insufficient treatment
- Input from caregivers, such as parents unable to commit to clinically recommended 40 hr/week treatment due to life factors (other children's needs, job commitments, school, etc) factor into our final/actual recommendation

Factors That Are Not Considered When Making Treatment Recommendations:

- Caregiver convenience (e.g., requesting services primarily to free up time for personal errands or rest)
- Staff availability or preference
- Challenges due to comorbidities outside of patient autism symptoms
- Recommendations of payors or other outside professionals
- Financial considerations or ability to pay/payor type
- Desire to "match" service levels of peers or siblings without clinical justification
- · Requests for services that are not evidence-based or outside the scope of ABA practice

All treatment recommendations must be documented in the client's treatment plan, along with clinical rationale supporting the recommended dosage, setting, and interventions. Supervisors and clinical staff must ensure that recommendations remain client-centered, evidence-based, and ethically grounded at all times.

BEHAVIOR REDUCTION

RISE requires that behavior reduction programs are conceptually systematic with applied behavior analysis, are informed by the best available contemporary research, are selected and/or adapted to reflect client values, are commensurate with the clinical expertise of the professionals responsible for overseeing and implementing the programming and incorporate evidence-based decision making in evaluating and revising programming. Refer to these Fade-Out plan guidelines when devising a behavior reduction plan for your client:

Fade-Out Plan for Behavior Reduction Programs

All supervisors are required to document a fade-out plan for each behavior reduction program. A fade-out plan outlines how intervention procedures will be systematically and gradually reduced while maintaining low or near-zero rates of the target behavior. The plan must include:

- Criteria for reducing intervention intensity (e.g., lower frequency of reinforcement, fewer prompts, less restrictive procedures)
- Steps for monitoring the individual's progress and behavior stability during the fade-out
- Contingency plans if the target behavior re-emerges
- Final criteria for full discontinuation of the behavior reduction program

Supervisors must review and update fade-out plans at least quarterly or whenever major changes occur in the client's behavior or environment.

Example of a Fade-Out Process:

Target Behavior: Aggressive behavior (hitting peers)

Current Procedure: Differential reinforcement of alternative behavior (DRA) with immediate reinforcement and 1:1 staff proximity.

Fade-Out Plan:

- 1. **Step 1:** Once hitting behavior remains at 0 incidents per week for 4 consecutive weeks, increase staff proximity from 1:1 to 1:2 ratio.
- 2. **Step 2:** If no increase in hitting occurs after 2 additional weeks, shift reinforcement schedule from continuous (every appropriate peer interaction) to intermittent (every 3rd appropriate interaction).
- 3. **Step 3:** After 4 more weeks without incidents, remove specific DRA reinforcement, maintaining only general praise during peer interactions.
- 4. **Step 4:** Monitor for 8 weeks post-fade for any recurrence. If hitting remains absent, formally discontinue the behavior reduction plan and document the successful fade-out in the client's record.

No Punishment, Intrusive, Restrictive, or Seclusion Techniques

RISE Staff cannot and will not implement punishment, unallowed or prohibited procedures with patients, even if families prefer or request. RISE staff can only deliver the ALWAYS ALLOWED procedures below. RISE Staff can never deliver the NOT ALLOWED nor the ABSOLUTELY PROHIBITED procedures below.

If a patient family delivers procedures NOT ALLOWED in ABA, RISE cannot partake or assist with those procedures and should step aside. RISE staff cannot partake in or be party in any way to the delivery ABSOLUTELY PROHIBITED procedures. RISE Staff are mandatory reports and have a duty to report, if appropriate.

ALWAYS ALLOWED	NOT ALLOWED	ABSOLUTELY PROHIBITED
	Considered Intrusive or Restrictive	ABA Prohibited Interventions
ABA Positive Behavior Support Intervention Strategies (PBIS)	or Seclusion	ABA Proffibiled interventions
Antecedent-based	Exclusionary Time-Out	Positive Punishment intervention
interventions	Negative Punishment	strategies that may cause lasting or
Behavior chain/task analysis	Non-Exclusionary Time-Out	permanent pain or damage,
Demand fading	Positive Punishment	including, but not limited to:
 Differential reinforcement (eg. 	Satiation / Satiation Intervention	Physical restraint for the
DRO, DRI, DRH, DRL)	Token Economy system with	purpose of behavioral control
Discrete trial training (DTT)	Response Cost	 Inducing physical pain such as
Error correction		the use of electric shock
Extinction		 Use of aversive or noxious
Function-based interventions	If a patient family or other facility	substances such as foul odors
Functional Analysis (FA)	delivers these procedures, RISE	Use of Loud Noises
Functional Behavior	Staff cannot partake or assist –	 Mouthwash or water mist
Assessment (FBA)	step aside.	
Functional Communication		
Training		
 Imitation training 	- c	
Modeling	Definitions:	If a patient family or other facility
 Naturalistic teaching strategies 	INTRUSIVE	delivers these procedures – RISE
(Net)	Techniques that encroach upon the	Staff cannot partake, assist, or be
Negative Reinforcement	bodily integrity or the personal	party to. End Session.
Non-continent reinforcement	space of the individual for the	party cor in a coordina
Peer-mediated instruction or	purpose of achieving management	
interaction	or control of behavior.	RISE Staff are mandated reporters.
 Pivotal Response Treatment (PRT) 		
Planned Ignoring		
Positive Reinforcement	RESTRICTIVE	
Prompting / graduated	Limiting the recipient's right to	
guidance	communicate or interact,	
Reinforcement schedules	withholding, limiting or restricting access to food, limiting a recipients	
Response Interrupt Redirect	of freedom of movement.	
(RIR)	or receding or movement.	
Self-management		
Shaping	SECLUSION	
Story-based	Temporary placement in a room,	
interventions/social stories	alone, where egress is prevented	
Token Economy System (TES)	by any means.	
Video Modeling		
 Visual Supports 		

Crisis Emergency Interventions during ABA

In an ABA session if a crisis situation emerges and rises to level of "imminent harm" (action is about to occur where someone may lose or permanently damage life, limb, or organ). RISE Staff have a duty to act with only these 2 options:

- 1. Implement Physical Management (then report yourself)
- 2. Request Law Enforcement Intervention (call 911)

Overlapping of Services

ABA services cannot overlap with other paid services, by law. Here are just some examples.

When Overlap Time Cannot Occur	When Overlap is OK
 HeadStart or related services 	CMH Casework + ABA Technician
 Speech 	 Playgroups that are not funded in any way by the
Occupational Therapy	government (assume HeadStart sponsored, and
Physical Therapy	school-based programs are funded!)
 Psychological Services 	
Doctor's Visits	
 School (pubic, private, or homeschool) 	
CMH Caseworker + ABA Supervisor	





Intake Information

	Last		First					Middle				
	☐ Male	Female	Birthdate			Age		SS # of Pati	ent			
Patient	Home Address				•	City				Michigan	Zip	
Ь	Patient Lives with:					Is there a	court order order or				Yes	□ No
	Email Address				Phone		mg contact ii	tire patier	Phone			
	2.114.11.144.1635				1				1			
							Dh 4					
Parent /	Last		First				Phone 1					
	Email						Phone 2					
Parent /	Last			First			Phone 1					
Par	Email						Phone 2					
	Medical & Allergies	Patient Uses:	Other	Conditio	ons 🗌 None	Othe	r Medication					
le le	☐ Asthma	☐ Inhaler							Physician'			
Medica	☐ Insects/Bee Stings ☐ Medicines/Drugs	Epi-Pen Benadryl							Physician'			
Patient Medical	Diabetes	Insulin								urance Plan,	/Group Na	ame
В	Seizures		Conta	cts/Glass	ses?				Policy No.			
				es [No				Dentist's I	Name		
	Name					F	telationship			Phone		
700	62											
Child Can be Released to												
Releas												
Child Can be Released to												
Child												
rio d												
	.											
Parei	Parent/Custodian Signature: Date:											



RISE Service Changes, Utilization and No-Call-No-Show Policies Agreement

SCHEDULE AND SCHEDULE CHANGES

RISE is hiring, training, and reserving staff for you for the following days and times.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

The above is the schedule for which RISE Staff are reserved for client _______. RISE will accommodate requested schedule changes as soon as and if staff become available. RISE can make no timeline promise to when that can occur. When staff to accommodate a changed schedule are not available, a client can choose to either continue with the staff they have until and if the change can be resourced, or to stop their current schedule and go hold for the gap that will occur

UTILIZATION LAWS & MAKE-UP OFFERING

NO-CALL-NO-SHOW (NCNS) POLICY

RISE expects clients to contact an hour prior to services to cancel services or to indicate when they will be late, to prevent RISE staff driving to work and RISE incurring an employment expense unnecessarily. RISE staff will wait only 15 minutes beyond a patient scheduled start session time, and if client does not show or call at that point, the service will be considered called off and no-call-no-show (NCNS). Three (3) NCNS's in a 6-month period will result in discontinuation of RISE services.

UTILIZATION

Medicaid mandates that a patient's use of the prescription (it's called "utilization") is expected to be at 100%, but that services cannot be delivered in an amount at or below 75% on average. For example, if a patient is authorized for 10 hours of week of therapy, 100% utilization will be that the patient has received all 10 hours. If that patient is receiving only 7.5 hours on average, the patient is at 75%, and when at or below 75%:

- 1. Patient's therapy effectiveness is compromised
- 2. RISE is out of compliance with Medicaid law and at risk of serious sanctions

When at or below 75%, RISE is mandated by Medicaid to Balance Utilization via either

- (1) adding makeup if possible on both ends, or
- (2) RISE must reduce the authorization to match the percent that is actually used.

Utilization %	Time Length	Status	Action				
85%	Any	Low Risk	We will alert you that utilization is falling low and we will offer you makeup time, if staff is available.				
77% or below	For 1 month	At Risk	We will alert you that utilization is at risk, and we will ask you to consider either: 1. Scheduling makeup time to bring utilization up above 80%, if staff is available. 2. Discuss with your caseworker reducing your authorized hours to match what you actually use We will alert your CMH caseworker that you are at utilization risk so they can assist you with solutions.				
75% or below	For 1 months	High Risk	If an average of 25% or more of sessions are missed, resulting in utilization average at 75% or less for 1 months, we will alert the CMH of high-risk utilization, request entry into a new Services Participation Notice with plan to bring utilization risk to "at risk" within 30 days.				
	Refusal of SPN		With refusal or no response to enter into a Services Participation Notice that will bring the case minima up to "at risk", the Notice serves as a 15-day notice of discontinuation from the RISE program.				
	Failure of SPN		After entering into an SPN, if it fails, RISE will: Offer to convert the case to an intensive Family Training only case, or Issue a 10-day notice of discontinuation from RISE programs.				

ragree to proceed with ABA Services with RISE understanding and agree	eing to abide by these RISE policies:
Parent Signature	Date:



Rise Coordination Of Benefits Disclosure & Policy

RISE does not accept conditions requiring multiple insurance payers.

RISE does not accept conditions that require 3rd party billing.

RISE accepts only a client's primary insurance and client is responsible for any balance not paid by the primary.

RISE is happy to provide coded invoices and billable progress notes so individuals can submit to their secondary to pursue their own reimbursements.

Thus, RISE policy as a Medicaid provider is to accept Medicaid beneficiaries on a selective basis; specifically, RISE chooses to not accept a beneficiary as a Medicaid beneficiary if that patient also has any other insurance (for example, commercial insurance) as RISE does not have the resources or knowledge to do the complicated funnel down billing and multiple payer service coordination.

Thus, be advised: When a Medicaid beneficiary has other insurance in addition to Medicaid, the patient's Medicaid and **miHealth** card are then not accepted by RISE, and the beneficiary must come to RISE under their primary insurance only, and the beneficiary/client is responsible for payment.

Medicaid is a payer of last resort, meaning they can only be billed after all other insurances are billed. Failing to disclose other insurances in order to use Medicaid benefits first would be Program Eligibility Fraud.

Medicaid patients will be required to re-attest to insurance coverage monthly. Additionally, the Medicaid patient has full responsibility to immediately notify *RISE* and CMH should they as a beneficiary attain other insurance while being serviced by *RISE*, or if Medicaid coverage lapses.

Private Insurance and Private Pay Patients

In-Network Patients: Rates charged will be consistent with the applicable private insurance contracted in-network rates.

Out-of-network patients and private pay patients: Rates charged will be RISE's current Usual and Customary Rates.

Retainers may be required. Missed Appointment Policy will be Implemented.

RISE MISSED APPOINTMENT POLICY

Missed appointments are appointments that are not attended or cancelled with a full 24-hours' notice. <u>Private insurance</u> and <u>Private Pay</u> patients will be charged for missed appointments, due immediately and deductible from any retainer.

RISE RETAINER POLICY

<u>Private insurance patients</u> who have a deductible, co-insurance, co-pay, uncovered service, or any expected payment balance liability, and <u>Private Pay</u> patients, are required to keep on retainer an amount that will cover the following 4 weeks of expected liability. RISE may suspend delivery of services for a lapsed retainer.

Coordination of Benefits Disclosure

As Medicaid is a payer of last resort, meaning they can only be billed after all other insurances are billed, I confirm that the below named patient is covered only under the below disclosed insurances. I understand that as a Private Insurance or Private Pay patient, RISE does not accept my MiHealth Card if I have Medicaid coverage, nor does RISE accept a second private insurance after my primary insurance, leaving me responsible for payment.

Patient Full Name:			
Primary Insurance:	Seconda	ary Insurance:	
Full PRINTED Name of Signer	Relationship to Patient	SIGNATURE	Date
My MiHealth Card is not A	Accented, so I would like	to Request to Re Priv	ate Pav

My MiHealth Card is not Accepted, so I would like to Request to Be Private Pay

(sign) ______



RISE Parent Handbook Notice

RISE OPERATIONS HANDBOOK IS AVAILABLE ON OUR WEBSITE UNDER THE TAB "USEFUL LINKS"

www.RISEAUTISMCENTER.com



NOTE: Our Manual includes a section titled "Notice of Patient Privacy Rights" for your quick reference to your privacy rights.

Received for Client	<u> </u>
Parent Signature	Date:



MEDIA Consent: Photograph, Audio and/or Video Record

Re Cli	ent:	I Voluntarily Authorize RISE Center for Autism to:
□ Y	\square N	Take my child's photograph
\square Y	\square N	To make an audio recording my child
\square Y	\square N	To make a video recording of my child
ΩΥ	\square N	NONE – Do not take any images, audio, or video of my child.
The p	urpose	for this photograph, audio/video recording may be used for:
_ Y	□ N	An essential means of identifying my child
□ Y	\square N	For exclusive use in treatment or my view of treatment
	☐ Re	eview with me in a personal visit (in a family training visit with a supervisor
	□м	ail to me at:
		nail to me at:
		**I understand if choosing email, it will not be HIPAA secure and I accept full responsibility for that risk. **Texting is not a choice. **Sending of this information must be done by the case ABA Supervisor NOT a Behavior Technician
\square Y	\square N	For use in RISE Center for Autism approved research
\square Y	\square N	For use in evaluation and assessment
\square Y	\square N	For use by RISE Center for Autism in staff/intern training and development
\square Y	\square N	For use by the following public media forms:
\square Y	\square N	For use in a company printed brochure
\square Y	\square N	I allow photograph during this event, and subsequent release of event photographs to local newspaper
		\square Y \square N RISE ABA Summer Day Camp
		☐ Y ☐ N RISE Halloween Party
		\square Y \square N Hero's Visits (such as Police, Fire Dept, ambulance, etc.)
		\square Y \square N Any RISE Events
given to inform withdr RISE Co	to me or lation in raw my c enter foi	nat this consent is only valid for 1 year from the date of my signing. The photograph or audio/video recording will be destroyed when no longer necessary for the purpose it was authorized for. I have read and understand the this agreement, or it has been clearly explained to me in a way I can understand. I understand that I am free to onsent at any time without prejudice by signing the withdrawal of consent portion of this form below or by notifying Autism at Forms.RISE@gmail.com or by registered letter addressed to 8901 Bishop Road, Brighton, MI 48116. I y images already shared because of past approval cannot be retrieved to be taken back
Paren	t or Gua	ardian Signature: Date:
Withd	Irawal o	f Consent Signature: Date:
Paren	t or Gua	ardian withdrawing:



Consent to Share Behavioral Health Information

Use this form to give or take away your consent to share information about your:

Mental and behavioral health services. This will be referred to as "behavioral health" throughout this form.

This information will be shared to help diagnose, treat, manage, disclose, and pay for your health needs.

Why This Form Is Needed

When you receive health care, your health care provider and health plan keep records about your health and the services you receive. This information becomes a part of your medical record. Under state and federal laws, your health care provider and health plan do not need your consent to share most types of your health information to treat you, coordinate your care, or get paid for your care. But they may need your consent to share your behavioral health records and information.

Instructions

- To give consent, fill out Sections 1, 2, 3, and 4.
- To take away consent, fill out Section Titled "Take Away Consent"
- Sign the completed form, then give it to your health care provider. They can make a copy for you.

Section 1: About the Patient						
First Name	M.I.	Last Name	Date of Birth	Date Signed		
				·		
Section 2: Who Can See the Patient Information and How They Can Share It						
Let us know who can see and share the patient's behavioral health records. You should list the specific names of health care providers, health plans, family members, or others. They can only share your records with people or organizations listed below.						
1.		4.				
2.		5.				
Section 3: What Information You W	ant to	Share				
Share all the behavioral he	alth red	ords.				
Share only the types of behavioral health records listed below (e.g. assessment, treatment plan, progress reports, referrals for services, verbal discussions, allow observation, etc.)						
		4				
1.		4				
2.		5				

Section 4: Consent and Signature

Read the statements below, then sign and date the form.

By signing this form below, I understand:

- I am giving consent to share my behavioral health records as indicated in Section 3 above.
- I do not have to fill out this form. If I do not fill it out, I can still get treatment, health insurance or benefits. But, without this form, my provider or health plan may not have all the information needed to treat me.
- My records listed above in Section 3 may be shared to help diagnose, treat, manage, disclose, and pay for my health needs.
- My records may be shared with the people or organizations as stated in Section 2.



Other types of my health information may be shared along with my behavioral health records and information. Under existing laws, my health care provider and health plan do not need my consent to share most types of my health information to treat me, coordinate my care or get paid for care.							
I can remove my consent to share behavioral health records and information at any time. I understand that any records and information already shared because of past approval cannot be taken back. I should tell all individuals and organizations listed on this form if I remove my consent.							
I have read this form. Or it has been read to me in a language I can understand. My questions about this form have been answered. I can have a copy of this form.							
• This signature is good for 1 year from the date signed. Or I can choose an alternate date (earlier end date or date beyond a year) or condition (e.g. "while treatment continues")							
Alternate Chosen Date o	or Condition:						
My Relationship to the Patient is:	Self	Parent	Guardian	Authorized Representative			
Print Name:							
Signature				Date			
Section 5: Take Away Consent							
Section 5: Take Away Consent							
	ecords as listed	d in Sections 1-4 abo	ve. I understand an	y information already shared because of past			
I wish to no longer want to share my re	ecords as listed	d in Sections 1-4 abo	ve. I understand an	y information already shared because of past Authorized Representative			
I wish to no longer want to share my re approval cannot be taken back. My Relationship to the Patient is:	Self		_	<u> </u>			
I wish to no longer want to share my re approval cannot be taken back. My Relationship to the Patient is:	Self	Parent	_	<u> </u>			
I wish to no longer want to share my reapproval cannot be taken back. My Relationship to the Patient is: Consent Ta	Self	Parent	_	<u> </u>			
I wish to no longer want to share my reapproval cannot be taken back. My Relationship to the Patient is: Consent Ta	☐ Self aken Away Ef	Parent	☐ Guardian	Authorized Representative			
I wish to no longer want to share my reapproval cannot be taken back. My Relationship to the Patient is: Consent Ta Print Name: Signature Signature of Person Who Receive	☐ Self aken Away Ef	Parent	☐ Guardian	Authorized Representative Signed Date			
I wish to no longer want to share my reapproval cannot be taken back. My Relationship to the Patient is: Consent Ta Print Name: Signature Signature of Person Who Receive	Self aken Away Ef	Parent	☐ Guardian	Authorized Representative Signed Date			
I wish to no longer want to share my reapproval cannot be taken back. My Relationship to the Patient is: Consent Ta Print Name: Signature Signature of Person Who Receiv Verbal Withdrawal	Self aken Away Ef	Parent fective Date: Print N	☐ Guardian	Authorized Representative Signed Date			

Discontinuing or Interrupting Services

Reasons to Interrupt or Discontinue

RISE may choose to interrupt or discontinue services in a timely manner when:

- 1. Patient no longer needs service (less intensive modes of service are appropriate)
- 2. Patient is not benefiting from Service (targeted behaviors or symptoms are becoming worse or not improving over 2 consecutive assessments).
- 3. Child or parent is not able to meaningfully participate and does not follow through with treatment recommendations to a degree that compromises the outcome of BHT service.
- 4. Patient is being harmed by continued service.
- 5. When patient requests discontinuation
- 6. Funding is stopped (Medicaid or Insurance stops)
- 7. No longer eligible (No longer meets edibility criteria, medical necessity is not determined, no longer a Michigan resident, etc.)

Unplanned Interruptions

When unplanned interruptions occur, such as illness, impairment, contractual relationships end, relocation, disruption of funding, disaster, etc., we will make reasonable and timely efforts to facilitate the continuation of behavioral analytic services once the interruption is resolved.

Timely Discontinuation: Duty to Safety & First Do No Harm

RISE has a very literal duty to the safety of everyone in the training environment. Our Compliance and Ethics Code duty is to First Do No Harm.

Obviously, we have a duty if a patient is being directly harmed, and when #4 above is the case, services will be discontinued in a timely way to prevent any potential or further harm to the patient.

Sometimes there is a present danger and continual and imminent risk of harm to others in the training environment, such as other patients and/or *RISE* staff. Obviously, if it is impossible to keep ourselves safe, then we are in no position to keep the patient safe or other individuals in the environment. If the potential for harm by continuing service is too high, *RISE* services will be discontinued in a timely way to prevent any potential or further harm from occurring. *RISE* may offer an alternate safer service, such as Family Centric, if appropriate and feasible.

15-Day Notice to Discontinue RISE Services

If, for any reason, it becomes necessary to discontinue a patient's ABA services through *RISE*, and the reason does not indicate need for a more "timely discontinuation" to immediately ensure safety and prevention of harm, the client will be given a written 15-day written notice inside a Services Participation Notice (SPN). If the client chooses to enter into a remedy inside the SPN but then fails the remedy terms of the SPN, they will be given a 10-day Discontinue/Transition-Out notice

THE SERVICE PARTICIPATION NOTICE (SPN)

RISE policies are the base of all of our treatment recommendations for all our patients and are in place to ensure quality and effective ABA delivery, a proper therapeutic relationship supporting best interest of the patient, a proper therapeutic environment for all patients, consistency with BACB Code of Compliance and Ethics, and health and safety standards.

The Services Participation Notice (SPN) will be to outline service expectations and will attempt at good faith effort to repair and advise of the issues prior to and hopefully in lieu of interrupting or discontinuing.

The Services Participation Notice (SPN) is to put into writing relevant and specific conditions *RISE* will deliver services under, and may be used in 3 specific circumstances:

- To Remedy Utilization Risks
- To Remedy Conduct or Policy Issues
- To Revise the Notice (e.g., when schedule changes happen)

To Remedy Utilization Risk

If an issue of risk, high-risk, or very high-risk utilization occurs, a new entered SPN will serve as a notice and plan to repair utilization risk, so to not compromise the outcome of BHT services, and in order to prevent discontinuation or interruption of services. The Utilization SPN will include:

- Reason for the Notice.
- A measurable utilization expectation to bring the risk level to low or at risk, so up above 75%
- A plan to meet that goal/expectation, through either attendance and/or makeup expectations, and/or via reducing the authorized hours to match what is actually used, or via another feasible plan.
- Explanation of what can happen if not meeting the expectation, including a Notice to Discontinue Services if risk is high or very high, for failure or refusal to meet utilization expectations.

To Remedy Conduct or Policy Issues

If conduct, participation, or policy issues occur, a notice will serve as a good faith effort to assist a policy violation repair, a meaningful participation, and/or advise of how to follow through with treatment recommendations so not to compromise the outcome of BHT services, in order to prevent discontinuation or interruption of services.

- The Reason for the Notice
- The Participation Expectations
- Explanation about how to specifically meet the expectations and why they are important.
- A Measurement for Meeting the Expectations
- A Time Frame for Meeting the Expectations
- Explanation of what can happen if not meeting the expectation, including 15 or 30-Day Notice to Discontinue Services for failure or refusal to meet the RISE Conduct and Policy expectation.

To Revise the Notice (Services or Schedule Changed)

The Services Participation Notice can be used to change service schedules and to revise the Start of Services or any subsequent SPN. A 2-week notice is required to change service schedule so to not disrupt any other patient's services. If it is not certain a staff can be secured, the parent will be given the option to either continue with the current schedule until a staff becomes available, or to pause services until the change can be accommodated.

OPERATIONAL

EMERGENCY SERVICES

RISE does not offer emergency, including after-training-hours emergency services.

All clinical matters are required, by RISE Policy, to be:

- 1. addressed in a face-to-face consult during RISE business hours (so either in person or via tele),
- 2. during scheduled and billable patient training, parent training, or supervision hours,
- 3. and correctly documented in a clinical progress note,
- 4. and entered into the patient file,
- 5. consistent with Michigan Medicaid laws for training, supervision, or family guidance delivery.

EMERGENCY PROCEDURES

It is the responsibility of all staff to understand their role in an emergency such as fire, severe weather, or intruder, as well as the correct procedure for evacuation or lock-down. This includes understanding and familiarization with location and operation of fire extinguishers, how to access 911, and knowledge of all fire exits and safety routes. Emergency drills should each be practiced at minimum once quarterly.

Contents

Fire

Tornado/Severe Weather
Intruder / Lock Down / Building Security
Missing or Patient Dangerously Eloped from Building
Medical Emergency

Fire

Fire exits are marked at RISE clinic.

Fire exits should be pre-explored and determined in any alternate environment. Fire extinguishers are visual and accessible in central reception space at the Center. When fire alarm rings or the building is alerted by a verbal announcement:

- Gather patients to stand at the exit door.
- Quickly check all rooms and bathroom for patients
- If a 2nd staff is available, one staff should exit with the patients while the other checks the building.
- Take patients out through assigned exit to the designated area behind the building.
- Follow the appropriate evacuation route as posted.
- Each technician is to account for the patient/s they are assigned; take a head count.
- Call 911 if it has not already been done.

Tornado/Severe Weather

When the building is alerted by a verbal announcement:

- proceed to designated safety as posted.
- Arrange patients inside an inner wall.
- Account for all patients.
- Have patients sit crisscross facing the wall with their arms crossed over their heads until all clear is given.

Intruder / Lock Down / Building Security

Upon hearing verbal notice to Lock Down:

- 1. One staff: Immediately close and lock all exterior doors and windows and turn out all lights.
- 2. Second staff: Move patients to designated safety area, sitting crisscross applesauce on the floor.
- 3. Turn off all sound indicators on all cell phones.
- 4. Instruct patients to stay silent.
- 5. Text out to your RISE Director or BCBA that you are in Lock Down.
- 6. Continue to text condition of the patients, any medical emergencies, condition of the Center, or any other conditions requiring assistance.

Remain hidden until receiving an all-clear signal from your BCBA or police.

Missing or Patient Dangerously Eloped from Building

- 1. First prevent elopement.
 - Follow rules for "within arm's reach", "within line of sight", and "direct sight".
 - Know and follow the patient's plan.
 - Move and body position quickly and effectively.
 - Carry a walkie-talkie if have a patient vulnerable of dangerously eloping. Select a "buddy" staff to carry the second walkie talkie.
- 2. Immediately request assistance of any and all adults in the building.
 - Assisting technician will:
 - 1. account for and gather all other patients in the building into one room.
 - 2. Determine if to call 911, or stand by, as appropriate in the specific instance.
 - 3. Contact the BCBA (after contacting 911 if 911 is necessary) BCBA will determine if to contact patient families for pickup.
 - All other staff will:
 - 1. mobilize to find patient or assist securing patient safety.
 - 2. Any staff member locating the patient should bring the patient into the building.
 - 3. All other searching staff or authorities are notified the patient has been found.
 - 4. Contact BCBA and parent/caregivers to notify of the incident.
 - 5. Fill out an incident report.
 - 6.

Medical Emergency

- 1. immediately request assistance of any other adult in the building.
 - The other adult should account for the rest of the patients in the building.
 - o Move the rest of the patients into a single classroom.
- 2. Determine if you need to call 911; call if appropriate.
- 3. Contact BCBA, but only after contacting 911 if 911 is appropriate.
 - BCBA will contact family to notify them of the incident, so family can determine if they would like to bring the patient in for medical treatment.
- 4. Begin to administer first aid or CPR if necessary.
- 5. Fill out an incident report indicating medical emergency and details.

HEALTH MANAGEMENT STEPS TO HANDLING HEALTH ISSUES

Patient Sickness Procedures

RISE will notify parents of any patients that have been potentially exposed to any communicable disease or communicable pest so that they can monitor for symptoms. The procedure for Health concerns should be as follows:

Fresh Air Policy

We consider outside time a vital component of all programming and patients are encouraged to go outside and get fresh air in all seasons for at least 10 minutes in each session, unless RISE admin has declared on a particular day that it is unsafe to do so, or if a parent has requested no outside for that day.

Steps to Handling Health Concerns

- 1. In this time of heightened health concern, RISE staff should first remember that we are essential workers, and as such we are "suited up" like nurses are and have PPE that puts a barrier between us and the child (masks and gloves). All staff have had pathogens training. Thus our staff know how to and are expected to take reasonable actions to keep themselves safe in terms of communicable disease. RISE facilities have separate training rooms for patients, making it easy to keep a child in an area isolated from other child if there is any question. Thus RISE Staff know how to and are expected to keep other children safe in terms of communicable disease.
- 2. Next all parties concerned should ask themselves critical questions, such as, "Is this instance a ":
 - a behavioral issue eg vomiting is because patient has a vomiting behavior. Reinforcing a dangerous behavior by sending patient home would be damaging to patient.
 - o a non-contagion issue eg client has an ear ache or client has a doctor's clearance already, services are appropriate
 - other known or possible health condition eg client has a rash but also has known psoriasis, services may be appropriate. Eg. Young client has fever and loose stools, could be teething.
 - o issue of overstretched concern eg client school classroom is closed for Covid but client has no symptoms as essential services we continue servicing.
 - Issue where effects of ABA are still realizable. Eg client has low grade fever and 1 other symptom in minor form, client is not debilitated to the extent that the effects of ABA are impossible, and the condition cannot be clearly labeled to "exclude from services". As essential services, the child may be kept in their own training room away from other children and staff may suit up to contain and prevent transfer vs send home "suited services".
- 3. If you have a concern about a patient's health, confer with the Director who will decide if a call needs to be made to Parent/Caregivers. Calling Parent/Caregivers could be for the following purposes:
 - o Discovering if a symptom is due to a known allergy or sensitivity.
 - Letting the parent know the status of their child and respectfully giving them as parents the option to decide if they
 want to pick the child up or bring to the doctors (even if not excluded and suited services are not necessary eg child

bumped head and has a bump), to choose "suited services" if that is an option, or to advise the child must be picked up because they are "excluded from services".

4. If sending a child home:

- o Be sensitive and let the Parent/Caregivers know what symptoms are present.
- o Advise the parent of their options.
- o If the condition appears to be an excluded condition, follow the specific illness policy, and advise parent what conditions the patient can return under, and advise the parents they can contact RISE Director for questions.
- Keep patient comfortable until Parent/Caregiver arrives.
- Separate the patient from other patients as precaution to spreading illness.
- Note on progress note that patient was sent home for illness or received "suited services" during their shift for [symptoms], or just that parent was advised of accident or illness [eg bump on head or coughing].

Antibiotic 24-hour Requirement

If an antibiotic has been prescribed to treat a contagious condition, the patient must be on the antibiotic at least 24 hours before returning to ABA, unless indicated otherwise by a doctor.

Return to Services

After a patient has had a reported communicable disease or condition, RISE may require a written doctor's release and all clear to return to services.

"Suited Services"

"Suited service" are services where all of the below are possible and determined appropriate:

- Patient is reported displaying low level symptoms that cannot be clearly labeled "excluded from services"
- RISE Director has determined the benefits of ABA are still realizable because the patient is not debilitated to the point they cannot respond to ABA
- The parent chooses "suited services" over picking the child up.
- A separate training room is available where the child's services can be separate from other children.
- As essential services, RISE staff will "suit up" with PPE that puts a physical barrier between the staff and the child (masks and gloves), keep the child from shared areas and other children, and will sterilize surfaces and equipment, to contain and prevent transfer.

"Exclusion from Services"

A patient will be determined by an RISE Director to be "excluded from services" when:

- The level or type of symptoms presents too great a risk.
- The benefits of ABA are not realizable because the patient is debilitated to the point they cannot reasonably respond to ABA
- "Suited services" has been ruled out as an option due to the inability to contain and prevent transfer
- Until the child is picked up, the child must be put into a separate training room or area, separate from other children.
 - Until the child is picked up, as essential services, RISE staff will "suit up" with PPE that puts a physical barrier between the staff and the child (masks and gloves), and will sterilize surfaces and equipment, to contain and prevent transfer.

HEALTH MANAGEMENT SPECIFIC HEALTH CONDITIONS

Contents

Fever

Vomiting

Diarrhea/Frequent Loose Stools + Other Evidence of Illness

Rash

Pink Eye and Like Diseases

Lice, Scabies, and Like Conditions

Bed Bugs Policy

Other Illness / Conditions

Outside Time and Extreme Temperatures

Repellents & Sunscreens

General Medication Administration

Medical Emergency Medication Dispensing

Position on Medical & Recreational Marijuana

Fever

Fever is consistently at or above 101° after 3 measures with 15 minutes between each measure. After a patient has been determined "excluded from services", a fever must be absent for 24 hours without fever reducing medication in order to return.

Vomiting

Vomiting accompanied by at least 1 other symptom or occurring 3 or more times during a session with no behavior connection to explain it, is of concern. Caregivers will be careful that vomiting is not mistaken for "spitting up", attributable to other mild digestive disturbance, or behavioral for the patient. After a patient has been determined "excluded from services", vomiting must be absent for 24 hours in order to return.

Diarrhea/Frequent Loose Stools + Other Evidence of Illness

Diarrhea/Frequent loose stools + other evidence of illness: such as loss of appetite, fever, abdominal discomfort or vomiting. Patients may have incidents of diarrhea that are not necessarily a sign of illness, such as teething or digestive disturbances. However, diarrhea that leaks out from diapers and clothing presents a health hazard regardless of the cause. In this case patients may be put into "suited services" or "exclusion from services", as RISE Director determines appropriate for health safety of all patients in the clinic.

(1) After other potential medical conditions have been ruled out (such as exema – check the patient medical file – or the child scratching their skin and irritating it), (2) if the rash is substantive enough to be of concern, and (3) if the rash is suspected to be of a contagion type (scabies) or indication of greater illness (hives with allergy), the Director may choose to exclude the patient from services.

Pink Eye and Like Diseases

Red or pink eye with puss discharge, which is highly contagious and is to be checked by a physician. If pink eye is confirmed and antibiotic eye drops are used, the patient may not return to therapy until he/she has been on drops for greater than 24 hours. Otherwise, the patient is excluded from service until treated and symptoms resolve or he/she is cleared to return by a doctor.

Lice, Scabies, and Like Conditions

Lice or Scabies Policy: Head lice and scabies infestations are quite common and are not considered a medical or public health hazard nor are they an indication of lack of hygiene or socioeconomic status. At *RISE*, however, we service vulnerable populations where lice and scabies infestations can seriously compound or evoke other serious and present behavioral and health issues. We service multiple patients in a day or week where illnesses from one site can be transferred to another site. We service patients with compromised health conditions in co-morbidities to their autism condition. Effective remediation of lice requires chemical treatment that can be compromising to the patient's health in other ways, and it can cause itching and burning sensations. Our students experience sensory defensiveness, and it is not uncommon for autistic individuals to have self-injurious behaviors where they will dig at their skin sometimes causing serious skin damage when they experience skin discomforts. Lice infestation will cause skin discomforts that our patients may react to. Many of our patients will not allow their hair to be cut or washed making treatment exceedingly difficult and attempts to treat a scalp could evoke dangerous aggressions from some patients.

For the protection of all of our vulnerable patients, our lice and scabies policy is firm, probably firmer you're your school's policy:

- 1. If lice have been detected on the patient, the patient will be isolated from other children.
- 2. Parent will be contacted and asked to pick the patient up immediately.
- 3. Patient's coat, hat, and other belongings will be placed into a plastic bag to be sent home with patient.
- 4. If services are home-site and lice is detected on the patient or is detected or reported in any other individual in the home-site, services will be called off and marked as patient cancellation.
- 5. Patient cannot return to clinic service or staff cannot resume to visit the home site until:
 - a. Patient will be out of service for at least 24 hours upon detection to allow for proper treatment.
 - b. Parent presents receipt and empty container for the proper treatment product used, for verification of what the treatment was. Proper treatment is as defined by the CDC and must be a demonstrated effective treatment product. Treatment using mayonnaise, olive oil, margarine, butter, or other similar substances is cited as ineffective by the CDC and if used, the condition will be considered to still have not been treated.
 - c. A doctor's note is presented that verifies that the patient has been checked by the doctor for lice following the treatment. The doctor note must say that they have (1) checked the scalp or scabies site of the patient and (2) that they are confirming that the patient is clear of lice or scabies. A note saying it is clear to return without this check and confirmation is not acceptable.
- 6. Patient is encouraged to regularly comb for nits following treatment.
- 7. Patient is encouraged to do follow up treatments at days 6 and 12 to get any missed eggs as they hatch.

8. Patient is encouraged to do the same cleaning procedures in-home as RISE would do in-clinic (as below).

RISE will do the following to clean the clinic environment following a lice or scabies event:

- Vacuum all floors and upholstered furniture.
- Lysol and disinfect all hard surfaces.
- All linens, stuffed animals, pillows, head gear, clothing, etc. will be placed in sealed garbage bags and placed outside for 1-2 days, unless there will be no human contact with the items for 1-2 days (e.g. Detected on Friday and no staff or children will be in the building until Monday).

If a room aerosol is used, it will be done over a weekend, or the Center will be closed an appropriate amount of time to allow safety after the use. Parents will be notified.

Bed Bugs Policy

For the same reasons listed under the *RISE* Lice and Scabies policy, bed bug infestations can pose serious and dangerous behavioral consequences for the vulnerable children *RISE* services. Therefore, *RISE* will take whatever measures necessary to prevent the spread of bed bugs to not allow one site to infect others. Bed bugs are hitchhikers, so *RISE* may suspend being able to deliver services on a site to prevent that hitchhiking until the family can confidently demonstrate to *RISE* those bedbugs are eliminated. While each circumstance will be highly individual, services might be arranged at an alternate location. However, that *RISE* reserves the right to accept or reject an alternate location for service and will consider logistics such as distances and ability to staff the alternate location. Alternate locations must be consistent with *RISE*'s insurance requirements, and thus cannot be a public or community location. *RISE* reserves the right to decline to make the *RISE* Clinic be the alternate location to prevent the transfer of the bugs from the home site to the clinic site.

Other Illness / Conditions

Exclusion will be required for a number of other contagious illnesses when symptoms are identified by *RISE* staff and determined to be an exclusion concern by the RISE Director, until the condition is cleared and/or a doctor has treated and released. The following list is representative, but are not all-inclusive:

- Strep Throat
- Fifth Disease
- Measles
- Mumps

- Roseola
- Mouth sores with drooling
- Thrush

Outside Time and Extreme Temperatures

RISE considers outside time a vital component of all programming and patients are encouraged to go outside in all seasons. However, patients are not to be taken outside when the temperature, including wind chill, reaches the following:

- Temperature with wind chill is between 32-40 ° F Patient should be properly dressed and should not be outside for more than 15 minutes.
- Temperature with wind chill is below 32 °F, we are not going outside other than to move from one location to another (such as from the building to the vehicle).
- Temperature between 85-89° F, we can go outside for 15-minute increments with hydration in-between.
- Temperature is at or above 90° F, we are staying in the building. On these days of high heat, staff must ensure that patients remain well hydrated.

Repellents & Sunscreens

- Staff may apply insect repellents and sunscreen to patients if parent/caregiver has given written permission.
- Sunscreen and insect repellents should be applied in the outside setting, not inside.
- Parent/caregiver should provide the sunscreen or insect repellent and it cannot be left or stored at RISE.

General Medication Administration

RISE does not administer medications except in emergency situations (for example, if an Epi-Pen is needed in an urgent medical matter). Besides emergencies, if a patient requires medication administration, the parent is required to be present and do the administering. A child cannot be sent to therapy to administer their own medication.

Medical Emergency Medication Dispensing

- If a patient requires medical emergency administration of medications, such as for Epi-Pens or Benadryl for an emergency allergic reaction, the patient should have an Emergency Action Plan organized between the parent/caregiver, RISE, and the CMH (if applicable).
- Parent/Caregivers should provide the emergency medication along with a Special Instruction Sheet for the Medication.
- These should be stored in a plastic baggie labeled with the patient name and locked into a file cabinet for safe storage.
- When away on outings, technicians should carry the labeled baggie with the medication and instructions.
- All incidences involve emergency dispensing require an incident report.

Position on Medical & Recreational Marijuana

RISE does not allow the administration of medical marijuana in any form by anyone, nor the possession of medical marijuana in any form by anyone, at RISE. Nor is it allowed during any active and billed training session at any site. RISE and our staff cannot be connected to the administration of Medical Marijuana as a medication in any form nor in any way, including oils. This is not meant to be a judgment on families who choose medical marijuana as a medication administered outside our training hours, nor is it a statement as to the quality of medical marijuana as a medication. These are the reasons for our position:

- RISE does not administer any medications outside of medical emergency administrations.
- While medical marijuana may be legal at the State level, it remains illegal at the Federal level, and we are bound to obey Federal laws as well as State laws. Doing otherwise could jeopardize our individual licensures and credentials.
- We are bound by the Federal Requirement of the Pro Patients ACT of 1994, which prohibits smoking in any form within 100 feet of any facility we are training in.
- Our technicians visit multiple vulnerable patients, so we have a strong scents policy they must abide by, so being exposed to and carrying strong scents to another site can be health compromising.
- Our technicians may have children of their own to go home to, or a need to go to a second workplace when they
 leave their training session, where having the scent of marijuana on their persons may be compromising to them
 personally, and we want to respect that.

SANITIZATION PROCEDURES

Diapering

- Diapering guidelines shall be posted in diapering areas.
- Diapers and training pants shall be checked hourly and changed when wet or soiled.
- All diapering of patients at the Clinic must be done on a changing pad.
- Use the changing chair or pad in the bathroom.
- Bring necessary supplies to changing area.
- Place a paper square on the changing surface.
- Change diaper.
- Roll up soiled diaper in disposable pad that was under patient, stretch disposable gloves around the package, and discard into a plastic disposable bag.
- Wash down changing chair with disinfecting solution.
- Using a paper towel to turn the faucet on and off, wash hands thoroughly.
- Lather thoroughly covering hands, wrists, between fingers, and under fingernails.
- Immediately dispose of diapers (contained in the disposable bag) into the garbage dumpster in the parking lot.

Hand Washing

Thorough and frequent hand washing has been proven to be the single most effective method of reducing the spread of infectious diseases. Following consistent hand washing procedures will protect technicians as well as patients and lower the frequency of illness for all.

Patient's and technician's hands will be washed with soap and running water:

- Before preparing, serving, or eating food.
- Before and after playing in water shared by two or more patients.
- After handling pets or other animals.
- After using the bathroom or assisting in bathroom.
- After wiping noses and/or handling any other bodily fluids.
- Whenever soiled.

Additionally, technician's hands will be washed:

- Before and after feeding a patient
- After each instance of handling diapers, soiled clothing, toilets, or a sick patient.

Hands will be dried with a single use paper towel.

Blood Borne Pathogens

Staff members are to wear full PPE (protective gloves and face mask) whenever dealing with bloody noses, wounds, etc. Emergency kits are available in the cupboards in the center hall of *RISE*. Training in blood-borne pathogens is required at hire. Re-training in blood borne pathogen procedures is required annually.

Don't Touch That Without Gloves!

Cleaning & Sanitizing Procedures

- Wash surface with warm water and detergent soap.
- Rinse with clean water.
- Submerge, wipe, or spray with a solution of one-part chlorine bleach to 16 parts warm water. This solution must be mixed fresh daily.
- Sun or air dry.

Sensory Tables and Areas

Sensory tables, such as the water table or bean pool are for use with multiple patients. Patients are required to wash their hands with soap before and after playing at any sensory tables. Patients with open sores may not play in the sensory tables. Patients must discontinue access if they eat or drink the contents of any sensory table.

Sanitizing Materials and Work Surfaces

- At the end of each session, the technician should sanitize the surfaces of all work areas used. The technician should wipe down the training table and chair they used with either a disinfecting wet-wipe or with a bleach-water solution at the end of each shift.
- All toys or materials used with your patient are to be sanitized with sterilizing solution each Friday.
- Any toys or materials placed in a patient's mouth are to be isolated and then sanitized immediately.
- If a patient is discovered to have a communicable disease, all items and surfaces that patient came into contact with should be wiped down with a disinfecting solution to prevent spread.

QUALITY CONTROL & FEEDBACK

4 Points to Quality Control and Feedback

Point 1: Direct Check

- A. Quality Control (QC) Supervision Visits cross-check the quality of the clinic product
 - Assists the Assigned Supervisor
 - Draw Integrity Data
 - Data Draw and Progress Feedback
 - o Programming Assistance
 - o Draws measurable productivity and professionalism data during supervision visits.
 - Written Feedback to Staff when Appropriate
- B. Weekly Well Checks
 - Well checks are conducted each Monday by a RISE staff to inquire with patient families as to satisfaction with services and to identify any needs or issues
- C. Family Centric Trainer
 - Family Trainers are to train the family in curriculum and address home or outside of technician session behavior and skills issues, but in the consult portion of this visit, they also end up being able to gauge satisfaction of technician services and discover technician session training issues.
 - Pre and post measures are taken in family training to measure comprehension and retention of the
 ABA concept or technique being introduced.

Point 2: Team Consults & Trainings

- Weekly Mandatory Supervisor Meetings for case review and clinical collaboration.
- · Quarterly technician in-services for continuous group training on ABA skills and techniques
- Industry events, such as MAC.

Point 3: Caseload Control

- Caseload Limits Must Demonstrate Case Control & Fidelity to RISE Procedures
- Emphasis on quality and all the components

Point 4: Quality Feedback Systems

Satisfaction Survey's will be accepted at any time received, will be analyzed quarterly, and are tools to facilitate quality service and staff retention improvements. The following 3 Surveys are available on the RISE website at www.RISEAutismCenter.com:

- Patient Satisfaction Survey
- Patient Exit Survey
- Staff Exit Survey

2025 CLIENT SATISFACTION SURVEY

	Strongly	Agree	Disagree	Strongly	Prefer to
	Agree			Disagree	Not Score
1. The provider is helping me to achieve my goals					
2. Provider staff help me learn new skills					
3. Provider staff are sensitive to my ethnic, religious, and culture					
background					
4. I am treated with dignity and respect by provider staff					
5. This provider helps me feel safe and comfortable at home					
6. I feel that I have enough control over how I spend my time					
7. I am given opportunities to make choices by this provider					
8. I would recommend this provider to a friend or family member who					
needs this service					
9. Overall. I am satisfied with the service I receive from this provider					
10. I am satisfied with RISE Behavior Technicians.					
11. I am satisfied with RISE ABA Supervisors.					

	Strongly Agree	Agree	Disagree	Strongly Disagree	Prefer to Not Score
1. The provider is helping me to achieve my goals					
2. Provider staff help me learn new skills					
3. Provider staff are sensitive to my ethnic, religious, and culture					
background					
4. I am treated with dignity and respect by provider staff					
5. This provider helps me feel safe and comfortable at home					
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1. The provider is helping me to achieve my goals					
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3. Provider staff are sensitive to my ethnic, religious, and culture					
background					
4. I am treated with dignity and respect by provider staff					
5. This provider helps me feel safe and comfortable at home					
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needs this service					
9. Overall. I am satisfied with the service I receive from this provider					
10. I am satisfied with RISE Behavior Technicians.					
11. I am satisfied with RISE ABA Supervisors.					

TREAMENT INTEGRITY & FIDELITY

Supervisors are responsible for ensuring that all treatment procedures are implemented accurately and consistently by all clinical staff. To monitor treatment integrity, the following procedures must be followed.

RISE Employs a licensed and certified ABA Supervisor to implement Quality Control (QC) as a further cross-check (see Quality Control section), to effectually supervise the supervisors.

The goal of treatment fidelity monitoring is to ensure the highest quality of services to our clients and support staff growth through timely feedback and professional development.

Supervisor Monthly Integrity and Fidelity Checks

- Supervisors must conduct direct observations of treatment sessions for each client at regular intervals (minimum of 10% of patient prescribed treatment per week).
- During weekly observations, supervisors shall consistently use the RISE Treatment Integrity Checklist
 and Momentary Time Sample Feedback, specific to the client's treatment plan, to inform ABA
 procedures and RISE policies needing corrections (e.g., correct prompting, reinforcement delivery, data
 collection).

Quality Control (QC) Integrity and Fidelity Cross-Checks

- Treatment fidelity must be formally evaluated for each client's program at least once per month by a licensed and certified ABA Supervisor performing a Quality Control (QC) visit using the same RISE Treatment Integrity Checklist and Momentary Time Sample Feedback.
- Higher-risk programs (e.g., severe behavior reduction, intensive teaching plans) may require more frequent fidelity checks as determined by clinical need.
- QC Fidelity evaluations must be documented and stored in the RISE Journey, client's clinical record.

Addressing Poor Performance in Treatment Delivery:

- If a staff member scores below 90% accuracy on the RISE Treatment Integrity Checklist or the Momentary Time Sample Feedback, immediate corrective action must be taken, including:
 - Providing in-the-moment feedback during or immediately after the session
 - RISE Performance and Professionalism Review (see FORM: Employee Quarterly Reviews and Feedback), if appropriate, and offering specific areas to improve with a measureable plan and timeline to reach those improvements.
 - Scheduling additional coaching, modeling, and/or retraining on specific procedures
 - o Monitoring of fidelity improvements by QC, increased to weekly until achieved improvement.
- Continued failure to meet fidelity standards after two re-training attempts must be escalated to the Clinical Director for formal performance improvement planning, which may include additional oversight, written warnings, or other disciplinary actions per company HR policy.

RISE Treatment Integrity Checklist Day: M T W Th F Sa Su Date: Location: _____

STAFF NAME:						
Begin – End Time of Check	-	-	-	-	-	-
Rug Time only to Transition In – hall only for switching						
2. Room Rotations						
3. 5m Self-Manage Technique or Preference Assess (BRT*Yogarilla*TimedBreath*Grounding*PrefAssess)						
4. 20m – Activity appropriate to room theme						
5. 5m Primed Cleanup & Switch & in Fun Way						
6. Room is clean at exit						
7. Switched on half hour mark						
Went to next appropriate room in rotation (no room skipping except large motor could be outside activity)						
9. Appropriate Dress Code (scrubs)						
10. Is Within Arms-Length, Line-of-Sight – as appropriate with Child						
11. Facing Child, at Child's Level, Enthusiastic and Engaged with Child						
12. Materials out and organized						
13. Journey open on Tablet						
14. Delivering Discrete Target Trials following Journey Component Pacing						
15. Active Data Collection on Journey as trials are being delivered						
16. Active Data Recording on paper as trials are being delivered (if task is assigned by supervisor)						
17. Reinforcer Access is properly controlled						
18. No use of the word "No" (uses positive redirection instead)						
19. Instructional Control — Uses Directives to tasks vs Asking Client (Tech is teacher. "Time for math" vs "Do you want to math next?" or "What do you want to do now?")						
20. On-Task with ABA						
	Total +'s /20	Total +'s /20	Total +'s/20	Total +'s /20	Total +'s /20	Total +'s /20
	%	%	%	%	%	%

RISE MOMENTARY TIME SAMPLE FEEDBACK

Day: M T W Th F Sa Su Date: _____ Location: ____

Staff	Patient	10m Begin Time	10m End Time	Trial Delivery Type	Tally	Tally# / 10 = rate per minute	Rate per Minute x 60 = rate per hour
				Massed			
				Interspersed			
				Massed			
				Interspersed Massed			
				Interspersed			
				Massed			
				Interspersed			
				Massed			
				Interspersed			
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				Massed			
				Interspersed			
				Massed			
-				Interspersed			
				Massed Interspersed			
				Massed			
				Interspersed			
				Massed			
				Interspersed			
				Massed			
				Interspersed			
				Massed			
				Interspersed			
				Massed			
		<u> </u>		Interspersed			

RECORDS HANDLING

Records Security

Patient case records are stored in two HIPAA secured electronic systems:

- 1. RISE's exclusive company practice management system.
- 2. A Google Drive file that is verified as HIPAA secured by Business Agreement.
 - Paper records are scanned and inserted into one of these systems, then shredded.
 - Only RISE Admin has access to the Google Drive file.
 - All assigned RISE staff have access to the RISE exclusive company practice management system, but cannot download files from the system, by policy. The system tracks all downloads as an extra protection measure.
 - Patient records cannot be stored in other rooms, other areas, or on other equipment besides *RISE* secured electronic platforms, accessed through RISE owned laptops, tablets, and phones.
 - Patient records are not stored, transferred, or reviewed electronically except within the secure company electronic systems. Exception is fax to an appropriate party with approved release.
 - Patient files and data are stored for a minimum of 7 years.
 - Any records or materials containing protected health information that is extraneous to the file and requires disposing of, is shredded.

Patient Records Contents

- Tech training on IPOS and/or Treatment Plan
- Patient In-Take Information
- Coordinated Records (eg: diagnosis, health, school, etc.) & Records Request History Documents
- Signed Consent Forms
- Assessment and Treatment Plans (current and past)
- Behavior Intervention Plans (current and past)
- Individual Plan of Service (current and past)
- Incident Reports
- Progress Notes (Therapy, Supervision, Family Training, Assessment)

Records Requests, Access & Reviews

- The RISE Treatment Team shares records internally in the HIPAA secured practice management system, on a "need to know" basis by giving staff access to only patients they are assigned.
- Records that general staff have no "need to know" are stored in RISE Journey, marked for only admin access only.
- Other parties can review patient records only with signed consent of the patient or legal caregiver, upon written request and written consent, which will be kept in the patient file.
- All records requests must be received only by US MAIL only to:
 RISE Administration @ 8901 Bishop Road, Brighton, MI 48116.
- Records requests must detail the specific requested records, begin and end date timeframe, signed consent from client for release of the records, party and address (or fax #) to whom the records should be sent.
- Records requests will only be responded to via US Mail or FAX. Email is not HIPAA compliant and will not be used.
- Records requests will be fulfilled within reasonable response time, which is typically 15 days.

Handling Protected Health Information (PHI)

Security and protection of protected health information (PHI) is everyone's responsibility at *RISE*. All staff must be aware of their responsibility in the protection of the Protected Health Information (PHI). Staff at *RISE* are entrusted with PHI and are accountable to the Health Insurance Portability and Accountability Act, commonly referred to as HIPAA, to protect patient confidential information. All staff at *RISE* receive HIPAA training annually. In signing confirmation and consent to the *RISE* MANUAL and in taking a position at *RISE*, the staff is committing to all aspects and laws of HIPAA.

TECHNOLOGY ACCEPTABLE USE

Proper Electronic Communications

It is the policy of *RISE* that electronic communication, such as tablets and computers, are provided for the express purpose of facilitating the efficiency of conducting business and delivering therapy for *RISE* patients. It is the policy of *RISE* to comply with all regulatory agencies regarding the transmission of all confidential information.

Handling e-PHI (electronic protected health information)

Security Level Designations

Security Level Designations are set inside the RISE Journey Practice Platform to include Admin, ABA Supervisor, Behavior Technician with appropriate corresponding access sets.

Electronic Protected Health Information (e-PHI)

E-Methods Presently ALLOWED

Via Fax Transmission
Via Upload or message inside CMH system
Upload to RISE Journey
Admin Upload to Secure GDrive
Discuss in person
Phone Conversation
Texting for Scheduling Only

E-Methods Presently NOT ALLOWED

NO Texting or Emailing To:
Express any Clinical or Patient Issues
To Include any PHI

No Videoing of any patient or clinical therapy without proper written consents

Disclaimer Required

All external communications of any type that contain PHI or e-PHI will include the following disclaimer:

Notice: This communication and any attachments are solely for the confidential and privileged use of the intended recipient(s) and are protected by Federal and State privacy laws. If you are not the intended recipient, please notify us immediately and promptly delete or destroy the original message and all attachments. You have been hereby notified that any disclosure, copying, or distribution of these confidential and protected materials, or the taking of any action based on it, is strictly prohibited by law.

All external communications of any type that contain PHI must be first approved in writing by management, and must include a signature, which includes, at minimum, the sender's full name (first and last), title, and position, a *RISE* provided telephone number and e-mail address.

Staff Tablets, E-Mail, & Internet Acceptable Use

Staff may have access to various forms of electronic media and services including computers, e- mail, telephones, voice mail, fax machines, external electronic bulletin boards, wire services, on-line services, and the Internet. *RISE* encourages the use of these media and associated services because information technology is a critical part of the service *RISE* provides to Patients and, in many cases, some of the methods are required to efficiently conduct administrative or clinical transactions with outside entities that support Patient care (such as contracted billing). However, *RISE*-provided access to electronic media and services are *RISE* 's property, and their purpose is to facilitate

the delivery of health services and subsequent health billing and collection. Due to the rapidly changing nature of electronic media, this Internet policy cannot cover every possible situation. Instead, this policy expresses *RISE* 's philosophy and sets general guidelines for use of electronic media and services.

- 1. Common sense and good judgment are expected to be used at all times.
- 2. Viewing, sharing or transmission of material containing inappropriate content, offensive language, derogatory rumors/gossip, or other content not in keeping with *RISE*'s mission or philosophy is strictly prohibited.
- 3. Disclosing any information related to business or information violating RISE confidentiality policy is prohibited.
- 4. Users must always portray *RISE* as a reputable company and maintain its reputation and goodwill through appropriate use of the Internet.
- 5. Personal electronic communications and data on *RISE* computers are not private.
- 6. Users are accountable and responsible for helping to protect electronic information assets, which should be used in an efficient and economical manner consistent with and only for RISE clinical and business needs.
- 7. When using computer resources, users must comply with RISE's policy on confidentiality of information.
- 8. Any software that is designed to destroy data, provide unauthorized access to computer systems, or disrupt computing processes is prohibited.
- 9. Access to electronic assets is provided on a need-to-know and appropriate basis, to not be further shared.
- 10. Users access only what they have been authorized to access.
- 11. Users may not act in a manner that defeats the effectiveness of security measures.
- 12. Clinical data is not to be stored on any electronic devices, local hard drives, or portable storage devices, except if uploaded to the *RISE* system. This includes videos, photographs, notes, and data.
- 13. Users may not install any software on RISE computers, tablets, or phones without prior written approval.
- 14. All users are assigned a username and password and are required to use them to log into the Journey system.
- 15. Contracts and agreements are fully executed to ensure security and confidentiality of data to electronically provide information to business partners.
- 16. Virus-checking software is loaded on all workstations and updated automatically to ensure the detection of viruses. If at any time a user detects a virus on a computer, s/he must immediately notify the Clinical Director.
- 17. Users notify the system Clinical Director of any security-related incidents or potential security weaknesses.

Passwords

It is the policy of *RISE* that all users are assigned a username and password and are required to use them to access *RISE* information system. Users are not allowed to password-protect individual documents with their password without registering the password to Forms.RISE@gmail.com. The password has a very special purpose in the computer environment: it ensures that only authorized individuals access electronic information assets. Each individual system user has the responsibility to protect his or her password and username.

Copyright and Legal Issues

It is the policy of *RISE* to comply with all copyright regulations pertaining to intellectual property rights. Many software programs, computer data, and related materials, such as documentation owned by individual users or other companies, are protected by copyright and other laws, together with licenses and other contractual arrangements.

Use of Technology Devices while Driving

It is the policy of *RISE* to restrict the use of technology devices while driving to conduct work-related business, unless their vehicle is equipped with hands-free communication and that hands-free use will not deplete cognitive driving attendance and ability. Safety is always the first consideration when using digital devices to conduct work-related communication during travel, and the commonsense decision of whether or not to use any technology during driving is the sole responsibility and liability of the driving staff.

CORPORATE COMPLIANCE

Corporate Compliance Officer

The compliance officer, compliance committee, are high-level oversight and will be accountable and responsible for the activities and status of the compliance program, including issues identified, investigated, and resolved by the compliance program.

Compliance Officer: Dr. Margaret Ficaj

8901 Bishop Road, Brighton, MI 48116

989-387-4617 or 989-272-3073

Forms.RISE@gmail.com

Anonymous reports to the Compliance Officer can be made via US mail to at the above address, respecting PHI in that dropped document.

Commitment to Legal and Ethical Code of Conduct

RISE is seriously committed to a "culture of compliance."

All *RISE* staff are obligated to legal and ethical conduct, and the same will be outlined in our policies, procedures, and standards of conduct. *RISE* Staff are expected at all times to conduct themselves in an ethical and legal manner on and off the job, to act fairly and honestly, to adhere to high ethical standards in all that they do, to comply with all applicable laws, regulations, and CMS requirements, and to report suspected violations. All staff and connected parties to *RISE* are expected to comply with all applicable Federal and State standards and laws, with the Code of Compliance and Ethics of the Behavior Analysts Certification Board (BACB), and all local laws.

Staff of *RISE* are obligated to points of emphasis considering ethical conduct, such as: Avoiding dual relationship activities; proper representation of credentials, submitting honest, accurate, and timely documentation; adhering to HIPAA and Recipient Rights; adhering to the Behavior Analyst Certification Board (BACB) Code of Compliance and Ethic, and adherence to Michigan Public Health Code - ABA section; and to delivering care consistent with honest and quality applied behavior analysis as is the best interest of the patients we serve.

Preventing Non-Compliance

- Corporate compliance questions and concerns and requests for guidance should be addressed to the corporate compliance officer.
- Training on Corporate Compliance for all staff, including Compliance Officer and all employees, will occur within 60
 days of hire and <u>annually</u> thereafter to provide guidance to the staff on how to identify, correct, and report noncompliance.

Detecting Non-Compliance

Internal auditing will be conducted or reviewed annually to (1) confirm ongoing compliance in policies, procedures, and practices, and (2) to ensure that any corrective actions that were undertaken concerning compliance were effective. Standards for measuring will include: (1) review of policies and procedures, laws, and regulations, (2) probing staff to allow anonymous feedback on compliance, and a review of any reported and ongoing or closed compliance issues during the calendar year.

Reporting Non-Compliance

RISE staff are expected to report non-compliance issues, so those issues can be investigated and resolved. Reports should be specific, and preferably (but not required) in writing, even if anonymously.

This is the hierarchy of reporting, but any level can be skipped, as appropriate:

- 1. Report directly to RISE Director or ABA Supervisor.
- 2. Report directly to the Compliance Officer
- 3. Report anonymously to the Compliance Officer via US mail or Clinic drop box.
- 4. Call 1-800-Medicare and report concern to the greater authority; anonymously or not anonymously.

Correcting Non-Compliance

- If non-compliance is suspected, it will be investigated immediately. Instance reports will be filed in the RISE Office
 in file titled "Compliance Reports", sub-titled as date and report type.
- If non-compliance is detected, a written corrective plan will be implemented so the issue is promptly corrected.

 Corrective plan will be filed in the related instance folder.
- Internal quarterly auditing will occur to ensure there is no recurrence of the same non-compliance. Quarterly internal audit results will be filed in the related instance folder.

Whistle Blowing Policy

RISE has an open-door policy regarding the reporting of activities that are dishonest, illegal, or violate safety standards regarding policies, procedures, or company protocols. Examples of illegal, unsafe or dishonest activities are: Violations of Federal/State/Local laws, billing for services not performed, turning in fraudulent documentation, care for a patient performed in a manner not directed in the care plan. Federal and State laws provide protections in two important areas of whistleblowing: (1) confidentiality and (2) against retaliation. The confidentiality of the employee and the information conveyed will be maintained at all times. RISE will not retaliate against any employee for whistle blowing. This includes, but is not limited to, protection from retaliation in the form of adverse employment actions such as termination, compensation decreases, poor work assignments, or threats of physical or economic harm. Any staff who has exercised whistleblowing who believes they have been retaliated against, should promptly report the event to any hierarchy level above.

ETHICS OFFICER

Ethics is central to RISE at all levels of operation and thus RISE has a Board Certified Behavior Analyst (BCBA) Ethics Officer. The Ethics Officer serves as the primary point of contact and oversight for ethical matters within the organization. This role exists to promote ethical decision-making, ensure compliance with professional codes of ethics (including the BACB Ethics Code), and support a culture of integrity, transparency, and accountability in all clinical and administrative practices.

The Ethics Officer handles any issues regarding ethical oversight and consultation and can provide confidential consultation to staff regarding ethical dilemmas or potential violations and review and guide resolution of reported ethical concerns. The Ethics Officer also ensures all staff are trained annually on ethics-related content, including reporting procedures and updates to ethical guidelines and supports new employee onboarding with ethics expectations and procedures.

The Ethics Officer ensures organizational policies align with current professional codes and BHCOE standards and oversight Monitoring and Reporting of ethical concerns. This entails maintaining a confidential log of ethics concerns, investigations, and resolutions, ensuring incidents involving ethical violations are investigated promptly and fairly, and reporting substantiated violations to the appropriate regulatory bodies, if required (e.g., CMH, BACB, state licensing board).

RISE's Ethics Officer is Dr. Margaret Ficaj. All ethics concerns shall be addressed to her with the assurance that staff can report ethical concerns without fear of retaliation. RISE is committed to advocating for the rights and dignity of patients, families, and employees in all ethical matters.

CREDENTIALING

Initial Credentialing (Prior to Work with Patient)

- Training and Background checks are conducted as per the Staff Credential Verification Form.
- RBT Task List Training is Adhered or Completed, for RBTs
- NPI adhered
- BCBA, BCaBA, and RBT credentials are verified directly at the BACB. Copy of licenses and credentials are requested and then also verified at the appropriate authority, then placed in the file.

Re-Credentialing (annually)

Re-Credentialing (annually in July of each year)

- New Hire Checklist is Updated to Monitor for Renewals
- Risk Control Check is again conducted.
- Any updated forms or information is forwarded to the CMH, if appropriate.

Risk Control

- 1. Federal regulations preclude reimbursement for any services ordered, prescribed, or rendered by an individual or entity who is currently suspended or terminated from direct and indirect participation in the Michigan Medicaid program or Federal Medicare program. The Human Resource Department will adhere from the potential staff:
 - 1. Recipient Rights Background Check
 - 2. Criminal Background Check
 - 3. Michigan Central Registry Clearance
 - 4. GSA/SAM Check, Michigan Sanctioned Provider Check, OIG Check, Proof of Age
- 2. *RISE* conducts Primary Verification of Credentials as part of risk control and as practice of new hire. To do so, we adhere a copy of the individual's certification and check that against the governing body's online licensing or credential lookup, to confirm and screen for revocations, lapses, or violations.
- 3. *RISE* will verify that the individual has not been excluded from Medicare and Medicaid by checking against the following:
 - Sanctioned Provider List published by Michigan Department of Community Health (MDCH) / Medical Services
 Administration (MSA)
 - List of Excluded Individuals/Entities (LEIE) published by the Department of Health and Human Services Office
 of the Inspector General (OIG)
 - List of Debarred Contractors (EPLS) published by General Services Administration (GSA)
 - Social Security Administration's Death Master File
 - National Plan and Provider Enumeration System (NPPES)
 - Medicare Exclusion Database (MED)
 - Disciplinary Action Report (DAR) published by Licensing and Regulatory Affairs (LARA)

	Autism Provider Staf	f Credenti	als Verificatio	n	
	RISE Cent	ter For Au	tism		
Set up Journey Acct				c. 1	
· · · · · · · · · · · · · · · · · · ·				Circle	Level:
Signature	Staff Name:			BT	RBT
Assign Clients	NPI:			QBHP	BCBA
	'				
		Initial	Renewal		Notes:
BACKGROUNDS		ı	T-:		
Date of Hire			First Date w Patient:	1	
Criminal Background Check	☐ iChat ☐ Accusource				
Michigan Central Registry Cleara	ince (Req Sent:				
GSA / SAM Check					
Michigan Sanctioned Provider C	heck				
National Sex Offender Registry					
Michigan Sex Offender Registry					
OIG Check					
Proof of age (must be 18 or olde	er) [Driver License]	BD:	Ехр:	BD:	Exp:
Recipient Rights Background Che	eck				
Motor Vehicle Check					
CREDENTIALING VERIFICATIO	NS	Transcript	Renewal		Renewal
TECH: 40h RBT Task List Cert					
QBHP: Transcript					
BCBA/BCaBA: Certificate + Lice	nse				
BCaBA: Assigned BCBA Oversig	ht	Date:	BCBA Name:		
Assigned Patient IPOS Training					
Testimony: Communicate Expres	ssively & Receptively				
		Initial	Renewal	Renewal	Notes
TRAINING REQUIREMENTS					
Infection Prevention & Control F	Practices (At Hire and annual)				
Person Centered Planning (At Hi	re and annual)				
First Aid			Exp:		
CPR Online Version	n 🔲 LIVE Version		Exp:		
DEI- Cultural Competency & Div	versity (@30day and annual)				
Emergency Preparedness (@30d	ay)				
HIPAA Privacy & Security (@30	*				
Limited English Proficiency (@3	Oday and annual)				
Corporate & Regulatory Compli	ance (@30day and annual)				
Medicaid Appeals and Grievance	es (@30day and annual)				
Recipient Rights	(Day One Training)				
Recipient Rights	(FY25 @30days and annual)				
Crisis Pre-Intervention using Verb	oal De-Escalation (@90days)		2y Renew:		
Trauma Informed Care (@90Days)	(NOT REQ WCCMH)		2y Renew:		
Culture of Gentleness (NLCHM)					
Hearing Loss (NLCMH)					

Ethics of Touch (RISE)

AUTHORIZATION TO DISCLOSE EMPLOYEE INFORMATION AND RELEASE OF LIABILITY OFFICE of RECIPIENT RIGHTS BACKGROUND CHECK

email to: DL-WccmhOrr@washtenaw.org

l,	_ authorize Community Mental	Health Partnership
(print full name)		
of Southeast Michigan (CMHPSM) and its affiliate C	offices of Recinient Rights (ORR) t	o disclose to the
Provider/Consumer listed below any and all information	, , ,	
recipients' rights committed by me. I recognize that	, ,	•
information protected by any Federal, State, or con	-	
l,	release Community Mental I	Health Partnership of
l,(print full name)		·
Southeast Michigan (CMHPSM) Office of Recipient I	Rights (ORR), its officers, its agen	ts and its employees
for disclosing the information requested by me and	I shall indemnify and hold harm	less should any
claims, suits or actions be filed against them.		
PREVIOUS PLACES OF EMPLOYMENT (INCLUDE ALI		
1		
2		
J	Dates employed	to
Previous names used:		
Applicant's Signature:	Date:	
COMPLETED FORM TO BE SENT TO:		
RISE CENTER FOR AUTISM		
Preferably emailed to: Forms.RISE@gmail.com		
Or mail to: 8901 Bishop Road, Brighton, MI 48116		

The Washtenaw Office of Recipient Rights will email the results of this rights background check to the sender within 48 business hours of receipt. Providers may attach the emailed results to this release form for verification.

CULTURAL COMPETENCY AND DIVERSITY

RISE strives to provide behavior health services within the most relevant and meaningful cultural, gender-sensitive, and ageappropriate context for the individual being treated, as possible, by openly embracing and respecting differences and levels of growth and disabilities and allowing representations of those differences inside our service environment.

Identifying and Assessing

RISE Intake and initial interview includes questions to identify and assess the cultural and special needs of *RISE* patients. The questions draw information concerning specific cultural needs, need for foreign language interpreter services, need for deaf or hard of hearing interpreter services, and spiritual variables that may impact treatment. The information is filed in the Patient health record for treatment team access.

In Recruiting, Retaining, Promoting

RISE provides behavioral therapy services in multiple areas of Michigan, not to one specific cultural area.

RISE advertises positions on nationally available job posting websites in recruitment efforts, such as Indeed.com, to draw a culturally diverse workforce. To ensure equal employment, staff qualifications are matched to the job descriptions to ensure job requirements are met and to ensure hiring and promoting focus is specifically applicant qualifications.

Staff are required to read and sign acknowledgement of understanding for company policies, to ensure equal employment and outlines grievance procedures for discrimination, bullying, and harassment. RISE approach is team oriented and promoting friendly work environment so that translates into the quality of service that we dispatch to our patients, but also to encourage retention in our staff.

Cultural Competence Education and Training

At *RISE* training is paramount, and that includes education and training on cultural competency prior to working with Patients. All new staff are required to complete online courses through the VCE where cultural competence and cultural diversity are included.

Continual staff training includes regular in-services where many pertinent topics are covered, including cultural competence topics and preventing workplace violence.

LIMITED ENGLISH PROFICIENCY (LEP)

Public Act 241 of 2023 Meaningful Language Access to State Services Act requires covered entities to take reasonable steps to provide meaningful language access to public services for individuals with limited English proficiency (LEP).

RISE' ABA Day-to-Day services and training is conducted in English.

As a CMHSP contracted service provider, RISE will:

- Screen for identifying the need for sign language or interpretive services inside our interview and intake process.
- RISE will advise LEP individuals that they can request access to oral language translation services or vital documents
 transcription services from the State department, agency, or entity (likely CMHSP in this case) and will guide them how
 to do that, if desired and preferred.
- RISE will let the LEP individuals know that for the day-to-day ABA delivery, they can opt to use their own interpreter of
 their choice, at their own expense, which could include a family or friend.
- RISE will let the LEP individual know that RISE staff will be willing to use a free translator App, such as Google
 Translator, if the family desires.
- RISE will actively seek to hire bilingual individuals and will pair appropriate bilingual staff with LEP families, where it is
 possible.
- RISE staff will be trained in Limited English Proficiency (LEP)

RECIPIENT RIGHTS COMPLAINTS

Making Complaints

RISE staff have a duty to report any Recipient Rights violations, within 24 hours.

You can call the Recipient Rights Officer.

- Recipient Rights Officer contact information are posted in RISE facilities.
- Recipient Rights Officer contact information are posted on the RISE website.
- Recipient Rights Officer contact information are posted on the CMH website.
- You can ask a RISE administrator how to contact a Rights Officer.

You can fill out a Recipient Rights Complaint Form and submit it to the Recipient Rights Officer.

- Forms are available on the RISE website.
- Forms are available on the CMH website.
- Forms are available in this Handbook.
- You can ask RISE administration for a form.
- You can retrieve a form at this link:

https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/Mental-Health/Recipient-

Rights/complaint_form_412279_7.pdf?rev=56a3493b28114fb1bb13163e57cef572&hash=3A045C182DF7
CF382D3302ECBABEE4DC

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Responding to a Rights Complaint

RISE staff have a duty to timely respond to and honestly answer all inquiry of a Recipient Rights Officer.

Respect the Rights Officer and respond within 24 hours of when they contact you.

Make meeting with them a priority and notify your supervisor of when you need to meet with them, so the supervisor can adjust your schedule appropriately.

Always be honest and forthright.

Your job IS ABSOLUTELY NOT on the line for doing your Rights Reporting Duty.



Complaint Number	Category

Michigan Department of Community Health RECIPIENT RIGHTS COMPLAINT

complaint. A rights officer/advisor will re	view the complaint and may co office at the CMH agency or the	e on your behalf) may use this form to make a nduct an investigation. Keep a copy for your ne hospital where you are receiving (or received), Lansing, Michigan 48933			
Complainant's Name:	Recipient's	Name (if different from complainant):			
Complainant's Address:	Where did	the alleged violation occur?			
Complainant's Phone Number:	When did to	ne alleged violation happen? (date and time):			
What right was violated?					
Describe what happened:					
What would you like to have happen in order	to correct the violation?				
Complainant's Signature	Date	Name Of Person Assisting Complainant			
DCH 0030 Replaces DCH-2500	Distribution: ORIGINAL TO ORR	Authority: P.A. 258 of 1974 as amended			
COPY to Complainant (with acknowledgement letter)					

INCIDENT REPORTS

- 1. Fill out an incident report within 24 hours of any incident.
- 2. Submit to Forms.RISE@gmail.com (COPY your supervisor)
- 3. Indicate in that submission if you as an employee were or were not injured during the incident.
 - a. RISE will guide you to seek medical assistance and tell you where.
 - b. Seek or decline those medical services within 24-hours.

Incident Reports can be found:

- On the bulletin board at a RISE facility.
- In this RISE Handbook
- On the RISE Website
- On the CMH Website
- Ask an administrator for a form if necessary.

You need an incident report when:

- Any Explained or Unexplained injury occurs
- Anytime any medical intervention or First Aid procedures are implemented or necessary
- Suspected or known acts of Abuse (physical, verbal, or sexual) or Neglect occur.
- Any incident occurs that could include a Recipient Rights violation.
- An emergency occurs while on patient site
 - If the emergency poses a risk of permanent and/or serious harm to the client or employee or anyone in the training environment, call 911 immediately

Always:

- Inform a supervisor ASAP in instances where a patient was injured or marked in any way, so the supervisor can determine if the parents need to be contacted and notified prior pick-up time.
- Inform parents at pick-up if the patient was injured or marked in any way during ABA session.
- Respect that the parents are the ones to assess whether medical intervention is required in nonurgent injuries; they have a right to be notified and to be the ones to decide.
- Provide any non-urgent First Aid as appropriate (ice on a bump, band-aid on a scraped knee, etc.)
- Document in the progress note:
 - That the incident occurred,
 - o That an incident report was filled out and submitted to Forms.RISE@gmail.com,
 - List any medical or First Aid delivered to the patient,
 - o Note that you immediately contacted your supervisor,
 - note that you explained incident to the parents at pick up /OR/ supervisor contacted them
 - detail parent response

MICHIGAN DEPARTMENT OF C	RECIPIENT NAME			
			CASE NO.	
REPORT DATE	EPORT DATE TIME			
AGENCY NAME	AGE / BIRTHDATE			
WORK AND LIVING UNIT NAME			SEX	
WHEN DID YOU DISCOVER INCIDE (Date & Time) AM PM	WHEN DID IT HAPPEN (Date & Time) AM PM		WHERE DID INCIDENT (Building, Location)	HAPPEN
RECIPIENTS(S) INVOLVED				
OTHER RECIPIENT (S) PRESENT				
EMPLOYEE(S) INVOLVED AND/OR	PRESENT			
EXPLAIN WHAT HAPPENED				
ACTION TAKEN BY STAFF				
ACTION TAKEN BY STAFF				
PHYSICAL INJURY APPARENT?		REPORTING PERSON'S	S SIGNATURE	DATE
☐ YES ☐ NO				
IF INJURY, DESCRIPTION OF INJUI	RY BY PHYSCIAN OR R.N.			
iii iiioonn, Baaanii nan ar iiioon				
DESCRIPTION OF TREATMENT OR	CARE GIVEN			
DATE & TIME CARE GIVEN	EXTENT OF INURY AT THIS TIME	PHYSICIANS'S OR R.N.	SIGNATURE	DATE
	SERIOUS			
☐ AM ☐ PM	☐ NON-SERIOUS			
IF SERIOUS INJURY: DATE & TIME DIRECTOR OR DESIGNEE NOTIFIED	IF SERIOUS INJURY: DATE & TIME RIGHTS ADVISOR NOTIFIED	PHYSICIANS'S OR R.N.	SIGNATURE	DATE
□ AM □ PM	□ AM □ PM			
DESIGNATED SUPERVISOR (State	program or administrative action to rem	nedy and/or prevent reoccu	urrence of incident, includi	ing disciplinary action)
NAME OF EMPLOYEE ASSIGNED TO	RECIPIENT AT TIME OF INCIDENT	DESIGNATED SUPERV	ISOR'S SIGNATURE	
E OF EMILEOTEE ACCIONED TO	THE OF MODERN	DEGIGIANTED GOT ENV	.com o olomatone	
1		I		

	REQUIREMENTS	FOR REPORTING	ABUSE AND NEGL	ECT
	Section 723, Public Act 258 of 1974 as amended (Mental Health Code-Recipient Abuse)	Public Act 238 of 1975 (Child Protection Law)	Public Act 519 of 1982 (Adult Protective Services Law)	Section 723, Public Act 258 of 1974 as amended (Mental Health Code-Criminal Abuse)
WHERE is	To the MDHHS, CMHSP, or Hospital OFFICE OF RECIPIENT RIGHTS	To the MDHHS Office of Childrens Protective Services	To the MDHHS Office of Adult Protective Services	To the Michigan State Police, Local Sheriff or Local Police Department
the report made?	A list of local rights offices can be found at: https://tinyurl.com/CALL-ORR	ADULT OR CHILDRENS PROTECTIVE	E SERVICES HOTLINE 855-444-3911	Contact your local police or sheriff department
WHAT must be reported?	Sexual, Physical, Emotional or Verbal Abuse, Neglect, Serious Injury, Death, Retaliation or Harassment	Sexual, Physical or Mental Abuse, Neglect, Sexual Exploitation	Sexual, Physical or Mental Abuse, Neglect, Maltreatment, Exploitation	Assault (other than patient-patient assault/battery), Criminal Sexual Abuse, Homicide, Vulnerable Adult Abuse, Child Abuse
WHO is required to report?	All employees, contract employees, or volunteers of Michigan Department of Health and Human Services, Community Health Services Programs, Licensed Private Psychiatric Hospitals	Physicians, nurses, coroners, medical examiners, dentists, licensed emergency care personnel, audiologists, psychologists, social workers, school administrators, teachers, counselors, law enforcement officers, and child care providers.	Any person employed by an agency licensed to provide, anyone who is licensed, registered, or certified to provide health care, education, social, or other human services, law enforcement officers and child care providers.	All employees, contract employees of: Michigan Department of Health and Human Services, Community Mental Health Services Programs, Licensed Private Psychiatric Hospitals; All mental health professionals.
WHAT is the CRITERIA for reporting?	You must report if you: Suspect a recipient has been abused or neglected or any allegations of abuse or neglect made by a recipient.	You must report if you: Have reasonable cause to suspect a child has been abused, neglected, or sexually exploited.	You must report if you: Have reasonable cause to suspect or believe an adult has been abused, neglected, exploited or maltreated.	You must report if you: Suspect a recipient or vulnerable adult has been abused or neglected, sexually assaulted, or if you suspect a homicide has occurred. You do not have to report if the incident occurred more than one year before your knowledge of it.
WHEN must the report be made and in what format?	A verbal report must be made immediately. A written report on an incident report form must be made before the end of your shift.	A verbal report must be made immediately. A written report on DHS form 3200 must be made within 72 hours.	A verbal report must be made immediately. A written report at the discretion of the reporting person.	A verbal report must be made immediately. A written report must be made within 72 hours of the oral report (330.1723)
TO WHOM are reports made?	To your immediate supervisor and to the Recipient Rights Office at your agency or hospital	Report to Protective Services Reporting Hotline 855-444-3911	Report to Protective Services Reporting Hotline 855-444-3911	The law enforcement agency for the county or city in which the alleged violation occurred or the State Police. A copy of the written report goes to the chief administrator of the agency responsible for the recipient.
If there is more than one person with knowledge must all of them make a report?	Not necessarily. Reporting should comply with the policies and procedures set up by each agency.	Someone who has knowledge must report or cause a report to be made in the case of a school, hospital or agency, one report is adequate.	Everyone who has knowledge of a violation or an alleged violation must make a report. MDHHS has typically accepted one report from agencies.	Someone who has knowledge must report or cause a report to be made.
Is there a penalty for failure to report? YES	Disciplinary action may be taken and you may be held civilly liable.	You may be held civilly liable. Failure to report is also a criminal misdemeanor.	You may be held civilly liable and have to pay a \$500 fine.	The law states that failure to report or false reporting is a criminal misdemeanor.
Is it necessary to report to more than one agency? YES	Each of these laws requires that the designate its specific jurisdiction. There are several refer reporting person from the responsibility of have	MADULE		
Are there other agencies to	The Bureau of Community and Health Systems (LAF Health Care. Call the NURSING HOME ABUSE HOTLI	M&DHHS Michigan Department of		
which a report can be made? YES	Call the ATTORNEY GENERAL 24 hour HEALTH CARE FRAUD HOTLINE 800-24-ABUSE/ 800-242-2873 Health & Human			Health & Human Services
DCH-0727 03/2024	The LARA-BCHS Adult Foster Care and Camps Licen Call The Bureau of Community and Health Systems		or neglect in a licensed foster care nome.	

RECIPIENT RIGHTS

The below is to highlight some important and specific Recipient Rights. This is not a complete list.

Northern Lakes CMH offers a very nice and more exhaustive index of the many Recipient Rights here:

https://www.northernlakescmh.org/for-providers-and-staff/for-providers-and-group-homes/recipient-rights-for-providers/nlcmh-recipient-rights-policies/

RISE IS A "HANDS OFF" ORGANIZATION – SEE OUR SPECIFIC POLICY ABOVE

Assessment and Re-Assessment

It is the policy of RISE to complete an ABA Assessment within 14 calendar days of referral to determine the client's behavioral condition and ABA service needs, and to include in that assessment assessment, treatment plan, and specific ABA behavioral and skills goals. A re-assessment shall be completed each 6 months from the previous assessment and will include the clients overall treatment progress, measurable updates to each individual treatment goal, and treatment recommendations.

Fingerprinting, Photographs, Recording (audio or video)

It is the policy of the RISE Center for Autism to not fingerprint, photograph or record a client unless there is a legitimate clinical need or purpose and proper prior consent has been obtained. Any fingerprint, photograph or recording will be considered part of the patient's clinical record and will be stored in the patient's clinical file following proper records procedures.

Communication by Mail, Telephone and Visits

It is the policy of the RISE Center for Autism that recipients are entitled to unimpeded, private and uncensored communication by mail and telephone, and to visit with persons of their choice, except in instances indicated in their Individual Plan of Service.

Dignity and Respect

It is the policy of the RISE Center for Autism that all recipients and their family members will be treated with dignity and respect during the provision of services.

Family Planning

It is the policy of the RISE Center for Autism that all Recipients and their legal representative will be notified of the availability of family planning and health information services.

Personal Property and Funds

It is the policy of the RISE Center for Autism that Personal property and funds of all recipients shall be protected and accessible during the provision of mental health services.

Religious Freedom

It is the policy of the RISE Center for Autism that all recipients shall be ensured reasonable access to their choice of religious services, worship, and treatment by spiritual means.

Right to entertainment material, information and news.

It is the policy of the RISE Center for Autism that all Recipients shall have access to reading, viewing, and listening materials of their choice and shall not be limited unless specifically approved in the recipient's Individual Plan of Service.

Services Suited to Condition

It is the policy of the RISE Center for Autism that all Recipients shall receive services suited to their condition, and that these services are provided in a safe, sanitary, and humane treatment environment.

Work Performed by Recipient

It is the policy of the RISE Center for Autism that all Performance of labor by recipients, whether paid or unpaid, shall be voluntary, and that recipients shall be compensated appropriately and in accordance with federal and state labor laws when performing labor which results in an economic benefit to another person or organization.

Freedom from Abuse, Neglect, or Exploitation

It is the policy of the RISE Center that our patients have the right to be free from abuse, neglect, and exploitation. This includes protection from physical, sexual, emotional, or verbal abuse; intentional or negligent acts that harm or threaten an individual's health or welfare; and the misuse of a person or their resources for another's benefit. All staff are mandated to report any suspected violation immediately and ensure the safety and dignity of the individual at all times.

Freedom of Movement

It is the policy of RISE to not use physical devices to restrict or restrain a client's movement. Restraint does not include the use of a divide primarily intended to provide anatomical support.

Restrictive Techniques

It is the policy of RISE to not use techniques which, when implemented, will result in the limitation or prohibiting of a client's ability to communicate with others when that communication would be harmful to the individual, prohibit unlimited access to food when that access would be harmful to the individual (excluding dietary restrictions for weight control or medical purposes prescribed by a doctor), or to implement any other limitation of the freement of movement for the client.

RISE will seek BTC Review and Approval BEFORE implementing any restrictive or intrusive techniques.

NOTICE OF PATIENT PRIVACY RIGHTS (HIPAA)

The notice of privacy policy is required by the Privacy Regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This notice describes how health information about you or your legal dependent (as a Patient of *RISE*) may be used and disclosed, and how you can gain access to your individually identifiable health information.

PLEASE REVIEW THIS NOTICE CAREFULLY

Our commitment to your privacy: *RISE* is dedicated to maintaining the privacy of your protected health information (PHI). In conducting our business, we will create records regarding you and the treatment and services we provide to you. We are required by law to maintain the confidentiality of health information that identifies you. We also are required by law to provide you with this notice of our legal duties and the privacy policy that we maintain at *RISE* concerning your PHI. By federal and state law, we must follow the terms of the Notice of Patient's Privacy Rights ("Notice") that we have in effect at the time. We realize that these laws are complicated, but we must provide you with the following important information:

- How we may use and disclose your PHI,
- Your privacy rights in your PHI; and
- Our obligations concerning the use and disclosure of your PHI.

The terms of this notice apply to all records containing your PHI that are created or retained by *RISE*. We reserve the right to revise or amend this Notice of Privacy policy. Any revision or amendment to this notice will be effective for all of your records that *RISE* has created or maintained in the past, and for any of your records that we may create or maintain in the future. *RISE* will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time. 2. If you have questions about this notice, please contact: The Privacy and Security Officer at: 1070 W. Houghton Lake Drive, Prudenville, MI 48651.

The different ways in which we may use and disclose your PHI:

- 1. *RISE* may use your PHI to treat you. We might use your PHI in order to write an authorization for you. *RISE* may use or disclose your PHI in order to treat you or to assist others in your treatment. Additionally, we may disclose your PHI to others who may assist in your care, such as your spouse, children, or parents. Finally, we may also disclose your PHI to other healthcare providers for purposes related to your treatment.
- 2. *RISE* may use and disclose your PHI in order to bill and collect payment for the services and items you may receive from us. For example, we may contact your health insurer to certify that you are eligible for benefits (and for what range of benefits), and we may provide your insurer with details regarding your treatment to determine if your insurer will cover, or pay for, your treatment. We also may use and disclose your PHI to obtain payment from third parties that may be responsible for such service costs. Also, we may use your PHI to bill you directly for service and items. We may disclose your PHI to other healthcare providers and entities to assist in their billing and collection efforts.
- 3. Healthcare Operations. *RISE* may use and disclose your PHI to operate our business. As examples of the way in which we may use and disclose your information for operations, *RISE* may use your PHI to evaluate the quality of

care you receive from us, or to conduct cost-management and business planning activities for *RISE*. We may disclose your PHI to other healthcare providers and entities to assist in their healthcare operations.

- 4. Appointment Reminders. RISE may use and disclose PHI to contact you and remind of an appointment.
- 5. Treatment Options. RISE may use and disclose PHI to inform you of potential treatment options or alternatives.
- 6. Health-Related Benefits and Services. *RISE* may use and disclose your PHI to inform you of health-related benefits or services that may be of interest to you.
- 7. Release of Information to Family/Friends. *RISE* may release your PHI to a friend or family member that is involved in your care, or who assists in taking care of you. For example, a parent or guardian may ask that a babysitter take their child to the pediatricians' office for treatment of a cold. In this example, the babysitter may have access to this child's health information.
- 8. Disclosures Required by Law. *RISE* will use and disclose your PHI when we are required to do so by federal, state, or local law. 4.Use and disclosure of your PHI in certain special circumstances: The following categories describe unique scenarios with disclose of your PHI:

Public Health Risks. *RISE* may disclose your PHI to public health authorities that are authorized by law to collect information for the purpose of: $\hat{a} \in C$ Maintaining vital records, such as births and deaths; $\hat{a} \in C$ Reporting child abuse or neglect; $\hat{a} \in C$ Notifying a person regarding potential exposure to a communicable disease; $\hat{a} \in C$ Notifying a person regarding a potential risk for spreading or contracting a disease or condition; $\hat{a} \in C$ Reporting reactions to treatments or problems with products or devices; $\hat{a} \in C$ Notifying individuals if a product or device they may be using has been recalled; $\hat{a} \in C$ Notifying appropriate governmental agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult Patient (including domestic violence); however, we will only disclose this information if the Patient agrees or we are required or authorized by law to disclose this information; or $\hat{a} \in C$ Notifying your employer under limited circumstances related primarily to workplace injury or illness or health surveillance.

Health Oversight Activities. *RISE* may disclose your PHI to a health oversight agency for activities authorized by law. Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws, and the healthcare system in general.

Lawsuits and Similar Proceedings. *RISE* may use and disclose your PHI in response to a court or administrative order, if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Law Enforcement. We may release PHI if asked to do so by a law enforcement official: $\hat{a} \in \mathbb{C}$ Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement; $\hat{a} \in \mathbb{C}$ Concerning a death we believe has resulted from criminal conduct; $\hat{a} \in \mathbb{C}$ Regarding criminal conduct at our offices; $\hat{a} \in \mathbb{C}$ In response to a warrant, summons, court order, subpoena, or similar legal process; $\hat{a} \in \mathbb{C}$ To identify/locate a suspect, material witness, fugitive, or missing person; and $\hat{a} \in \mathbb{C}$ In an emergency, to report a crime (including the location or victim[s] of the crime, or the description, identity, or location of the perpetrator).

Deceased Patients. *RISE* may release PHI to a health examiner or coroner to identify a deceased individual or to identify the cause of death. If necessary, we also may release information in order for funeral directors to perform their jobs.

Organ and Tissue Donation. *RISE* may release your PHI to organizations that handle organ, eye, or tissue procurement or transplantation, including organ donation banks, as necessary to facilitate organ or tissue donation and transplantation if you are an organ donor.

Research. *RISE* may use and disclose your PHI for research purposes in certain limited circumstances. We will obtain written authorization to use your PHI for research purposes except when the *RISE*'s Internal Review Board or Privacy Board has determined that the waiver of your authorization satisfies the following: (i) The use or disclosure involves no more than a minimal risk to your privacy based on the following: a. An adequate plan to protect the identifiers from improper use and disclosure, b. An adequate plan to destroy the identifiers at the earliest opportunity consistent with the research (unless there is a health or research justification for retaining the identifiers or such retention is otherwise required by law); and c. Adequate written assurances that the PHI will not be re-used or disclosed to any other person or entity (except as required by law) for authorized oversight of the research study, or for other research for which the use or disclosure would otherwise be permitted. (ii) The research could not practicably be conducted without the waiver. (iii) The research could not practicably be conducted without access to and use of the PHI.

Serious Threats to Health or Safety. *RISE* may use and disclose your PHI when necessary to reduce or prevent a serious threat to your health and safety or the health and safety of another individual or the public. Under these circumstances, we will only make disclosures to a person or organization able to help prevent the threat.

Military. *RISE* may disclose your PHI if you are a member of U.S. or foreign military forces (including veterans) and if required by the appropriate authorities.

National Security. *RISE* may disclose your PHI to federal officials for intelligence and national security activities authorized by law. We also may disclose your PHI to federal officials in order to protect the President, other officials, or foreign heads of state, or to conduct investigations.

Inmates. *RISE* may disclose your PHI to correctional institutions or law enforcement officials if you are an inmate or under the custody of a law enforcement official. Disclosure for these purposes would be necessary: (1) for the institution to provide healthcare services to you; (2) for the safety and security of the institution; and/or (3) to protect your health and safety or the health and safety of other individuals.

Workers' Compensation. RISE may release your PHI for workers' compensation and similar programs.

Your rights regarding your PHI: You have the following rights regarding the PHI that we maintain about you:

- 9. Confidential Communication. You have the right to request that *RISE* communicate with you about your health and related issues in a particular manner or at a certain location. For instance, you may ask that we contact you at home, rather than work. In order to request a type of confidential communication, you must make a written request to the Privacy and Security Officer at: 1070 W. Houghton Lake Drive, Prudenville, MI 48651 specifying the requested method of contact and/ or the location where you wish to be contacted. *RISE* will accommodate reasonable requests. You do not need to give a reason for your request. Requesting Restrictions. You have the right to request a restriction in our use or disclosure of your PHI for treatment, payment, or healthcare operations. Additionally, you have the right to request that we restrict our disclosure of your PHI to only certain individuals involved in your care or the payment for your care, such as family members and friends. We are not required to agree to your request; however, if we do agree, we are bound by our agreement except when otherwise required by law, in emergencies, or when the information is necessary to treat you. In order to request a restriction in our use or disclosure of your PHI, you must make your request in writing to 1070 W. Houghton Lake Drive, Prudenville, MI 48651.
- 10. Your request must describe in a clear and concise fashion: The information you wish restricted; Whether you are requesting to limit *RISE*'s use, disclosure, or both; and To whom you want the limits to apply.

- 11. Inspection and Copies. You have the right to inspect and obtain a copy of the PHI that may be used to make decisions about you, including Patient health records and billing records, but not including psychotherapy notes. You must submit your request in writing to 1070 W. Houghton Lake Drive, Prudenville, MI 48651 in order to inspect and/or obtain a copy of your PHI. *RISE* may charge a fee for the costs of copying, mailing, labor, and supplies associated with your request. *RISE* may deny your request to inspect and/or copy in certain limited circumstances; however, you may request a review of our denial. Another licensed healthcare professional chosen by us will conduct reviews. Amendment. You may ask us to amend your health information if you believe it is incorrect or incomplete, and you may request an amendment for as long as the information is kept by or for *RISE*. To request an amendment, your request must be made in writing and submitted to: Privacy and Security Officer, 1070 W. Houghton Lake Drive, Prudenville, MI 48651. You must provide us with a reason that supports your request for amendment. *RISE* will deny your request if you fail to submit your request (and the reason supporting your request) in writing. Also, we may deny your request if you ask us to amend information that is in our opinion (1) accurate and correct; (2) not part of the PHI kept by or for the *RISE*; (3) not part of the PHI that you would be permitted to inspect and copy; or (4) not created by *RISE*, unless the individual or entity that created the information is not available to amend the information.
- 12. Accounting of Disclosures. All of our Patients have the right to request an "accounting of disclosures." An "accounting of disclosures" is a list of certain non-routine disclosures *RISE* has made of your PHI. To obtain an accounting of disclosures, you must submit your request in writing to: 1070 W. Houghton Lake Drive, Prudenville, MI 48651. All requests for an "accounting of disclosures" must state a time period, which may not be longer than six years from the date of disclosure and may not include dates before April 1, 2013 The first list you request within a 12-month period is free of charge, but *RISE* may charge you for additional lists within the same 12-month period. *RISE* will notify you of other costs involved with additional requests, and you may withdraw your request before you incur any costs. Right to a Paper Copy of This Notice. You are entitled to receive a paper copy of our notice of privacy policy.
- 13. Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with *RISE* or with the Secretary of the Department of Health and Human Services. To file a complaint with *RISE*, contact: Dr. Margaret Ficaj. All complaints must be submitted in writing. You will not be penalized for filing a complaint.
- 14. Right to Provide an Authorization for Other Uses and Disclosures. *RISE* will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law. Any authorization you provide to us regarding the use and disclosure of your PHI may be revoked at any time in writing. After you revoke your authorization, we will no longer use or disclose your PHI for the reasons described in the authorization. Please note we are required to retain records of your care. If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy and Security Officer at: 8901 Bishop Road, Brighton, MI 48116

SECURITY INCIDENT RESPONSE & BREACH NOTIFICATION POLICY

Purpose:

RISE is committed to safeguarding the confidentiality, integrity, and availability of all protected health information (PHI). This policy outlines the procedures for identifying, investigating, responding to, mitigating, and documenting known or suspected security incidents, including the unauthorized use or disclosure of PHI.

1. Reporting & Investigation of Security Incidents

1a. Investigation Procedures

- All workforce members are required to report any suspected or known security incident or breach of PHI immediately to the designated Privacy Officer and/or Compliance Officer.
- Upon receiving a report, the Privacy Officer will initiate a formal investigation, which includes:
 - Securing affected systems or data
 - o Interviewing involved staff
 - Reviewing logs, access reports, and relevant documentation
 - o Collecting and preserving all evidence related to the breach

1b. Risk Assessment Procedures

The Privacy Officer must conduct a **Risk Assessment** in accordance with HIPAA and BHCOE standards. The following elements must be documented:

1b.i. Nature and Extent of PHI Involved

- Description of the types of PHI (e.g., full name, diagnosis, treatment records, payment information)
- Sensitivity of the data exposed

1b.ii. Identity of Unauthorized Person(s)

• Determine who accessed or received the PHI (e.g., internal staff, external third party, unauthorized user)

1b.iii. Whether PHI Was Actually Viewed or Acquired

Identify whether data was merely exposed or was actively accessed, downloaded, or shared

1b.iv. Risk Mitigation Factors

• Document whether any safeguards reduced the potential harm (e.g., encryption, secure deletion, password protection)

1b.v. Notification to Affected Individuals

- If a breach is confirmed, notification must be made to affected individuals without unreasonable delay, and no later than 60 calendar days after discovery
- Notifications will include:
 - A brief description of the incident
 - Types of information involved
 - o Steps the individual should take
 - Actions [Company Name] is taking
 - Contact information for further inquiries

1b.vi. Notifications to Contractors/Subcontractors/Vendors

• If any involved party is a business associate or subcontractor, they must be informed **promptly** and required to take corrective actions as per their Business Associate Agreement (BAA)

1b.vii. Other Required Notifications

- As legally required, [Company Name] may notify:
 - The U.S. Department of Health and Human Services (HHS)
 - State regulatory agencies
 - o Law enforcement, as necessary

1b.viii. Documentation of Security Incidents

- All incidents must be **fully documented**, including:
 - o Date of incident and discovery
 - Persons involved
 - o Actions taken
 - Findings and conclusions
 - o Communications sent

1b.ix. Root Cause Analysis and Prevention

- After resolving the breach, the Privacy Officer must:
 - Conduct a root cause analysis
 - o Identify necessary policy or procedural changes
 - Provide **retraining** to involved or affected staff to prevent recurrence

2. Internal Security Incident Response Plan

2a. Who to Inform

- Immediately report any suspected or actual security incident to:
 - Privacy Officer
 - Clinical Director (if PHI is involved in a clinical context)
 - Executive Director or Owner

2b. When to Inform

- Notification must occur as soon as the incident is suspected or discovered within the same day
- Formal documentation must be initiated within 24 hours

2c. Law Enforcement Involvement

- Law enforcement should be contacted when:
 - o A cyberattack, hacking, or ransomware event is suspected
 - Theft of devices or paper records occurs
 - o A physical break-in affects PHI storage
 - o There is reason to believe patient safety or criminal activity is involved

2d. Evidence Management

- The Clinical Director is responsible for:
 - Preserving electronic logs or communications
 - o Saving relevant screenshots, device data, or physical documents
 - Securing affected systems from further access
 - o Ensuring evidence is stored in a secure, confidential location

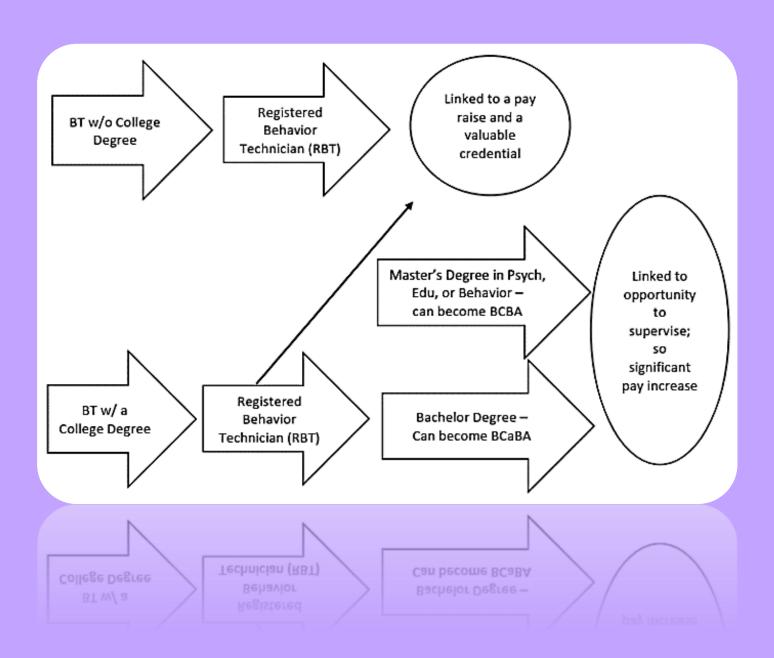
Training and Compliance

- All staff will receive **annual training** on breach reporting procedures and privacy protection.
- Failure to report or follow procedures may result in disciplinary action.

STAFF SECTION



BUILDING A CAREER IN ABA



USDOL BEHAVIORAL HEALTH TECHNICIAN APPRENTICE

In 2021, RISE created and launched Michigan's first ever US Department of Labor (USDOL) registered, competency-based, Behavior Health Technician Apprenticeship program, winning the prestigious Michigan Works! 7B Employer of the Year and also Michigan's Economic Impact Award. Our first apprentice also won the alumni of the year award for her successful participation in that program. RISE partnered with Michigan Works! 7B and the Michigan Department of Labor (MDOL) to create this amazing program meeting national labor quality standards as a trade experience pathway (versus a college degree pathway) to building a high-quality skilled career. Through this program, an apprentice earns a nationally recognized credential, specifically the USDOL Behavioral Health Technician Journeyman Certificate.



PAID JOB

Apprenticeships are jobs!
Apprentices earn a competitive wage from their employers during training.



CLASSROOM LEARNING

Apprentices are provided classroom instruction on the critical aspects of their careers.



WORK-BASED LEARNING

Programs provide structured on-the-job learning to prepare for a successful career.



CREDENTIALS

Apprentices earn a portable, nationally-recognized credential within their industry.



MENTORSHIP

Apprentices receive on-the-job learning under the instruction of an experienced mentor.

MICHIGAN WORKS! MENTORSHIP



In 2022, RISE partnered with Michigan Works! 7B to offer mentorship opportunities for young people coming out of high school, to explore the work of ABA Behavior Technicians.

Please inquire with Michigan Works Region 7B and request the program if you are interested in it, and then request they refer you to RISE for the opportunity.

FIELD SCHOLARSHIP

RISE's Field Scholarship program is to provide qualified fielding oversight to staff or individuals pursuing their BCBA or BCaBA credential, via contract, to ultimately benefit the business of RISE directly and to build this skilled workforce niche for Michigan.



RISE has no openings in this program for 2025 but does have BCBA staff who are providing fielding outside of their work with RISE as an independent paid service. Please ask for a referral if interested.

EQUAL OPPORTUNITY EMPLOYER

The *RISE* Center for Autism is an Equal Opportunity Employer. *RISE* will not discriminate against any staff or any applicant for employment or work assignments with respect to hiring, tenure, terms, conditions, assigning cases, or privileges or benefits of employment or with respect to a matter directly or indirectly related to employment in keeping with the Elliott-Larsen Civil Rights Act, Public Act 453 of 1976, as amended, being MCL 37.2101 et seq. and the Michigan Handicapper Civil Rights Act, No. 220 of Public Acts of 1976, as amended, being MCL 37.1101 et seq. and rules and regulations promulgated pursuant hereto. No otherwise qualified person shall be excluded from participation in, be denied the benefits of or be subject to discrimination in employment or, in patient assignments, or any programs or activities solely on the basis of religion, race, color, national origin, age (including being over 40 years of age), sex (including pregnancy and gender identity), height, weight, marital status, political affiliation, sexual orientation, genetic information, record of arrest without conviction, physical or mental handicap.

THE NATURE OF ABA WORK

Behavior as Nature of the Work

In taking a job with *RISE*, employee acknowledges and accepts that the nature of the work at RISE is behavioral health. Being such, the job includes providing care to patients with behavioral issues, individuals that may demonstrate unstable mental conditions, and individuals who may need self-care assistance. The staff acknowledges and accepts the inherent risks and accepts responsibility for their own safety. If the staff's safety is threatened, the staff agrees that they will follow all protocols and patient plans with fidelity, and take appropriate steps to protect themselves, and to inform their supervisor. The staff indemnifies and holds harmless, *RISE* Center for Autism, its parent and subsidiary and extended companies, its employees, managers, owners, directors, and officers, from any damage or claims relating to the staff's failure to do so or due to the nature of the work.

Confidentiality as Nature of the Work

In taking a job with the *RISE* Center for Autism, employee acknowledges and accepts confidentiality as the nature of the work. The *RISE* Center delivers behavioral therapy, meaning we perform work that is medical and health related. Therefore, all our patients are entitled to the Federal protections of the Health Insurance Portability and Accountability Act (HIPAA) whereby their Private Health Information (PHI) must be protected. The staff agrees to adhere to HIPAA and take measures and conduct in ways that are compliant with HIPAA.

WORK TYPE

AT WILL

Employment with the company is for no specific period of time. Your employment with the Company will be "at will", meaning that either you or the Company may terminate your employment at any time and for any reason, without or without cause. Any contrary representations that may have been made to you are superseded by handbook policy.

Although a staff's job duties, title, compensation and benefits, as well as the Company's personnel policies and procedures, may change from time to time, the "at will" nature of employment may only be changed in an express written agreement signed by the employee and a duly authorized official of the company.

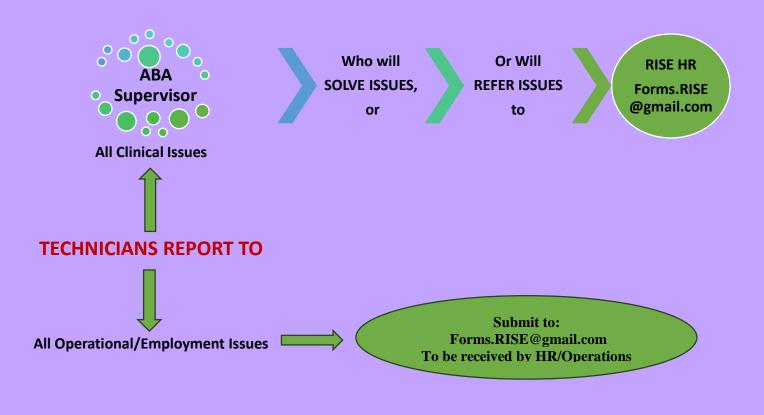
HOURLY = PART TIME AND NON-EXEMPT

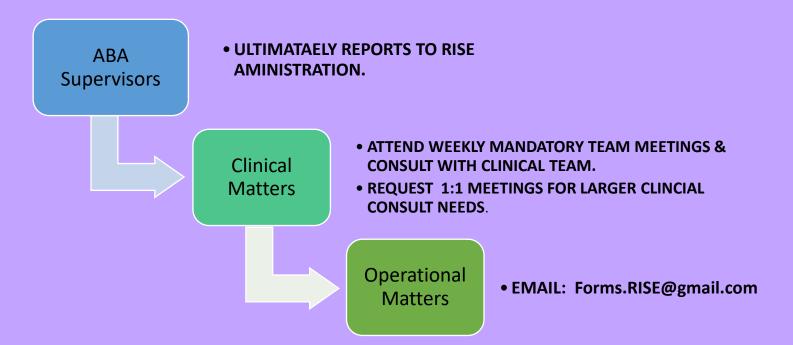
RISE hourly employees are enlisted as "part time" and "non-exempt" employees and are given no guarantee of full-time work, although they may be offered an number of hours that equals full time. Further, that can fluctuate as workflow does commonly change and fluctuate in this industry. Staff should expect that hours and assignments can change at any time, and thus the staff's income can also increase or decrease without warning.

FULL TIME

- o RISE defines Full Time Work as 40+ hours per week for purposes of eligibility for medical benefits.
- A work week runs Sunday through Saturday.
- Non-exempt staff will be paid overtime consistent with Michigan's overtime law, for work above
 40h in a work week.

REPORTING HIERARCHY





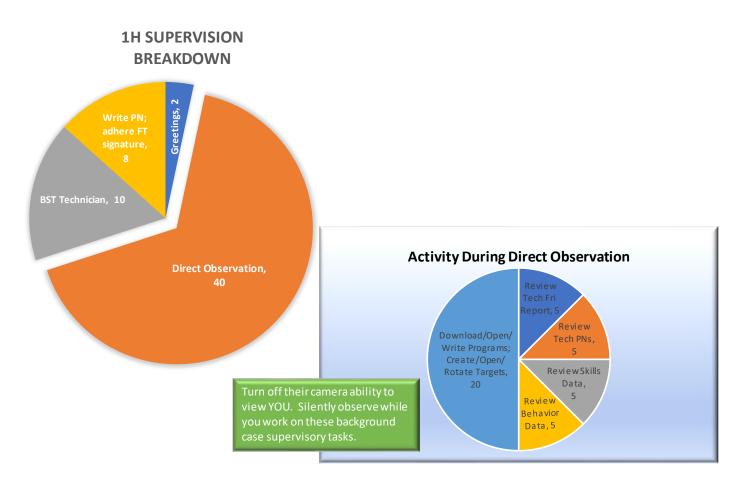
JOB DESCRIPTION ABA SUPERVISOR (BCBA, QBHP, BCABA)

- 1. Full case supervision including any non-billable work, and any these billable service codes:
 - a. 97155 ABA Supervision
 - b. 97156 ABA Family Training
 - c. 97151 ABA Assessment
 - d. 0362T ABA FBA/BIP
- 2. Accept new cases:
 - a. Intake new cases within 48 hours of accepting
 - b. assess within 2 weeks of Intake and prior re-assessment due dates
 - be physically present for observation component of assessment
 - c. Meet with technician to Prep and then Be Onsite for all Case Opens or newly hired technician placements on a site.
 - d. monitor and build cases
 - a. Track and IPOS train staff to cases
- 3. Track and ensure utilizations do not fall below 80%.
- 4. Guide Behavior Technicians in their delivery of patient direct services.
 - a. Have direct communication with the behavior technician during each visit, using verbal/chat/email as appropriate with each client to cause as least observer interference as possible, to field clinical questions, deliver BST, assist with any logistical issues, and guide the clinical case delivery.
 - b. Have direct communication and interface with the patient's parent/custodian during a supervision visit. "Hello" during greeting time is ok. Inquiry to "are you satisfied with services" is best.
 - c. Behavior intervention programming:
 - i. Write/enter operational definition into Journey to specifically match behaviors defined to be addressed, per the written treatment plan, within 2 weeks of case open if new case.
 - ii. Set up data draw and antecedents and consequences and train technician how to draw data you need, then monitor for consistency and fidelity in data draw.
 - iii. Analyze the data and write an evidence based BIP based on the data findings, to RISE standards and using RISE template, if the behavior section in the treatment plan needs advance or update.
 - iv. Analyze and ensure there is a written BIP report for all patients with behaviors identified in their treatment plan or in their IPOS. The original BIP may be incorporated into the Treatment Plan Report.
 - v. Train technician during your visit to implement your BIP, then monitor for consistency and fidelity in technician delivery.
 - vi. Draw behavioral data during a session, if appropriate.

- d. Skills Programming:
 - i. Enter all skills programming to match the patient Treatment Plan goals.
 - ii. Regularly review all patient skills programming to monitor patient progress, and to write/download/open/rotate/progress targets and skills goals as appropriate.
- 5. Interface parents of cases you are assigned to or working on, respond within 24 hours to client/parent contacts regarding clinical concerns, and either:
 - a. Direct the client/parents to schedule a family training session with you to address their concerns (schedule an appointment just like a doctor's office would)
 - b. **/OR/** Quickly shift the communication to a billable and <u>tele</u> (not telephone) exchange so it become a billable family training consult.

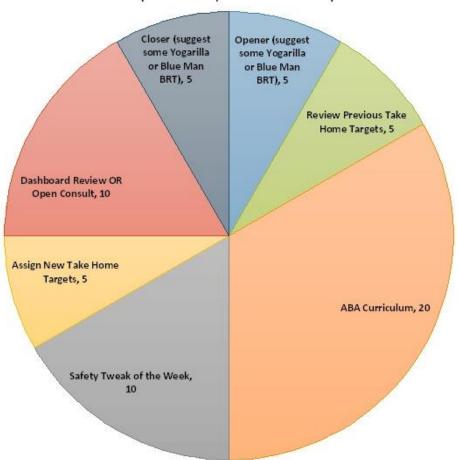
**Noting that RISE does not do Emergency Services

- 6. Complete clinical progress notes that meet RISE Standards and template, during the last 15 of each session and not late, and into the CMH platform, if applicable.
- 7. Attend mandatory Monday morning admin meeting; 9am.
- 8. Privacy Agreement
 - You are required to observe and uphold all the Company's privacy policies and procedures as implemented or varied or varied from time to time to keep RISE in compliance with all applicable laws and regulations, including HIPAA and Employment Laws. Collection, storage, access to and dissemination of patient and employee personal information will be in accordance with federal, state, and local privacy legislations.
- 9. Deliver ABA Supervision in the following RISE format:



1 hour Family Training

(# is how many minutes to dedicate)



JOB DESCRIPTION TECHNICIAN (BT or RBT)



Raising

1

Independence through

S

Skills

E

Empowerment

Center for Autism



RISE ABA Behavior Technician Job Description

(Updated 11.30.2021)

RISE ABA Behavior technicians are the front face of the RISE Center.

The RISE Behavior Technicians job is to:

- Accept and commit to patient assignments in-clinic or in-home, per patient preference and as authorized, and then to,
- 2. Deliver high-quality, ethical, and skilled Applied Behavior Analysis (ABA) programming 1:1 to a child with autism.

The ABA Therapy programs the technician delivers are written by a clinically qualified ABA Supervisor and the technician's job is to deliver that programming as written and without straying or adding their own programming, but in an effective, skilled, and interesting to the patient way. They are expected to deliver with knowledge, aptitude, initiative, and sound professional judgment.

The RISE technician documents their work in a timely, competent, ethical, and in proper and complete billable way.

The RISE technician adheres to all RISE Professionalism and Performance standards, policies and procedures, and all State, Federal, local, and contract mandates and credentialing and compliance requirements.

90-Day PROBATIONARY PERIOD

Purpose:

The 90-day probationary period provides an opportunity to assess the suitability of new hires for their roles and ensures they understand job responsibilities and company expectations.

Scope:

This policy applies to all new full-time and part-time employees. Temporary, seasonal, and contract workers are not subject to this probationary period unless otherwise specified.

Policy Details:

1. Probationary Period Duration:

All new employees are subject to a 90-day probationary period commencing on their first day of employment.

2. Evaluation Criteria:

During the probationary period, employees will be evaluated based on:

- o Job performance and professionalism measures
- Attendance and punctuality
- Adaptability to company culture
- Communication skills and teamwork
- Willingness to accept feedback and make improvements

3. Reviews and Feedback:

Supervisors will conduct clinical performance live feedback at regular supervision visits and address any areas of concern. RISE HR will address further performance and professionalism areas of concern, as they occur and if they occur, and provide feedback how to improve, referencing back to this handbook. Reviews and feedback may be in any of these forms:

- Verbal
- o Written Advise
- Written Warning

4. Outcome of Probationary Period:

- Successful Completion: Employees who meet performance and professionalism standards will be allowed to continue their roles
- Extension of Probation: If additional time is needed for evaluation, the probationary period may be extended by up to 30 days at the discretion of management. Staff will be given additional advise, oversight, and/or training, as appropriate to help the staff be successful.
- Termination: If performance is unsatisfactory and improvement is not observed, employment may be terminated at any point during the probationary period.

5. Benefits and Entitlements:

Employees will NOT be eligible for standard company benefits during the probationary period unless stated otherwise or elsewhere in written policy.

6. At-Will Employment:

Completion of the probationary period does not alter the at-will employment relationship. The company reserves the right to terminate employment at any time, with or without cause.

DRESS CODE

Appearance

Being neat, clean, and well-groomed is the professional image that the RISE Center requires of its staff.

Hygiene

Staff must be freshly showered, clean washed hair, freshly washed clothing, no offensive body odor, etc.

Perfumes, lotions, tobacco, body odor, and other strong scents

<u>Do not smoke just prior your session visits to ensure you do not smell of tobacco at your session.</u> Smoking during your session is prohibited.

No strong scents due to soaps, shampoos, conditioners, body lotions, cosmetics, perfumes; no nut oils.

Attire

Staff are required to purchase their own work uniform consistent with the below requirements:

- PPE
 - Staff may be required to wear PPE in cases where they are required by RISE Sick Policy to "nurse up" as in client is in services, but isolated services.
 - O Staff have a right to wear PPE at any time they prefer.
 - o RISE provides masks and gloves, and shields if available.
- Uniform
 - Staff are required to wear scrubs of their choice to work.
 - Shoes must be closed heel and toe and no elevated heel.
 - Acceptable: Tennis shoes. Nursing shoes. Flats. Sandals with back strap and closed toe. Footies. Socks.
 - Unacceptable: Flip Flops. Barefoot.
- No hats, stocking caps, or full hair coverings are allowed during training, except:
 - A hat that matches specific training that is being done to set the ambiance of the training. For example, when running the fishing program, the trainer might wear a fishing hat to the fishing activity. Another example, a fun Christmas hat might be worn during the Christmas season to raise the Christmas spirit.
 - o A brimmed hat to block the sunshine while doing an outdoor activity such as a field trip to the park.
 - A solid-colored visor, hat, or cotton sweat band with the RISE logo displayed on the front.
 - o Traditional garb consistent with a sincerely held religious belief.
- Undergarments should not be visible at any time.

COMPANY EQUIPMENT

Staff are not required to check out company equipment or materials, but they are required to have proper equipment to be able to access the Internet and the RISE Journey platform, and training materials to properly deliver the training programs & to perform their duties. RISE is not responsible for any personal materials or equipment a staff chooses to use. Most training materials are available on RISE Google Drive for staff e-view & use, download, or print of staff's own accord (vs checkout). NO company or personal materials should ever be left on a client site overnight.

TRAINING KIT or MATERIALS

- 1. All RISE materials must be checked out on a check out form before being removed from a RISE facility.
 - a. You will be charged a replacement value, not less than \$200, if you damage beyond reasonable use and/or fail to return any borrowed materials within 24 hours upon exit or immediately upon demand.
 - i. This amount will be immediately withheld from your current or final pay and/or may be recuperated by any legal means necessary.

PHONE OR TABLET

- 1. Your passcode to electronics is 123456. Do not change it. Do not add additional protection (such as face recognition, fingerprint, or authenticator codes).
- 2. Do not add additional Apps to your company electronic
- 3. Your company electronic and the information on it belong to the company.
 - a. Never reset, wipe, or change access credentials or pin on this Electronic.
 - b. Only use this device for company activity.
 - c. Do not make online purchases on this Electronic or enter your personal financial information.
 - d. Consider creating a generic company email address to use for only business.
 - i. If you use your personal email, you are responsible to log out upon your exit.
- 4. Confidentiality
 - a. No PHI on any electronics. Use acronyms for all patient info exchanges.
- 5. You are responsible for your Electronic.
 - a. You are required to immediately report to RISE Admin if you lose or damage this device.
 - i. If you damage or lose your Electronic, you will be charged a replacement cost.
 - ii. You are required to return this device directly and personally to RISE Admin within 24 hours of your exit from RISE, and/or at any time that RISE demands its return.
 - b. Upon return, you are required to return the Electronic in good condition as it was issued: In its original box, with the Electronic, cover, cable/cord, and adapter.
 - c. You will be charged a replacement value, if you damage, fail to return within 24 hours upon exit or demand, or if you return it to RISE inaccessible due to reset, wipe, or changed access credentials.
 - i. This amount will be immediately withheld from your current or final pay and/or may be recuperated by any legal means necessary.
 - ii. This device does have location tracking & will be disabled and unusable upon your exit.
- 6. Do not leave this unit in your vehicle or in any area where there are extreme temperatures or high risk of
- 7. This device is a company tool.
 - a. You should be the only person in control of this device at all times.
 - i. It should never be handed off to a client or the autistic child you are working with.
 - ii. It should never be handed off to anyone else, including your own children, family, or friends.

FRATERNIZATION

The aim of this fraternization policy is to minimize the impact of things that can go wrong due to workplace fraternization while maximizing the powerfully positive aspects of employee friends. This policy applies to the RISE workplace and any setting outside the workplace where staff may fraternize. This policy applies to all our employees regardless of gender, sexual orientation, department, position, and seniority.

Employee Friendships are Allowed

An employee friendship is an acceptable professional friendship between work peers of any level, which is mutually respectful, inclusive of all staff who desire to join, helps staff communicate, collaborate, and preserves and promotes harmony and a healthy work atmosphere.

- RISE encourages healthy employee friendships.
- Meeting up with co-workers and managers outside of work for a drink, dinner, or activity does not cross the line
 into fraternization unless it results in favoritism or leads to inappropriate romantic relationships.
- Employees must discuss non-work-related issues outside of the workplace with their peers (Holy HIPAA!)
- Employees are expected to focus on their work instead of their friendship while at work.

Fraternization is Strictly Prohibited

Refers to an intimate, dating, romantic, sexual, or financial relationship, or any relationship or friendship that is so strong that it creates an actual or perceived boss/subordinate favoritism, or interferes with the meeting of day-to-day responsibilities, or creates cliques or fragmentation in the organization or among employees.

HOT TIP: Non-consensual relationships constitute sexual harassment, and RISE prohibits them explicitly.

PERFORMANCE STANDARDS

Performance standards are metrics on the skill of delivering ABA clinical techniques and components with competence, fidelity, and consistency, and properly evidencing and documenting patient progress and session details.

Delivers High-Quality, Ethical, and Skilled ABA

- Staff must learn and deliver <u>ABA delivery techniques</u> common to the job.
- Acquire, demonstrate, and maintain ability to carry out <u>skill acquisition</u> plans as prescribed with fidelity.
- Acquire, demonstrate, and maintain ability to carry out <u>behavior intervention</u> plans as prescribed with fidelity.
- Staff must continuously collect accurate, reliable, and real-time ABA data.
- Know and follow Center's trademarked delivery format; RISE Rotations.
- Use required Behavioral Tools on a daily basis and with fidelity (e.g. Token Boards, Timers, Visual Schedules, etc.)

Submits Timely, Thorough, and Correct Clinical Documentations

Displays Aptitude

- Exudes a presence that conveys enjoying working with children
- Exudes a patience and kindness needed to work with children with disabilities
- Responds promptly and in developmentally appropriate ways to the child's needs
- Naturally promotes positive climate for learning and enthusiasm
- Exudes an agreement to comply with the technologies of ABA and a confidence in the science effectiveness.

Displays Initiative

- Displays initiative and willingness to be creative and find or invent and implement creative opportunities to make delivery of the assigned programs student-centered.
- Willingness and initiative to be up and down and interactive with patient.
- Willingness and initiative to assist the child to construct their own knowledge by encouraging the child to interact with people, concepts, and their environment by manipulating a diverse variety of materials.

Demonstrates Sound Judgment

- Maintains safe work and training environment consistent with all RISE Policies.
- Remains within an arm's reach and eyes on for patients 6 years of age or younger, at all times.
- Maintains line-of-sight supervision with all assigned patient/s at all times regardless of patient ability.
- Remains within an arm's reach of patients older than 6 years, if in the patient plan or if prescribed by the ABA Supervisor, or if common sense dictates it is needed for safety.
- Remain eyes-on for patients older than 6 years, if in the patient plan or if prescribed by the ABA Supervisor, or if common sense dictates it is needed for safety.
- Knows and follows individualized Behavior Improvement Plans (BIP) with fidelity.
- Knows and follows emergency protocols with fidelity.
- Has sound judgment to avoid dual relationship boundaries
- Displays sound judgement in terms of Ethics of Touch boundaries
- Does not take photos or videos of patients, nor share or post any photos or videos of your patient on any social media sites or via any other means, such as texting or emailing patient photos, not even to parents or to RISE administration.
- Demonstrates sound judgement to refer all clinical and site issues to ABA Supervisor for the patient, and to not intercept or organize or conduct duties that are supervisor duties.
 - Technicians cannot write programs
 - Technicians cannot attend IEP meetings
 - Technicians cannot attend doctor appointments
 - o Technicians cannot advise on behaviors or skills
 - Technicians must refer the parents to the ABA Supervisor for all clinical issues
 - o Technicians must not attempt to manipulate the patient schedule
 - Technicians must refer the parents to their ABA Supervisor for all scheduling issues

PROFESSIONALISM STANDARDS

Support of the RISE Center's Curriculum & Continuous Delivery of RISE Rotations

Support means delivering enthusiastically, student-centered, and with creativity inserted for fun for the patient.

No Excessive Absenteeism / Persistent Tardy / Abuse of Policies

RISE staff are expected to operate fully within the company closure and time off policies, to be professionally on time for their sessions, and to deliver to the scheduled end time. Excessive absences and service delivery inconsistencies have a profound negative effect on patient clinical progress, therapy quality, RISE professional image, company revenues, and compromises legal utilization mandates and RISE payor contracts.

Care for Our Patients

Patients are cared for to ensure safety, sanitary, humane treatment, and to ensure a common standard of personal care.

Safe = no harmful objects or substances within patient access (such as cleaning chemicals or sharp objects). Staff implements instructional control to keep the patient from engaging in behavior that could cause an accident.

Sanitary = environment is kept clean, sanitized, safe, and orderly.

Humane = talk to and treat our patients with dignity and respect; without discrimination; never scolding, punishing, or threatening to remove activities or items to control behavior.

Common Standard of Personal Care = Help or prompt your patient with personal hygiene and safety that they are not able to do independently. EG: Wipe a runny nose, check for diaper changes, zip a coat, assist with shoes, etc.

HOT TIP: "Neglect" is not only acts of Commission (you insert), but also acts of Omission (you do not act).

Properly Supervise our Patients

For safety and compliance, you must always be doing one of three types of patient oversight:

"Within Arm's Reach" or "Eye's On" or "Within Line of Sight"

Your supervisor can tell you which one your patient requires, and you should also insert common sense.

- Within Arm's Reach = Staff is always close enough to reach and touch the patient, at all times.
 - Required for patients chronologically or operantly under 6 years of age, or elopement behavior patients.
- Eyes On = Staff is directly and constantly seeing (not taking eyes off) the patient, at all times.
 - Required for patients with dangerous behaviors.
- Within Line of Sight = Staff is able to see any movements of the child and is within line of vision and are able to immediately talk to the patient, at all times.
 - For older, more independent, relatively behaviorally trustworthy, patients without dangerous behaviors.

Never leave a patient unattended for any amount time – NO EXCEPTIONS.

ALWAYS be *physically between* your patient and any facility exit doors.

QUICK BREAKs: (e.g. if you need to use the bathroom).

- You must wait until you have another staff assist because your patient *cannot* be unattended.
- Other staff must be able to balance the assist without compromising their own patient safety.
- A Safe Balance Example: One staff stands in the hallway and watches into 2 rooms, one room with each kiddo.

Accept and Commit to Patient Assignments

Technicians are assigned patient assignments based on these priorities, in order of (1) Patient Clinical Needs and Preferences, (2) Business Needs, (3) Technician Needs and Preferences. To prevent any appearances of discrimination of patients, *RISE* does not allow technicians to choose patients or request removals from patients.

Good Customer Service

RISE technicians should give good customer service, be timely and ready to meet the patient and caregiver at arrival for session and after session pickup, polite, smiling, and positive. At pickup time, the staff gives the parent/caregiver a "My Day" report sheet – and smiles at them and wishes them a good day.

Always Model the Socially Acceptable Behavior

RISE technicians are role models, and literally training models of what is the socially acceptable behavior or response for the autistic individual. Always model the correct and socially acceptable behavior and responses when around RISE patients.

Adhere to RISE Behavior Handling Policies

RISE is a "Hands Off with Problem Behaviors" Company

- "Hands Off with Problem Behaviors" refers to the use of physical management to control behaviors.
- Plain and simple think "hands off" when addressing behaviors.
- This is not to be interpreted as preventing you from delivering legitimate physical prompts, nor from assisting a patient with daily living tasks the patient cannot do independently.

At the Point of Resistance, You MUST Release

HOT TIP: A prompt is no longer a prompt at the point of physical resistance.

Never Support the Full Weight of the Child

Do not pick up a child, carry a child, swing a child, allow a child to sit on your lap; etc.

Only Positive Behavioral Supports

Staff must respond promptly and in developmentally appropriate ways to patient's negative emotions and feelings of hurt and fear by providing comfort, support and assistance. We must provide Positive Behavioral Supports. We never use physical or verbal punishment of any type ranging from verbal threats to remove access to something simple, derogatory remarks, all the way up to shaking, hitting, withholding or threatening to withhold food, or removing a patient's freedom of movement or inserting seclusion. RISE Staff do not engage in physical abuse, verbal abuse, bribery, or coercion. No exceptions.

Know and Adhere to the Patient Plan of Service and Assessment Goals

Know and Adhere to Patient's BIP (Behavior Intervention Plan)

Know and Adhere to the RISE Problem Behavior Emergency Plan

Work Ethic

Work time is for work. Staff should not be engaged in non-work activities during work, such as monitoring their non-work text messages, monitoring or communicating on Facebook, or taking personal phone calls short of a true and serious emergency. Any conduct which interferes with the work time of a staff person, will not be tolerated. Staff are expected to be on time for their shifts and work until the end of their shift. Work time is when you are on the RISE clock.

Demonstrate Respect

- **To your Supervisor.** Your supervisor is mandated to provide supervision and to deliver honest and quality ABA. You do not have to agree with the directions your supervisor gives you, but you do have to follow those directions.
- **To our Patients.** All patients, parents and visitors will be treated with kindness, friendliness, patience, and respect. All Medicaid patients and families will be treated consistent with their Recipient Rights and all staff will receive annual training in Recipient Rights.
- To our Client Families. Remember that parents do not want to hear RISE staff complain about their child's behaviors, although they may want honest feedback. It's a fine line. And remember, behaviors are what we do, so we shouldn't be complaining about behaviors. Statements about behaviors that occur during the day should be restricted to (1) the title of the behavior, (2) number of instances encountered, and (3) explanation of what ABA technique you used to assist the patient through their moment, (4) and whether or not that technique was effective. If sharing negative information, it should only be done if necessary, never within earshot of the patient, and should be followed up by a statement notating something positive and good about the patient.
- **To your Co-Workers.** Staff should refrain from gossip, loud talking, unnecessary noise, personal electronic activity such as checking Facebook or text messages, and any other forms of conduct, which could disturb the program and detract from the professionalism of the Center and on home sites.

Stay Inside Your Job Role

Technicians must stay inside the limited role of a behavior technician. The role of the behavior technician is to go to the site, deliver the programming as written by their supervisor, and go home. Technicians are not licensed, or qualified to, and cannot circumvent supervisor role, in ways including but not limited to:

- Writing or conducting their own programs
- Going to family events, doctor appointments, school appointments, etc.
- Consulting with any parties on clinical or operational matters
- Having clinical discussions with patients or families
- Technicians should not be discussing or suggesting the direction or effectiveness or programs.

- Technicians should not give clinical tips/suggestions/recommendations to patients or families, particularly on behaviors
- Discuss case or clinical details with anyone on the site
- Discuss or do any scheduling arranging
- Communicate with the family/client outside of their direct service hours
- If a supervisor arranged a parent consult, a technician should never insert themselves into that discussion, unless the supervisor invites their insert.
 - Technician role is to deliver ABA to the patient; that is what they are billing for and it is what they should be doing at all times. If a consult is occurring, they should be doing their training away from the clinical discussion, respecting the supervisor's clinical or operational discussion, and for the dignity and respect of the patient.
 - Technicians are not part of a parent consult.
 - The technician should never be alongside the parent negotiating or suggesting to the supervisor what should or should not be done with the patient or patient programming, unless the supervisor specifically requests that input from you. Otherwise, your supervisor will ask for your insight privately later if they need it.

HOT TIP: Technicians must refer client to the supervisor for all clinical and operational type issues, politely like this:

"Thank you for bringing that to our attention. That is something you will want to talk to the supervisor about. I will do as they
advise me. Would you like me to mention to the supervisor you would like a contact and family consult?"

Maintain Safety

Every caution must be taken to guard against accidents to patients and other staff. It is the responsibility of every present staff to correct unsafe conditions such as liquid, food, paper, and extension cords on the floor, unsafe activities such as running in halls climbing on bookshelves, counters, or desks, slamming or playing with doors, or any other condition, which could cause an accident. If a staff is aware of an unsafe condition but unable to correct it, staff must report it immediately to Forms.RISE@gmail.com. All accidents should be immediately reported in an incident report.

No Smoking

No smoking is permitted within 100 feet of the *RISE* Clinic or any facility that is owned, leased, or contracted by the *RISE* Clinic or used routinely or regularly for the delivery of therapy. This includes private residences, or any facilities used in our training, including CMH Annex facilities. Smoking of any type, including VAPING, is strictly prohibited. This is a Federal Requirement of the **Pro Patients ACT of 1994**, Public Law 103227, 20 USC 6081 et seq, and the requirement is included in our patient contracts with serious fines for violations. You will be immediately discharged for violations of this policy.

Staff Hygiene

Staff must always come to work with a freshly showered body, cleanly washed hair, clean clothing, etc. Staff should change their uniform/clothing between patients. *RISE* staff are a representation of health, thus dirty clothing, unwashed hair, scent of cigarette smoke, body odor, excessive perfumes, etc. are unacceptable.

"Active Training" Sessions Expected

Staff must pre-think and pre-plan their training session. Technicians should be "Actively Training" at all times during the session and <u>immediately</u> recording the related data. Intensive ABA is repetitive, and so it is appropriate to repeat previously run trials if technician runs out of programming. It is also appropriate to run again any standard programming. A *RISE* technician is never without programming and should not have lapse time, because they always have the *RISE* Rotations and Standard Programming to default to in difficult delivery circumstances.

Physical Expectations

ABA Therapy is a physically demanding profession and requires RISE staff bring the training to the level of the patient. Staff must be able to transition from sitting on the floor to standing on a frequent basis. Staff must be able to regularly crouch, kneel, and crawl. Staff must be able to implement and move quickly, in a way that respects all recipient rights and secures patient safety, in the case of a physically aggressive or behaviorally challenging patient.

Texting and Emailing Boundaries

- NO Texting or emailing any clinical information or personally identifiable health information (PHI)
- Texting with families or between staff should be limited to superficial session arrangement details and cannot contain any clinical information or conversation.

Emergency Phone Calls

In serious and absolutely urgent emergencies while on patient site, communication to the case supervisor should be by direct PHONE call stating the condition is a serious emergency (after, of course, calling 911 if appropriate and necessary)



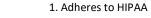
RISE Center for Autism

Raising Independence through Skills Empowerment

DATE:

STAFF NAME:

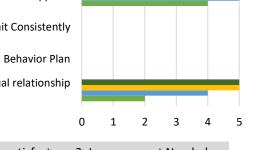




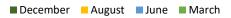
- 2. Properly Refers Parents to BCBA
- 3. Adheres to TO/Flex/Scheduling Expectations
 - 4. Adheres to Patient Schedule
- 5. Paperwork & Data Submission
 - 6. Utilization
 - 7. Has Knowledge of the Job
 - 8. Dependability
- 9. Delivers ABA Programming at Appropriate Level throughout Session.
- 10. Delivers Discrete Trials (DTT) w/ Fidelity
 - 11. Care and Respect to Patients
- 12. Respects Supervisor- Follows Directions
 - 13. Team Attitude Respects Co-Workers

14. Safety is Met

- 15. No Smoking is Fully Met
- 16. Creative in Training Session Activities
 - 17. Meets Physical Expectations
 - 18. Displays a Good Work Ethic
 - 19. Work Performance is Fully Met
- 20. Uses Only Positive Behavioral Supports
 - 21. Uses Help-Prompt-Wait Consistently
- 22. Adheres to RISE Problem Behavior Plan
 - 23. Properly manages dual relationship issues



0=Not Rated; 1=Unsatisfactory; 2=Improvement Needed; 3=Minimimally Satisfactory; 4=Satisfactory; 5=Consistently No Issues



COMMENTS ON EXPECTATIONS

Your Strengths:

- X
- v

Improve on # XXX
Here is how to do it:

Improve on # XXX
Here is how to do it:

Improve on # XXX
Here is how to do it:

SUPERVISOR SIGNATURE DATE DELIVERED & MEANS DELIVERED

Received & Reviewed In Person [DATE]

STAFF RECEIPT

Received & Reviewed In Person [DATE]

PAYROLL SCHEDULE & POLICIES

2025 Pay Rates

Behavior Tech (BT)	\$18.50 billable hour
Registered Behavior Tech (RBT)	\$20.00 billable hour
Non-Billable Rate	Minimum Wage * OR per CMH Contract Requirement Must be preauthorized by RISE HR in writing
Salary Staff	Per individual contracts

Overtime

Hourly staff must STOP working when hitting 40 hours in a pay period, unless the overtime is pre-authorized in writing by RISE HR. It is the hourly staff's responsibility to contact www.Forms.RISE@gmail.com for correction if accidentally over-scheduled.

Progress Note Requirement for Timely Pay

Your progress note is your timecard and proof that you were at your scheduled shift, often it is the only proof as most sessions are in patient homes. Thus, billable pay is contingent on having received, in suitable billable form, the applicable billable progress note for each session, to be submitted in the last 15minutes of the session but never later than the same calendar day. Sessions not supported by a PN by payroll processing will be paid in the next pay period, after the progress note is received.

Pay Schedule

Payroll is every other Friday; the pay period being the 2 weeks prior to the pay week. The first payday in 2025 is January 10, 2025, and every other Friday after that.

Direct Deposit Requirement

RISE payroll requires direct deposit. Special exceptions may be made if necessary and requested.

Lost / Replacement Check

Cost Responsibility

If a stop payment is required for a paycheck or direct deposit that needs to be replaced for any reason, including but not limited to loss, theft, or mail mix up or delay, incorrect deposit information, or any other reason. The cost for stop payment to issue a replacement check is the responsibility of the staff who the check is written to, and will be deducted in the replacement check, along with any mailing or special delivery cost to confirm delivery if administration determines a receipt of the new check is prudent.

Procedure to Request a Replacement Check

- Staff must wait 10 days from the date of a lost check or direct deposit to allow for time to find the check or to allow
 deposit search to complete and to allow the electronic return of the funds, or to allow mail delivery to process.
- At the 10-day mark, the staff should fill out a lost check form requesting a stop payment of the non-cashed check, acceptance of the stop-payment fee, issue of a replacement check, and delivery preference.
- A replacement check will be issued with the next scheduled pay date after the 10 day wait.
- If the error is fully RISE's error, RISE will hand write a replacement check within 24 hours.

Multiple Lost Checks

If there are two instances of lost or damaged hard copy checks requiring replacement, *RISE* may require that the staff create the ability to receive pay by direct deposit or through pickup, as RISE deems appropriate.

Final Pay

Final pay upon staff exit will be dispatched as per regular payroll after the termination happened; subject to recoupments for any equipment, materials, or keys not returned.



Mileage is an optional perk offered by RISE and RISE will pay 20c per mile only under the conditions below:

- To or from work in a RISE clinic = no mileage.
- To or from a patient home = mileage after the first 20 miles each way.
 - o NOTE: First 20 miles is considered a normal commute to work as everyone must get themselves to work:
 - Thus, subtract the first 20 miles to work in a patient home.
 - Subtract the first 20 miles on your way home from a patient home.
 - Home = your home address registered with RISE upon receiving the assignment.
- Site-2-Site = mileage
 - Anytime you must drive from one assigned RISE worksite to another assigned RISE worksite (be it a patient home
 or clinic or other assigned worksite), you may claim the full site-2-site mileage for that.
- Mileage amount will be based on the <u>shortest route</u> miles identified via MapQuest.com, as approved and verified by management.
- To be paid, you MUST Properly and Fully Document and Timely Submit
 - The staff is responsible to submit a fully and properly filled out Mileage Form to Forms@RISECenterForAutism.com
 - o Detailed means the list specifies the date, the to-from addresses, and the miles per Mapquest.com
 - o Claims must be submitted no later than midnight Saturday for the week ending that Saturday
 - Claims cannot be retroacted and late claims are not payable.
- <u>Excess Reimbursement Return</u>. Any excess reimbursement must be returned to the employer. Excess reimbursement may be deducted in full without notice as early as the next payroll after an excess is discovered.

RISE MILEAGE REIMBURSEMENT FORM 2024

Email Completed form to: Forms.RISE@gmail.cm; Titled: MILEAGE

For Mileage Reimbursement Timely Submit by SATURDAY each week for previous 7 Days - LATE forms will not be accepted

NOTE: WE WILL NOT PROCESS A CLOUD VERSION OF THIS! DOWNLOAD TO YOUR DESKTOP, FILL OUT, & ATTACH A WORD DOC TO AN EMAIL!

MILEAGE IS PAID @ 20c/mile AFTER FIRST 20 MILES TO WORK FOR THE DAY & AFTER FIRST 20 MILES HEADING HOME FOR THE DAY.
MILEAGE IS PAID @ 20c/mile FOR ALL MILES WHEN DRIVING FROM ONE CLIENT SITE TO ANOTHER.

Staff Name:	Week Beginning Date (Saturday):	 Week Ending Date (Sunday):	
Name:			

Day (Circle)	Date	Re what Patient? (use code)	Driving site 2 site?	Driving from your home to Clinic?	Address Traveling FROM	Address Traveling TO	# Miles per MapQuest.com	ADMIN CROSSCK
MIWIN								
F Sa Su								
M T W Th								
F Sa Su M T W Th								
F Sa Su								
M T W Th								
F Sa Su								
MIWIN								
F Sa Su								
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TOTAL FOR WEEK

C

FLEX Time Policy

Effective Date: May 1, 2025

Applicability: All employees of RISE Center for Autism in Michigan

Benefit Year: January 1 – December 31 (calendar year)

Purpose: This policy is to provide RISE employees with a guide to use of FLEX Time

1. Definitions

• FLEX = Time where a staff will choose, with full agreement of the client, to move their shift to another day or time, essentially making up missed time.

RISE HR = Forms.RISE@gmail.com only. Referred in short as "Forms".

2. Usage Limits:

- Employee may FLEX no more than 2 shifts per calendar month.
- Employee may not FLEX shifts when client utilization is below 78%
- FLEX is not available for in-clinic patients.
- Time off resulting from failed FLEX that is in excess of RISE written policies or compromised patient utilization is unallowed and will be considered unexcused absence, and is subject to disciplinary actions.

3. Carryover:

No monthly or annual carry over.

4. Waiting Period for New Hires:

New employees must wait until the end of the probationary period, 90 calendar days from their hire date, to use FLEX.

5. Allowed Uses:

FLEX may be used only for in-home clients and for any personal purpose, for when EST does not apply or for when the staff prefers to not use their EST.

6. FLEX Request Process

Request to use FLEX:

- 1. Contact your BCBA Supervisor to get consent and so the BCBA can adjust the schedule.
- 2. Employees servicing Home-Sites are responsible to directly communicate with the client family, notifying they will be absent to the home-site and to arrange their FLEX time.
 - a. Employees servicing In-Clinic clients should not notify client families of their absences.

7. Separation

• FLEX is a moving of your shift and has no cash value, is not paid out or reimbursed upon termination, resignation, retirement, or other separation from employment, and cannot be used in the last 2 weeks of employment.

Earned Sick Time (EST) Policy

Effective Date: January 1, 2025

Applicability: All employees of RISE Center for Autism in Michigan

Benefit Year: January 1 – December 31 (calendar year)

Purpose: Michigan has a new law regulating paid sick time: Michigan's Earned Sick Time Act (ESTA). RISE must align our

time off policies and practices with the language of this new law and remove elements counter to this law. Thus, this policy is to provide RISE employees with an accrued paid sick time off (EST) benefit, and to guide the allowed

uses and accruals for that policy.

(THIS POLICY WILL CHANGE WITHOUT PRIOR NOTICE TO MEET STATE MANDATES, AS THOSE MANDATES CHANGE)

1. Counter Law Removals

1. Technicians should not search for or secure a substitute or schedule makeup events to take EST.

2. Time off in excess of RISE written policies are unallowed and always unexcused, and subject to disciplinary actions.

2. Definitions

- EST = Accrued Paid Sick Time Off
- RISE HR = Forms.RISE@gmail.com only. Referred in short as "Forms".
- Foreseeable Event = Event is reasonably anticipated
- Unforeseeable Event = Actively Occurring Health or Safety Event
- "As Soon as Practicable" = The moment at which it is safe for the employee to step away from an actively occurring health
 or safety emergency or crisis, to be able to contact RISE to notify why they failed to attend work or will miss work.
- "Approved as Accrued" = RISE has verified EST request as accrued and available, and thus approved use.
- Frontloading = Moving forward not yet accrued EST to allow the benefit to be used as needed vs as accrued.
- Re-Hire = Individual exited RISE employment then returned to employment within 6 calendar months.

3. Accrual of EST:

- Accrual Amounts
 - o Employees accrue one (1) hour of EST for every thirty (30) hours worked.
- Accrual Begins For:
 - Existing employees on 01.01.25: January 1, 2025
 - o New Hires: Date of Hire
 - o Re-Hires: Date of original hire.
- There is no cap on accrual; however, usage limits apply annually.

4. Usage Limits:

Employee may use up to 72 hours of accrued EST per calendar year, to the extent accrued.

5. Incremental Use:

• EST may be used in increments of one (1) hour, to the extent accrued.

6. Carryover:

• Unused EST carries over from year to year.

7. Waiting Period for New Hires:

• New employees must wait until the end of their probationary period, which is 90 calendar days from their hire date, to use their accrued EST. Accrual begins immediately but cannot be used during this period.

8. Allowed Uses:

EST may be used for the following purposes:

- 1. The employee's or the employee's family member's mental or physical illness, injury, or health condition; medical diagnosis, care, or treatment of the employee's mental or physical illness, injury, or health condition; or preventative medical care for the employee.
- 2. If the employee or the employee's family member is a victim of domestic violence or sexual assault, for medical care or psychological or other counseling for physical or psychological injury or disability; to obtain services from a victim services organization; to relocate due to domestic violence or sexual assault; to obtain legal services; or to participate in any civil or criminal proceedings related to or resulting from the domestic violence or sexual assault.
- 3. For meetings at a child's school or place of care related to the child's health or disability, or the effects of domestic violence or sexual assault on the child; or
- 4. For closure of the employee's place of business by order of a public official due to a public health emergency; for an employee's need to care for a child whose school or place of care has been closed by order of a public official due to a public health emergency; or when it has been determined by the health authorities having jurisdiction or by a health care provider that the employee's or employee's family member's presence in the community would jeopardize the health of others because of the employee's or family member's exposure to a communicable disease.

9. EST Request Process

Request to use Earned Sick Time Off by:

- 1. Fully fill out the Earned Sick Time Off Request Form
- 2. Submit Request Form to RISE HR at: Forms.RISE@gmail.com
 - o Foreseeable Event Use: Must be approved in writing, prior to use.
 - o Unforeseeable Event: Must be approved in writing, "as soon practicable".
- 3. If notice is necessarily short, and Forms response is not timely, call 989-387-4617 to alert Forms you have submitted request & to request a response.
- 4. Employees servicing Home-Sites are responsible to directly communicate with the client family, notifying they will be absent to the home-site, ONLY AFTER the EST has been approved by RISE HR.
- 5. Employees servicing In-Clinic clients should not notify those client families of their absence.
- 6. Do not search for or secure a substitute, nor arrange makeup with clients, to take your EST.

10. Frontloading

No frontloading will occur.

11. Notice and Documentation:

- Foreseeable Time Off: Requires seven (7) days' advance notice and written approval response.
- Unforeseeable Time Off: Requires Notice "As Soon as Practicable".
- For absences longer than three (3) consecutive workdays, employees may be required to provide reasonable documentation, to which RISE will cover reasonable expenses incurred to obtain, if requested.
- The time accrued and used will be represented on your check stub.

12. Separation

• Accrued time is not paid out or reimbursed upon termination, resignation, retirement, or other separation from employment.

Earned Sick Time Off Request Form

Instructions:

- 1. Complete this form and submit it to Forms.RISE@gmail.com (RISE HR aka "Forms") to request to use your EST:
 - 7 days prior to a foreseeable event

EMPLOYEE INFORMATION

- "As soon as practicable" for an unseeable event
- 2. Await approval from RISE HR (Forms); plan to be at your shift until approved.
 - If you do not get a timely response from Forms because of short notice, CALL 989-387-4617 to alert & request a response.

LIST ALL Earned-EST HOURS REQUESTED OFF

- 3. Do not arrange a flexing of your shift, try to find a substitute, or arrange makeup for your shift.
- 4. If you work IN-CLINIC, do not alert your clients you will be absent:
- 5. If you work IN-HOME, you are responsible to contact your client & let them know you will be absent ONLY AFTER your EST is approved.

How many EST Hou	rs does your check stub	show you have accrued	and available?
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				Begin Time		
Position:						
Phone:						
Email:			TOTAL HOUSE	DE DECUESTED		
			TOTAL HOUF	RS REQUESTED		
REQUEST R	EASON:					
diagnos		oyee's family member's t of the employee's me				
If the er psychol organiza	nployee or the emplogical or other counsition; to relocate du	oyee's family member is seling for physical or pset to domestic violence of the or resulting from the	ychological injury or sexual assault; t	or disability; to ob o obtain legal ser	tain services froi vices; or to partio	m a victim services
For mee	-	ool or place of care rela				of domestic
employ public h provide	ee's need to care for ealth emergency; or r that the employee'	's place of business by a child whose school o when it has been determines or employee's family oyee's or family members.	r place of care has rmined by the hea member's presend	been closed by on the authorities have te in the commun	rder of a public or ring jurisdiction of ity would jeopare	official due to a
	almandadamanti				l	
understand	that submission o	certify that the infor f this request does no nd my shift until this	ot guarantee app		•	•
Signature: _				Da	te:	
RISE HR Use	? Only:	# of Req EST Ho	ours Approved: _	# of Req	EST Hours Not	: Approved:
Processed F	Ву:					
10003300						

MEDICAL, DENTAL VISION BENEFITS POLICY

Policy Overview:

RISE Center for Autism offers comprehensive medical, dental, and vision insurance benefits to eligible employees. The company is committed to supporting the health and well-being of our staff by contributing to the cost of these essential benefits.

Eligibility:

- Benefits become available to employees upon successful completion of their probationary period.
- The probationary period is 90 Days from the employee's start date.
- Eligible staff are full time staff; full time is 40 hours per week.

Cost Sharing:

- The company covers 50% of the premium cost for the employee's medical, dental, and vision coverage.
- Employees are responsible for the remaining 50% of the premium for their individual coverage.
- Employees who wish to add family members (spouse, children, etc.) to their plan are responsible for 100% of the additional premium cost.

Enrollment:

- Enrollment in the benefits plan must occur within 30 days after the probationary period ends or at the annual open enrollment period thereafter.
- Changes to coverage (such as adding or removing dependents) can be made during the company's annual open enrollment period or following a qualifying life event.

Contact:

For more information or to inquire about specific coverage details or to enroll, employees can contact RISE HR at Forms.RISE@gmail.com



Rise Center for Autism

CID: 625149 GROUP/DIVISION:007051523_0000

Funding Type: Small Group Rated Rating Area: O

Your benefit package has been renewed at the following rates and is effective from 03/01/2025 through 02/28/2026.

Age	Total	Medical + Pharmacy	Dental	Vision			
0	\$ 357.77	\$ 323.11	\$ 34.66	\$ 0.00			
1	\$ 357.77	\$ 323.11	\$ 323.11 \$ 34.66				
2	\$ 357.77	\$ 323.11	\$ 323.11 \$ 34.66				
3	\$ 357.77	\$ 323.11	\$ 34.66	\$ 0.00			
4	\$ 357.77	\$ 323.11	\$ 34.66	\$ 0.00			
5	\$ 357.77	\$ 323.11	\$ 34.66	\$ 0.00			
6	\$ 357.77	\$ 323.11	\$ 34.66	\$ 0.00			
7	\$ 357.77	\$ 323.11	\$ 34.66	\$ 0.00			
8	\$ 357.77	\$ 323.11	\$ 34.66	\$ 0.00			
9	\$ 357.77	\$ 323.11	\$ 34.66	\$ 0.00			
10	\$ 357.77	\$ 323.11	\$ 34.66	\$ 0.00			
11	\$ 357.77	\$ 323.11	\$ 34.66	\$ 0.00			
12	\$ 357.77	\$ 323.11	\$ 34.66	\$ 0.00			
13	\$ 357.77	\$ 323.11	\$ 34.66	\$ 0.00			
14	\$ 357.77	\$ 323.11	\$ 34.66	\$ 0.00			
15	\$ 386.49	\$ 351.83	\$ 34.66	\$ 0.00			
16	\$ 397.47	\$ 362.81	\$ 34.66	\$ 0.00			
17	\$ 408.45	\$ 373.79	\$ 34.66	\$ 0.00			
18	\$ 420.27	\$ 385.61	\$ 34.66	\$ 0.00			
19	\$ 425.01	\$ 397.44	\$ 22.64	\$ 4.93			
20	\$ 437.26	\$ 409.69	\$ 22.64	\$ 4.93			
21	\$ 449.86	\$ 422.36	\$ 22.64	\$ 4.86			
22	\$ 449.99	\$ 422.36	\$ 22.84	\$ 4.79			
23	\$ 450.17	\$ 422.36	\$ 23.07	\$ 4.74			
24	\$ 450.39	\$ 422.36	\$ 23.32	\$ 4.71			
25	\$ 452.32	\$ 424.05	\$ 23.59	\$ 4.68			
26	\$ 461.02	\$ 432.50	\$ 23.86	\$ 4.66			
27	\$ 471.42	\$ 442.63	\$ 24.13	\$ 4.66			
28	\$ 488.22	\$ 459.11	\$ 24.45	\$ 4.66			
29	\$ 502.06	\$ 472.62	\$ 24.77	\$ 4.67			
30	\$ 509.18	\$ 479.38	\$ 25.11	\$ 4.69			
31	\$ 519.69	\$ 489.52	\$ 25.45 \$ 4.72				
32	\$ 530.22	\$ 499.65	\$ 25.81 \$ 4.76				
33	\$ 536.98	\$ 505.99	\$ 26.19	\$ 4.80			
34	\$ 544.17	\$ 512.75	\$ 26.58	\$ 4.84			

Age	Total	Medical + Pharmacy	Dental	Vision		
35	\$ 548.01	\$ 516.12	\$ 26.99	\$ 4.90		
36	\$ 551.87	\$ 519.50	\$ 4.95			
37	\$ 555.74	\$ 522.88	\$ 27.85	\$ 5.01		
38	\$ 559.64	\$ 526.26	\$ 28.30	\$ 5.08		
39	\$ 566.93	\$ 533.02	\$ 28.77	\$ 5.14		
40	\$ 574.24	\$ 539.78	\$ 29.25	\$ 5.21		
41	\$ 584.94	\$ 549.91	\$ 29.75	\$ 5.28		
42	\$ 595.25	\$ 559.63	\$ 30.27	\$ 5.35		
43	\$ 609.35	\$ 573.14	\$ 30.79	\$ 5.42		
44	\$ 626.86	\$ 590.04	\$ 31.33	\$ 5.49		
45	\$ 647.35	\$ 609.89	\$ 31.90	\$ 5.56		
46	\$ 671.63	\$ 633.54	\$ 32.46	\$ 5.63		
47	\$ 698.89	\$ 660.15	\$ 33.05	\$ 5.69		
48	\$ 729.97	\$ 690.56	\$ 33.66	\$ 5.75		
49	\$ 760.63	\$ 720.55	\$ 34.27	\$ 5.81		
50	\$ 795.10	\$ 754.33	\$ 34.91	\$ 5.86		
51	\$ 829.18	\$ 787.70	\$ 35.57	\$ 5.91		
52	\$ 866.62	\$ 824.45	\$ 36.22	\$ 5.95		
53	\$ 904.50	\$ 861.61	\$ 36.90	\$ 5.99		
54	\$ 945.36	\$ 901.74	\$ 37.60	\$ 6.02		
55	\$ 986.20	\$ 941.86	\$ 38.30	\$ 6.04		
56	\$ 1030.46	\$ 985.37	\$ 39.03	\$ 6.06		
57	\$ 1075.14	\$ 1029.29	\$ 39.78	\$ 6.07		
58	\$ 1122.75	\$ 1076.17	\$ 40.52	\$ 6.06		
59	\$ 1146.74	\$ 1099.40	\$ 41.29	\$ 6.05		
60	\$ 1194.40	\$ 1146.29	\$ 42.08	\$ 6.03		
61	\$ 1235.70	\$ 1186.83	\$ 42.88	\$ 5.99		
62	\$ 1263.08	\$ 1213.44	\$ 43.69	\$ 5.95		
63	\$ 1297.23	\$ 1246.81	\$ 44.53	\$ 5.89		
64	\$ 1318.27	\$ 1267.08	\$ 45.37	\$ 5.82		
65+	\$ 1318.18	\$ 1267.08	\$ 45.37	\$ 5.73		

Medicare Supplemental Benefit Rates										
Age	Total	Medical + Pharmacy	Dental	Vision						
All	\$ 1206.32	\$ 1155.22	\$ 45.37	\$ 5.73						

New Subscriber Enrollment
For BCN, or Physician Choice PPO,
BI For BCN, or Physician Choice PPO, also complete page 4, Primary Care Provider Selection form

XBlue Cross Blue Shield o	f Michigan	☐ Blue Care Network		
Blue Cross group number 007051523	Division 0000	BCN group number	Subgroup number	Class number
	SICN			

Blue Cross Blue Shield Blue Care Networ of Michigan
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Nonprofit corporations and independent licensees

				Employer repr	esentative si	gnature SIGN									of the BI	ue Cross	and Blue Sh	nield Association
A. Subs	criber i	nfori	mation															
□ Non-L	l.S. citizer	So	cial Security /T	TN number (requi	red)	ed) Subscriber legal last name				S	1 7				arital s		Gender/Sex □F □ M	
Subscribe	er birth da	te	Home street a	ddress					City						State		ZIP co	
County			Country - if otl	her than USA	Primary te	elephone number	□ Ho □ W □ Ce	ork	Secondary tel	ephone	e number	☐ Home ☐ Work ☐ Cell		il				
B. Depe	endent i	nfor	mation — Li	st all fami l y me	embers to I	be covered. If you	have m	ore th	nan four dep	ende	ents, comp	olete addit	tiona l c	opies o	f this for	m.		
	Legal la	ast n	ame		Legal first	name		M.I.	Gender/Sex	Birt	th date	Non-U.S.		a l Securi b er (requ				nship (see ons for codes)
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Dep. 2									□F □M									
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Spouse o	r depende	ent (fu	ıll name)	Street address					City						State			ZIP code
C. Othe	r hea l th	car	e coverage	(Coordination	of benefit	ts and Medicare i	nforma	ition)										
have oth	er health		dependents coverage?	Person covered	(full name)					Check i	if this applie	s to all i	members	on this co	ontract			
Yes [_	s sec	tion.	Employer or gro	oup name	ne Policy number								riginal fective	date			
Are any r	nembers	liste	d enrolled in M	ledicare? 🗌 Ye	s 🗌 No	If yes, check category	/: 🔲 O\	er 65	and working	Re	etiree D	isabled [ESRD	Medi	care ID			
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Medic Vision	al		oss of eligibility rior coverage)	Insurer's name		llue Cross & BCN)						Policy numb	oer				□ Full □ Par	
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Rise Center for Autism AOA-0000255442 Simply BlueSM PPO SG Effective Date: On or after March 2025 Benefits-at-a-glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten. If your group is self-funded, please see any other plan documents your group uses. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Prior authorization for Select Services - Services listed in this BAAG are covered when provided in accordance with Certificate requirements and, when required, receive prior authorization or approved by BCBSM except in an emergency.

Note: A list of services that require approval **before** they are provided is available online at **bcbsm.com/importantinfo**. Select **Approving covered services**.

Pricing information for various procedures by in-network providers can be obtained by calling the customer service number listed on the back of your BCBSM ID card and providing the procedure code. Your provider can also provide this information upon request.

Prior authorization for Specialty Pharmaceuticals - BCBSM will pay for FDA-approved specialty pharmaceuticals that meet BCBSM's medical policy criteria for treatment of the condition. The prescribing physician must contact BCBSM to request prior authorization of the drugs. **If prior authorization is not sought, BCBSM will deny the claim and all charges will be the member's responsibility.**

Specialty pharmaceuticals are biotech drugs including high cost infused, injectable, oral and other drugs related to specialty disease categories or other categories. BCBSM determines which specific drugs are payable. This may include medications to treat asthma, rheumatoid arthritis, multiple sclerosis, and many other diseases as well as chemotherapy drugs used in the treatment of cancer, but excludes injectable insulin.

Eligibility Information	
Member	Eligibility Criteria
Dependents	 Subscriber's legal spouse Dependent children: related to you by birth, marriage, legal adoption or legal guardianship; eligible for coverage until the end of the year in which they turn age 26

Member's responsibility (deductibles, copays, coinsurance and dollar maximums)

Note: If an in-network provider refers you to an out-of-network provider, all covered services obtained from that out-of-network provider will be subject to applicable out-of-network cost-sharing

Benefits	In-network	Out-of-network
Deductibles	\$2,000 for one member, \$4,000 for the family (when two or more members are covered under your contract) each calendar year	\$4,000 for one member, \$8,000 for the family (when two or more members are covered under your contract) each calendar year Note: Out-of-network deductible amounts also count toward the in network deductible.
Flat-dollar copays	 \$30 copay for office visits and office consultations with a primary care physician \$30 copay for virtual primary care visits \$50 copay for office visits and office consultations with a specialist \$30 copay for chiropractic and osteopathic manipulative therapy \$150 copay for emergency room visits \$60 copay for urgent care visits 	\$150 copay for emergency room visits
Coinsurance amounts (percent copays) Note: Coinsurance amounts apply once the deductible has been met.	 20% of approved amount for most other covered services 50% of approved amount for bariatric surgery 	 40% of approved amount for most other covered services 50% of approved amount for bariatric surgery
Annual out-of-pocket maximums - applies to deductibles, flat-dollar copays and coinsurance amounts for all covered services - including prescription drugs cost-sharing amounts	\$7,350 for one member, \$14,700 for the family (when two or more members are covered under your contract) each calendar year	\$14,700 for one member, \$29,400 for the family (when two or more members are covered under your contract) each calendar year Note: Out-of-network cost- sharing amounts also count toward the in-network out-of- pocket maximum
		pocket maximum

100/80/50-1000;BD PED OPM \$425;BD-SG;BV-ADULT;BV-PEDS;BVFL SG;PDRX SG;SB SG;SBPPO GOLD OPT4

Benefits	In-network	Out-of-network
Health maintenance exam - includes chest x-ray, EKG, cholesterol screening and other select lab procedures	100% (no deductible or copay/coinsurance), one per member per calendar year Note: Additional well-women visits may	Not covered
	be allowed based on medical necessity.	
Gynecological exam	100% (no deductible or copay/coinsurance), two per member per calendar year	Not covered
	Note : Additional well-women visits may be allowed based on medical necessity.	
Pap smear screening - laboratory and pathology services	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Voluntary sterilization of female reproductive organs	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Prescription contraceptive devices - includes insertion and removal of an intrauterine device by a licensed physician	100% (no deductible or copay/coinsurance)	100% after out-of-network deductible
Contraceptive injections	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Well-baby and Well-child visits	 100% (no deductible or copay/coinsurance) 8 visits, birth through 12 months 6 visits, 13 months through 23 months 6 visits, 24 months through 35 months 2 visits, 36 months through 47 months Visits beyond 47 months are limited to one per member per calendar year under the health maintenance exam benefit 	Not covered
Adult and childhood preventive services and immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the Patient Protection and Affordable Care Act	100% (no deductible or copay/coinsurance)	Not covered
Fecal occult blood screening	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Flexible sigmoidoscopy exam	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Prostate specific antigen (PSA) screening	100% (no deductible or copay/coinsurance), one per member per calendar year	Not covered
Routine mammogram and related reading	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
	Note: Subsequent medically necessary mammograms performed during the same calendar year are subject to your deductible and coinsurance.	Note: Out-of-network reading and interpretations are payab only when the screening mammogram itself is performed by an in-network provider.

100/80/50-1000;BD PED OPM \$425;BD-SG;BV-ADULT;BV-PEDS;BVFL SG;PDRX SG;SB SG;SBPPO GOLD OPT4

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Benefits	In-network	Out-of-network
Colonoscopy - routine or medically necessary	100% (no deductible or copay/coinsurance) for the first billed colonoscopy Note: Subsequent colonoscopies performed during the same calendar year are subject to your deductible and coinsurance.	60% after out-of-network deductible
	One per member pe	r calendar year

Benefits	In-network	Out-of-network
Office visits - must be medically necessary Note: This includes mental health and substance use disorder services equivalent to medical office visits. Note: Virtual Primary Care visits by a non-BCBSM selected vendor are not covered.	 \$30 copay for each office visit with a primary care physician (in person or virtual) \$30 copay for each virtual primary care visit for members 18 years of age or older, by a BCBSM selected vendor \$50 copay for each office visit with a specialist 	60% after out-of-network deductible
	Note: Simply Blue applies deductible and coinsurance to office services. Services include diagnostic (including complex), therapeutic and surgery. An office visit copay still applies to the exam. Cost-sharing may not apply if preventive or immunization services are performed during the office visit.	
Online visits - by physician or BCBSM selected vendor must be medically necessary Note: Online visits by a non-BCBSM selected vendor are not covered. Not all services delivered virtually are considered an online visit, but may be considered telemedicine. Telemedicine services will be subject to the applicable cost share associated with the service provided.	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Outpatient and home medical care visits - must be medically necessary	80% after in-network deductible	60% after out-of-network deductible
Office consultations - must be medically necessary	\$30 copay for each office consultation with a primary care physician \$50 copay for each office consultation with a specialist Note: Simply Blue applies deductible and coinsurance to office services. Services include diagnostic (including complex), therapeutic and surgery. An office visit copay still applies to the applies.	60% after out-of-network deductible
	exam. Cost-sharing may not apply if preventive or immunization services are performed during the office visit.	

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Urgent care visits		
Benefits	In-network	Out-of-network
Urgent care visits - must be medically necessary	\$60 copay for each urgent care visit Note: Simply Blue applies deductible and coinsurance to office services. Services include diagnostic (including complex), therapeutic and surgery. An	60% after out-of-network deductible
	office visit copay still applies to the exam. Cost-sharing may not apply if preventive or immunization services are performed during the office visit.	

Emergency medical care		
Benefits	In-network	Out-of-network
Hospital emergency room	\$150 copay per visit (copay waived if admitted)	\$150 copay per visit (copay waived if admitted)
Ambulance services - must be medically necessary	80% after in-network deductible	80% after in-network deductible

Diagnostic services		
Benefits	In-network	Out-of-network
Laboratory and pathology services	80% after in-network deductible	60% after out-of-network deductible
Diagnostic tests and x-rays	80% after in-network deductible	60% after out-of-network deductible
Therapeutic radiology	80% after in-network deductible	60% after out-of-network deductible

Maternity services provided by a physician or certified nurse midwife		
Benefits	In-network	Out-of-network
Prenatal care visits	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Postnatal care	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Delivery and nursery care	80% after in-network deductible	60% after out-of-network deductible

Hospital care		
Benefits	In-network	Out-of-network
Semiprivate room, inpatient physician care, general nursing care, hospital services and supplies	80% after in-network deductible	60% after out-of-network deductible
	Unlimited	days

Note: Nonemergency services must be rendered in a participating hospital.

100/80/50-1000;BD PED OPM \$425;BD-SG;BV-ADULT;BV-PEDS;BVFL SG;PDRX SG;SB SG;SBPPO GOLD OPT4

Benefits	In-network	Out-of-network
Inpatient consultations	80% after in-network deductible	60% after out-of-network deductible
Chemotherapy	80% after in-network deductible	60% after out-of-network deductible

Alternatives to hospital care		
Benefits	In-network	Out-of-network
Skilled nursing care - must be in a participating skilled nursing facility	80% after in-network deductible	80% after in-network deductible
	Limited to a maximum of 120 days	per member per calendar year
Hospice care	100% (no deductible or copay/coinsurance)	100% (no deductible or copay/coinsurance)
	Up to 28 pre-hospice counseling visits before electing hospice services; when elected, four 90-day periods - provided through a participating hospice program only ; limited to dollar maximum that is reviewed and adjusted periodically (after reaching dollar maximum, member transitions into individual case management)	
Home health care: • must be medically necessary • must be provided by a participating home health care agency	80% after in-network deductible	80% after in-network deductible
Infusion therapy: • must be medically necessary • must be given by a participating Home Infusion Therapy (HIT) provider or in a participating freestanding Ambulatory Infusion Center (AIC) • may use drugs that require prior authorization-consult with your doctor	80% after in-network deductible	80% after in-network deductible

Surgical services		
Benefits	In-network	Out-of-network
Surgery - includes related surgical services and medically necessary facility services by a participating ambulatory surgery facility	80% after in-network deductible	60% after out-of-network deductible
Presurgical consultations	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Voluntary sterilization of male reproductive organs Note: For voluntary sterilization of female reproductive organs, see "Preventive care services."	80% after in-network deductible	60% after out-of-network deductible
Expanded Abortion Services	Not covered	Not covered
Bariatric surgery	50% after in-network deductible	50% after out-of-network deductible
	Limited to a lifetime maximum of one	e bariatric procedure per member

Human organ transplants		
Benefits	In-network	Out-of-network
Specified human organ transplants - must be in a designated facility and coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	100% (no deductible or copay/coinsurance)	100% (no deductible or copay/coinsurance) - in designated facilities only

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Benefits	In-network	Out-of-network
Bone marrow transplants - must be coordinated through the BCBSM Human Organ Transplant Program (1-800-242-3504)	80% after in-network deductible	60% after out-of-network deductible
Specified oncology clinical trials	80% after in-network deductible	60% after out-of-network deductible
Cornea and skin transplants	80% after in-network deductible	60% after out-of-network deductible

Behavioral Health Services (Mental Health and Substance Use Disorder)

Note: Some mental health and substance use disorder services are considered by BCBSM to be equivalent to an office visit or medical online visit. When a mental health or substance use disorder service is considered by BCBSM to be equivalent to an office visit or medical online visit, we will process the claim under your Physician Office Services.

Benefits	In-network	Out-of-network
Inpatient mental health care and inpatient substance use disorder treatment	80% after in-network deductible	60% after out-of-network deductible
	Unlimited	days
Residential psychiatric treatment facility: covered mental health services must be performed in a residential psychiatric treatment facility treatment requires prior authorization subject to medical criteria	80% after in-network deductible	60% after out-of-network deductible
Outpatient mental health care: • Facility and clinic	80% after in-network deductible	80% after in-network deductible
1 dointy and diffic		in participating facilities only
 Online visits - for services equivalent to a medical online visit Note: Online visits by a non-BCBSM selected vendor are not covered. 	100% (no deductible or copay/coinsurance)	60% after out-of-network deductible
Physician's office	80% after in-network deductible	60% after out-of-network deductible
Note: For services equivalent to a medical office visit. See "Physician Office Services" .		
Outpatient substance use disorder treatment - in approved facilities only	80% after in-network deductible	60% after out-of-network deductible (in-network cost-sharing will apply if there is no PPO network)

Autism spectrum disorders, diagnoses and treatment			
Benefits	In-network	Out-of-network	
Applied behavior analysis (ABA) treatment - subject to prior authorization	\$30 copay for each office visit	60% after out-of-network deductible	
Note: Prior to seeking ABA treatment, the member must be evaluated by an interdisciplinary team including, but not limited to, a physician, behavioral health specialist, and a speech and language specialist for the services to be authorized. This interdisciplinary evaluation can be performed at an approved autism evaluation center (AAEC).		Note: Services rendered by an approved licensed behavior analyst (LBA) will apply the innetwork cost-sharing.	
Outpatient physical therapy, speech therapy and occupational therapy for autism spectrum disorder	80% after in-network deductible	60% after out-of-network deductible	
	Physical, speech and occupational the unlimite		
Other covered services, including nutritional counseling and mental health services, for autism spectrum disorder	80% after in-network deductible	60% after out-of-network deductible	

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3enefits	The section of the se	Out-of-network	
	In-network		
Note: Screening services required under the provisions of PPACA are covered at 100% of approved amount with no in-network cost-sharing when rendered by an in-network provider.	 80% after in-network deductible for diabetes medical supplies 100% (no deductible or copay/coinsurance) for diabetes self- management training 	60% after out-of-network deductible	
Note: When you purchase your diabetic supplies via mail order you will ower your out-of-pocket costs.			
Allergy testing and therapy	80% after in-network deductible	60% after out-of-network deductible	
Rehabilitative care: Outpatient physical and occupational therapy	80% after in-network deductible	60% after out-of-network deductible	
		Note : Services at nonparticipating outpatient physical therapy facilities are no covered.	
Chiropractic and osteopathic manipulation	\$30 copay per visit	60% after out-of-network deductible	
	Limited to a 30-visit maximum per member per calendar year Note: This 30-visit outpatient maximum is a combined maximum for al outpatient visits for physical therapy, occupational therapy, chiropractic services, and osteopathic manipulative therapy.		
Outpatient speech therapy - when provided for rehabilitative care	80% after in-network deductible	60% after out-of-network deductible	
	Limited to a 30-visit maximum pe	r member per calendar year	
Habilitative care: Outpatient physical and occupational therapy (excludes chiropractic and osteopathic manipulation)	80% after in-network deductible	60% after out-of-network deductible Note: Services at nonparticipating outpatient physical therapy facilities are no covered.	
	Limited to a 30-visit maximum pe Note: This 30-visit outpatient maximum outpatient visits for physical a	n is a <u>combined</u> maximum for	
Outpatient speech therapy - when provided for habilitative care	80% after in-network deductible	60% after out-of-network deductible	
	Limited to a 30-visit maximum pe	r member per calendar year	
Durable medical equipment Note: Reference the Find A Doctor tool at bcbsm.com for in-network Durable Medical Equipment providers. Note: DME items required under the preventive benefit provisions of PPACA are covered at 100% of approved amount with no in-network costsharing when rendered by an in-network provider. For a list of preventive DME items that PPACA requires to be covered at 100%, call BCBSM.	80% after in-network deductible	60% after out-of-network deductible	
	80% after in-network deductible	60% after out-of-network	
Prosthetic and orthotic appliances Note: Reference the Find A Doctor tool at bcbsm.com for in-network Prosthetics/Orthotics providers.		deductible	

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Services from a provider for which there is no Michigan PPO network and services from an out-of-network provider in a geographic area of Michigan deemed a "low access area" by BCBSM for that particular provider specialty are covered at the in-network benefit level. If you receive care from a nonparticipating provider, even when referred, you may be billed for the difference between our approved amount and the provider's charge.

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Rise Center for Autism AOA-0000255442 Preferred Rx Program SG Effective Date: On or after March 2025 Benefits-at-a-glance

Prescription Drug Discount Program - Prescription drug manufacturers provide coupon programs for certain medications. Your benefit plan requires you to take advantage of BCBSM-approved coupon programs for select medications. This benefit may lower the cost-sharing typically required for these drugs. Your out-of-pocket expense will be no more than your benefit cost-sharing. When a manufacturer coupon is used, only the amount you paid for the prescription will apply towards your annual out-of-pocket maximum.

NOTE: Adjustments may be required to accurately reflect your annual out-of-pocket maximum to reflect your true out-of-pocket cost.

This program may be discontinued at any time if it is no longer supported by the vendor.

Specialty Pharmaceutical Drugs - The preferred pharmacy for specialty drugs is Walgreens Specialty Pharmacy. Specialty drugs are covered only when dispensed through the Walgreens Specialty Pharmacy or through a participating Walgreens retail pharmacy, as long as the drug is available at that location. You may want to call ahead to confirm availability. If you don't use Walgreens Specialty Pharmacy or a participating Walgreens retail pharmacy, you may be responsible for the full cost of the medication.

A list of specialty drugs is available on our website at **bcbsm.com/pharmacy**. Click What are specialty drugs, then click Specialty Drug Program Rx Benefit Member Guide. The guide is updated monthly.

If you have additional questions, you can call Walgreens Specialty Pharmacy customer service at 1-866-515-1355.

We will not pay for more than a 30-day supply of a covered prescription drug that Blue Cross defines as a "specialty pharmaceutical". We may make exceptions if a member requires more than a 30-day supply. Blue Cross reserves the right to limit the quantity of select specialty drugs to no more than a 15-day supply for each fill. Your copay or coinsurance will be reduced by one-half for each fill once applicable deductibles have been met.

Select Controlled Substance Drugs - BCBSM will limit the initial fill of select controlled substances to a 5-day supply. Additional fills for these medications will be limited to no more than a 30-day supply. The controlled substances affected by this prescription drug requirement are available online at bcbsm.com/pharmacy.

Member's responsibility (copays and coinsurance amounts)

Note: Your prescription drug copays and coinsurance amounts, including mail order copays and coinsurance amounts, are subject to the <u>same</u> annual out-of-pocket maximum required under your medical coverage. The 25% member liability for covered drugs obtained from an out-of-network pharmacy will **not** contribute to your annual out-of-pocket maximum.

Benefits		90-day retail network pharmacy	In-network mail order provider*	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
Generic drugs	1 to 30-day period	You pay \$20 copay	You pay \$20 copay	You pay \$20 copay	You pay \$20 copay plus an additional 25% of the BCBSM approved amount for the drug
	31 to 60-day period	No coverage	You pay \$40 copay	No coverage	No coverage
	61 to 83-day period	No coverage	You pay \$50 copay	No coverage	No coverage

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Benefits		90-day retail network pharmacy	In-network mail order provider*	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
	84 to 90-day period	You pay \$50 copay	You pay \$50 copay	No coverage	No coverage
Preferred brand-name drugs	1 to 30-day period	You pay \$60 copay	You pay \$60 copay	You pay \$60 copay	You pay \$60 copay plus an additional 25% of the BCBSM approved amount for the drug
	31 to 60-day period	No coverage	You pay \$120 copay	No coverage	No coverage
	61 to 83-day period	No coverage	You pay \$170 copay	No coverage	No coverage
	84 to 90-day period	You pay \$170 copay	You pay \$170 copay	No coverage	No coverage
Nonpreferred brand-name drugs	1 to 30-day period	You pay \$100 copay	You pay \$100 copay	You pay \$100 copay	You pay \$100 copay plus an additional 25% of the BCBSM approved amount for the drug
	31 to 60-day period	No coverage	You pay \$200 copay	No coverage	No coverage
	61 to 83-day period	No coverage	You pay \$290 copay	No coverage	No coverage
	84 to 90-day period	You pay \$290 copay	You pay \$290 copay	No coverage	No coverage
Generic and preferred brand-name specialty drugs	1 to 30-day period	Coverage only available through the Exclusive Pharmacy Network for Specialty Drugs You pay 20% of the approved amount, but no more than \$200 Note: No coverage for 31-90 day supply.			
Nonpreferred brand-name specialty drugs	1 to 30-day period	Coverage only available through the Exclusive Pharmacy Network for Specialty Drugs You pay 25% of approved amount, but no more than \$300 Note: No coverage for 31-90 day supply.			

^{*} BCBSM will not pay for drugs obtained from out-of-network mail order providers, including Internet providers

Covered services				
Benefits	90-day retail network pharmacy	In-network mail order provider*	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
FDA-approved drugs	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
FDA-approved generic and select brand name prescription preventive drugs, supplements and vitamins as required by PPACA	100% of approved amount	100% of approved amount	100% of approved amount	75% of approved amount
Other FDA-approved brand name prescription preventive drugs, supplements and vitamins as required by PPACA	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance

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Benefits	90-day retail network pharmacy	In-network mail order provider*	In-network pharmacy (not part of the 90-day retail network)	Out-of-network pharmacy
Adult and childhood select preventive immunizations as recommended by the USPSTF, ACIP, HRSA or other sources as recognized by BCBSM that are in compliance with the provisions of the PPACA.	100% of approved amount	No coverage	100% of approved amount	75% of approved amount
FDA-approved generic and select brand name prescription contraceptive medication (non-self- administered drugs and devices are not covered)	100% of approved amount	100% of approved amount	100% of approved amount	75% of approved amount
Other FDA-approved brand name prescription contraceptive medication (non-self-administered drugs and devices are not covered)	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
Disposable needles and syringes - when dispensed with insulin or other covered injectable legend drugs	100% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug	100% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug	100% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug	75% of approved amount less plan copay/coinsurance for the insulin or other covered injectable legend drug
Note: Needles and syringes have no copay/coinsurance.				
Select diabetic supplies and devices (test strips, lancets and glucometers)	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	100% of approved amount less plan copay/coinsurance	75% of approved amount less plan copay/coinsurance
For a list of diabetic supplies available under the pharmacy benefit refer to your BCBSM drug list at BCBSM.com/pharmacy.				

^{*} BCBSM will not pay for drugs obtained from out-of-network mail order providers, including Internet providers

Features of your prescription drug plan

BCBSM Custom Select Drug List A continually updated list of FDA-approved medications that represent each therapeutic class. The drugs on the list are chosen by the BCBSM Pharmacy and Therapeutics Committee for their effectiveness, safety, uniqueness and cost efficiency. The goal of the drug list is to provide members with the greatest therapeutic value at the lowest possible cost.

- Generic drug tier This tier includes generic drugs made with the same active ingredients, available in the same strengths and dosage forms, and administered in the same way as equivalent brand-name drugs. They also require the lowest copay/coinsurance, making them the most cost-effective option for the treatment.
- Preferred brand-name drug tier This tier includes non-specialty preferred brand-name drugs. These drugs are more expensive then generic and members pay more for them
- Nonpreferred brand-name drug tier This tier includes non-specialty brand-name drugs for which there's either a generic alternative or a more cost-effective preferred brand-name drug available. Members pay more for these nonpreferred brand-name drugs.
- Generic and preferred specialty drug tier This tier includes generic and preferred brand-name specialty drugs that are used to treat difficult health conditions. These drugs are generally more cost-effective than nonpreferred specialty drugs.
- Nonpreferred specialty drug tier This tier includes nonpreferred brand-name specialty drugs that are used to treat difficult health conditions. Members pay more for nonpreferred specialty drugs because there are costeffective generic or preferred drugs available.

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Features of your preso	Features of your prescription drug plan		
Prior authorization/step therapy	A process that requires a physician to obtain approval from BCBSM before select prescription drugs (drugs identified by BCBSM as requiring prior authorization) will be covered. Step Therapy , an initial step in the Prior Authorization process, applies criteria to select drugs to determine if a less costly prescription drug may be used for the same drug therapy. This also applies to mail order drugs. Claims that do not meet Step Therapy criteria require prior authorization. Details about which drugs require Prior Authorization or Step Therapy are available online at bcbsm.com/pharmacy .		
Quantity limits	To stay consistent with FDA approved labeling for drugs, some medications may have quantity limits.		
Exclusions	 The following drugs are not covered: Over-the-counter drugs and drugs with comparable OTC counterparts (e.g., antihistamines, cough/cold and acne treatment) unless deemed an Essential Health Benefit or not considered a covered service State-controlled drugs Brand-name drugs that have a generic equivalent available Drugs to treat erectile dysfunction and weight loss Prenatal vitamins (prescribed and over-the-counter) Brand-name drugs used to treat heartburn Compounded drugs, with some exceptions Cosmetic drugs 		

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Rise Center for Autism AOA-0000255442 Dental Coverage Effective Date: On or after March 2025 Benefits-at-a-glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten. If your group is self-funded, please see any other plan documents your group uses. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Note: Pediatric members are members who are 18 years of age or younger on the group's renewal date. They will receive pediatric dental benefits up to the group's renewal date after they turn age 19.

Dentist information

With Blue Dental PPO, you can choose any licensed dentist anywhere. However, you'll get the best coverage and save the most money when you choose a Tier 1 PPO (in-network) dentist.

You have outstanding access to thousands of Tier 1 PPO dentists across the country through the Blue Dental PPO network. Tier 1 PPO dentists agree to accept our PPO approved amount as full payment for covered services, so you'll pay your applicable coinsurance and deductible amounts. To find a Tier 1 PPO dentist near you, log into your member account at **bcbsm.com** or call **1-888-826-8152**.

If you go to a non-PPO dentist, you can still save money by choosing a Tier 2 participating non-PPO (out-of-network) dentist. Tier 2 dentists participate with us on a "per claim" basis through our Blue Par Select (BPS) arrangement. They accept our BPS approved amount as full payment for covered services, so you'll pay your applicable coinsurance and deductible amounts. To find a Tier 2 participating non-PPO dentist near you, log into your member account at **bcbsm.com**. You should ask your dentist if they participate with BCBSM before every treatment.

Note: If you go to a nonparticipating dentist, you are responsible for any difference between our approved amount and the dentist's charge.

Member's responsibility (deductible, coinsurance and dollar maximums)		
Benefits	Coverage	
Deductibles • Applies to Class II and Class III services only	\$25 per member, \$50 for two members, \$75 per family per calendar year	
Coinsurance (percentage of BCBSM's approved amount for covered services) • Class I services	None (covered at 100%)	
Class II services	20%	
Class III services	50%	
Class IV services	Not covered	
Dollar maximums Annual maximum for Class I, II and III services	\$1,000 per non-pediatric member per calendar year. The annual benefit maximum does not apply to pediatric members.	
Lifetime maximum for Class IV services	Not applicable	

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Benefits	Coverage
Out-of-pocket maximum The maximum out-of-pocket expense pediatric members will pay in a calendar year for deductible and coinsurance amounts applied to most covered in-network dental services. The out-of-pocket maximum does not apply to charges that exceed our approved PPO fee, services provided by non-PPO dentists, non-covered services, or orthodontic services.	\$425 for one pediatric member or \$850 for two or more pediatric members per calendar year. There is no out-of-pocket maximum for non-pediatric members. Note: This out-of-pocket maximum is separate from the annual out-of-pocket maximum that applies under your hospital and medical coverage (if any).

Plan's responsibility

The plan's responsibility is subject to a review of the reported diagnosis, dental necessity verification and the availability of dental benefits at the time the claim is processed, as well as the conditions, exclusions and limitations, and deductible and coinsurance requirements under the applicable BCBSM certificates and riders.

Class I services		
Benefits	Coverage	
Most diagnostic and preventive services: Routine oral examinations/evaluations - twice per calendar year	100% of approved amount	
 Prophylaxes (cleanings) three times per calendar year for pediatric members; two times per calendar year for all other members 	100% of approved amount	
 Fluoride treatments or topical fluoride varnishes- twice every calendar year for members to the end of the month of their 19th birthday 	100% of approved amount	
 Sealants - once per fully erupted first and second permanent molar every 36 months for members to the end of the month of their 16th birthday 	100% of approved amount	
Bitewing X-rays - one set (up to four films) per calendar year	100% of approved amount	
Oral brush biopsy sample collection - twice per calendar year	100% of approved amount	

Class II services		
Benefits	Coverage	
Other diagnostic and preventive services: Diagnostic tests and laboratory examinations	80% of approved amount after deductible	
 Space maintainers - for missing posterior primary teeth for members to the end of the month of their 15th birthday 	80% of approved amount after deductible	
Panoramic or full-mouth X-rays - once per 60 months	80% of approved amount after deductible	
Emergency palliative treatment	80% of approved amount after deductible	
 Minor restorative services: Amalgam and resin-based composite fillings and fillings of similar materials - once per tooth and surface per 48 months for permanent teeth; once per tooth and surface per 24 months for primary teeth 	80% of approved amount after deductible	
 Recementation or repair of posts, crowns, veneers, inlays and onlays - three times per tooth per calendar year 	80% of approved amount after deductible	
Simple and surgical extractions of non-impacted teeth	80% of approved amount after deductible	
Non-surgical endodontic services: Root canal treatments - once per tooth per lifetime (retreatment of a root canal is payable once per tooth per lifetime)	80% of approved amount after deductible	
Therapeutic pulpotomies or pulpal debridement	80% of approved amount after deductible	
Vital pulpotomies on primary teeth	80% of approved amount after deductible	
Apexification	80% of approved amount after deductible	

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Benefits	Coverage
Periodontal maintenance - three times per calendar year in place of routine dental prophylaxis for pediatric members; two times per calendar year in place of routine dental prophylaxis for all other members	80% of approved amount after deductible
 Periodontal scaling and root planing - once per quadrant per 24 months for pediatric members and once per quadrant per 36 months for all other members 	80% of approved amount after deductible
 Localized delivery of antimicrobial agents - one surface per tooth and three teeth per quadrant with a maximum of 12 teeth per year for non-pediatric members only 	80% of approved amount after deductible
 Limited occlusal adjustments - up to five times per 60 month for non-pediatric members only 	80% of approved amount after deductible
 Occlusal biteguards (and relines and repairs to occlusal biteguards) - once per 60 months for non-pediatric members only 	80% of approved amount after deductible
Adjustments, repairs, relines, rebases and tissue conditioning for removable prosthetic appliances: Relines or rebases of partial dentures or complete denture - once per 36 months per arch	80% of approved amount after deductible
Tissue conditioning - once per 36 months per arch	80% of approved amount after deductible
Adjunctive general services: General anesthesia or IV sedation	80% of approved amount after deductible
 Office visits for observation (during regularly scheduled hours) for non-pediatric members only 	80% of approved amount after deductible
Office visits after regularly scheduled hours	80% of approved amount after deductible
House and hospital calls for non-pediatric members only	80% of approved amount after deductible
Antibiotic injections for non-pediatric members only	80% of approved amount after deductible

Class III services		
Benefits	Coverage	
 Major restorative services: Onlays, crowns and veneers - once per permanent tooth per 60 months 	50% of approved amount after deductible	
Substructures, including cores and posts	50% of approved amount after deductible	
Surgical exposure and facilitation of eruption of unerupted teeth	50% of approved amount after deductible	
 Incision and drainage of cellulitis or fascial space abscesses of intraoral soft tissue 	50% of approved amount after deductible	
 Removal of exostoses (excess bony growths of the upper and lower jaw) 	50% of approved amount after deductible	
Excision of hyperplastic tissue per arch	50% of approved amount after deductible	
Frenulectomies	50% of approved amount after deductible	
Surgical endodontic services:	50% of approved amount after deductible	
Apical surgery on permanent teeth	50% of approved amount after deductible	
Surgical periodontic services:	50% of approved amount after deductible	
Gingivectomy and gingivoplasty	50% of approved amount after deductible	
Osseous surgery	50% of approved amount after deductible	
Gingival flap procedures	50% of approved amount after deductible	
Soft tissue grafts	50% of approved amount after deductible	
 Bone replacement grafts - for non-pediatric members only 	50% of approved amount after deductible	
Prosthodontic services:Complete dentures - once per 84 months	50% of approved amount after deductible	

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Benefits	Coverage
 Removable partial dentures and fixed partial dentures (bridges), including abutment crowns and pontics - once per 84 months for members age 16 and older only 	50% of approved amount after deductible
Recementation and repairs of bridges	50% of approved amount after deductible
 Stayplates to replace recently extracted permanent anterior (front) teeth 	50% of approved amount after deductible
 Endosteal implants and implant-related services - once per tooth per lifetime for teeth numbered 2 through 15 and 18 through 31 for non-pediatric members only 	50% of approved amount after deductible

Class IV services	
Benefits	Coverage
Orthodontics and related services	Not covered

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Rise Center for Autism AOA-0000255442 Vision Coverage Effective Date: On or after March 2025 Benefits-at-a-glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. For a complete description of benefits please see the applicable BCBSM certificates and riders, if your group is underwritten. If your group is self-funded, please see any other plan documents your group uses. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

Blue Vision benefits are provided by Vision Service Plan (VSP), the largest provider of vision care in the nation. VSP is an independent company providing vision benefit services for Blues members. To find a VSP doctor, call **1-800-877-7195** or log on to the VSP Web site at **vsp.com**.

Note: Vision benefits are only available to covered members (subscribers, spouses and dependent children) age 19 and older. Members may choose between prescription glasses (lenses and frame) or contact lenses, but not both.

Member's responsibility (copays)			
Benefits	In-network	Out-of-network	
Eye exam	\$5 copay	\$5 copay applies to charge	
Prescription glasses (lenses and/or frames)	Combined \$10 copay	Member responsible for difference between approved amount and provider's charge, after \$10 copay	
Medically necessary contact lenses	\$10 copay	Member responsible for difference between approved amount and provider's charge, after \$10 copay	

Eye exam		
Benefits	In-network	Out-of-network
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	\$5 copay	Reimbursement up to \$34 less \$5 copay (member responsible for any difference)
	One eye exam ever	rv calendar vear

Lenses and Frames			
Benefits	In-network	Out-of-network	
Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or ground, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary.		Reimbursement up to approved amount based on lens type less \$10 copay (member responsible for any difference)	
Note: Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP doctor.	One pair of lenses, with or without fra	ames, once every calendar year	

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Benefits	In-network	Out-of-network
Standard frames Note: All VSP network doctor locations are required to stock at least 100 different frames within the frame allowance.	\$130 allowance that is applied toward frames (member responsible for any cost exceeding the allowance) less \$10 copay (one copay applies to both lenses and frames)	for any difference)
	One frame every of	alendar year

Contact Lenses		
Benefits	In-network	Out-of-network
Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	\$10 copay	Reimbursement up to \$210 less \$10 copay (member responsible for any difference)
	One pair of contact lenses once every calendar year	
Elective contact lenses that improve vision (prescribed, but does not meet criteria of medically necessary)	\$130 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)	\$100 allowance that is applied toward contact lens exam (fitting and materials) and the contact lenses (member responsible for any cost exceeding the allowance)
	Contact lenses are covered up to allow	wance once every calendar year

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Rise Center for Autism AOA-0000255442 Vision Coverage (Pediatric) Effective Date: On or after March 2025 Benefits-at-a-glance

Blue Vision benefits are provided by Vision Service Plan (VSP), the largest provider of vision care in the nation. VSP is an independent company providing vision benefit services for Blues members. To find a VSP doctor, call **1-800-877-7195** or log on to the VSP Web site at **vsp.com**.

Note: Vision benefits are only available to members up to age 19. Members may choose between prescription glasses (lenses and frame) or contact lenses, but not both.

Member's responsibility (copays)			
Benefits In-network Out-of-network			
Eye exam	None	None	
Prescription glasses (lenses and/or frames)	None	None	
Medically necessary contact lenses	None	None	

Eye exam		
Benefits	In-network	Out-of-network
Complete eye exam by an ophthalmologist or optometrist. The exam includes refraction, glaucoma testing and other tests necessary to determine the overall visual health of the patient.	100% of approved amount	Reimbursement up to \$34 (member responsible for any difference)
	One eye exam per	calendar year

Lenses and Frames					
Benefits	In-network	Out-of-network			
Standard lenses (must not exceed 60 mm in diameter) prescribed and dispensed by an ophthalmologist or optometrist. Lenses may be molded or ground, glass or plastic. Also covers prism, slab-off prism and special base curve lenses when medically necessary	100% of approved amount	Reimbursement up to approved amount based on lens type (member responsible for any difference)			
	One pair of lenses, with or without frames, per calendar year				
Note: Discounts on additional prescription glasses and savings on lens extras when obtained from a VSP doctor.					
Standard frames from a "select" collection	100% of approved amount Reimbursement up to \$38.25 (member responsible for any difference)				
	One frame per calendar year				

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Contact Lenses				
Benefits	In-network	Out-of-network		
Medically necessary contact lenses (requires prior authorization approval from VSP and must meet criteria of medically necessary)	100% of approved amount	Reimbursement up to \$210 (member responsible for any difference)		
	Covered - annual supply			
Standard (one pair annually) Monthly (six-month supply) Bi-weekly (three-month supply) Dailies (three-month supply)	100% of approved amount \$100 allowance that is applied toward contact lens exam (fitted and materials) and the contact lenses (member responsible any cost exceeding the allowance)			
	Covered according to quantities outlined in your certificate, per calendar year			

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WORK RELATED INJURY

All recordable work-related injuries, illnesses, or "near miss" events (which could have caused an injury or illness) that *RISE* out of and in the course of employment - *no matter how minor*, must be reported immediately to a *RISE HR* at Forms.RISE@gmail.com. A recordable work-related event is one where the event or an exposure in the workplace is suspected or reported to have caused or contributed to the injury or illness condition or to have significantly aggravated a pre-existing condition. These required reports help us to identify and correct hazards before they cause serious injuries.

RISE policy for work-related injury requires the following process:

- 1. The incident is reported to Forms.RISE@gmail.com immediately or within 24 hours of the incident.
- 2. Staff affected fills out an "Employee's Report of Injury Form" immediately.
- 3. Staff must See or Decline to be Seen by a RISE designated medical professional within 24 hours of the event.
 - If the employee needs medical attention for a serious injury, they are allowed to leave work without recourse to seek immediate medical attention.
 - For work-related injuries, staff are required to consult a physician or facility designated by RISE administration.
 - Staff will be required to submit to alcohol and drug testing related to a work-related injury.
- 5. Supervisor fills out a "Supervisor's Accident Investigation Form" within 24 hours.
- 6. RISE Admin creates an "Incident Investigation Report" for incidents that resulted in serious injury or illness, or minor injuries, or near misses that <u>could have</u> resulted in a serious injury or illness.
- 7. Form OCR 100 "Employer's Basic Report of Injury" is filled out by administration and timely submitted.
- 8. Staff submits Physician's Statement for file, including any work restrictions or time off work requirements. In some cases, administration may require release back to work.
- 9. Supervisor restructures work to adhere to any documented work restrictions.

Employee's Report of Injury Form

<u>Instructions</u>: Employees shall use this form to report <u>all</u> work related injuries, illnesses, or "near miss" events (which could have caused an injury or illness) – *no matter how minor*. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

I am reporting a work related: Injury I	lness
Your Name:	
Job title:	
Supervisor:	
Have you told your supervisor about this injury/n	ear miss?
Date of injury/near miss:	Time of injury/near miss:
Names of witnesses (if any):	
Where, exactly, did it happen?	
What were you doing at the time?	
Describe step by step what led up to the injury/ne	
What could have been done to prevent this injury	/near miss?
What parts of your body were injured? If a near	miss, how could you have been hurt?
Did you see a doctor about this injury/illness?	☐ Yes ☐ No
If yes, whom did you see?	Doctor's phone number:
Date:	Time:
Has this part of your body been injured before?	☐ Yes ☐ No
If yes, when?	Supervisor:
Your signature:	Date:

Supervisor's Accident Investigation Form

Name of injured Person				
Date of Birth	Telep	hone Number		
Address				
City		State	Zip	
(Circle one) Male Fen	nale			
What part of the body was in	njured? Describe i	n detail		
What was the nature of the i	njury? Describe in	ı detail		
Describe fully how the accidequipment, tools being using	g?			
Names of all witnesses:				
Date of Event		Time of Ev		
Exact location of event:				
What caused the event?				
Were safety regulations in p	lace and used? If n	ot, what was v	wrong?	
Employee went to doctor/ho	spital? Doctor's N	Name		
	Hospital 1	Name		
Recommended preventive a	ction to take in the	future to prev	ent reoccurrence.	
Supervisor Signature	Date			

Incident Investigation Report

<u>Instructions</u>: Complete this form as soon as possible after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness*.)

This is a report of a: Death Lost Time 1	Dr. Visit Only ☐ First Aid Onl	y 🗆 1	Near Miss
Date of incident: This report is made by:	☐ Employee ☐ Supervisor ☐	⊒ Team	Other
Step 1: Injured employee (complete this pa	art for each injured emplo	yee)	
Name:	Sex: ☐ Male ☐ Female		Age:
Department:	Job title at time of incident:		
Part of body affected: (shade all that apply)	Nature of injury: (most serious one) Abrasion, scrapes Amputation Broken bone Bruise Burn (heat) Concussion (to the head) Crushing Injury Cut, laceration, puncture Hernia Illness Sprain, strain Damage to a body system:	☐ Regard	employee works: gular full time gular part time asonal emporary as with employer as doing ab:
Character than the standard			
Step 2: Describe the incident Exact location of the incident:		Ex	act time:
What part of employee's workday? ☐ Entering or le ☐ During meal period ☐ During break		al work	
Names of witnesses (if any):			

Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:		
What personal protective equipment was being used (if any)?					
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.					
		Description continued o	n attached sheets: □		
Ston 3: Wh	y did the incident happen?				
Unsafe workpla Inadequate g Unguarded li Safety device Tool or equi Workstation Unsafe light Unsafe venti Lack of need Lack of appr Unsafe cloth No training of	ace conditions: (Check all that apply) quard hazard e is defective pment defective layout is hazardous ing lation led personal protective equipment copriate equipment / tools ing or insufficient training	Unsafe acts by people: (Operating without pe Operating at unsafe servicing equipment Making a safety device Using defective equipment in a Unsafe lifting Taking an unsafe pose Distraction, teasing, less Failure to use the available of the service of the servi	rmission peed that has power to it ce inoperative oment in unapproved way ition or posture norseplay nal protective equipment		
Why did the un	safe acts occur?				
Is there a reward (such as "the job can be done more quickly", or "the product is less likely to be damaged") that may have encouraged the unsafe conditions or acts? If yes, describe:					
Were the unsafe	e acts or conditions reported prior to the in	ncident?	Yes No		
Have there been	n similar incidents or near misses prior to	this one?	☐ Yes ☐ No		

Step 4: How can future incidents be prevented?					
What changes do you suggest to prevent this inc	dent/near miss fron	ı happening again?			
☐ Stop this activity ☐ Guard the hazard ☐	Train the employee(s)	☐ Train the supervisor(s)			
☐ Redesign task steps ☐ Redesign work station ☐ V	Vrite a new policy/rule	☐ Enforce existing policy			
☐ Routinely inspect for the hazard ☐ Personal Protect	ive Equipment 🚨 Oth	er:			
What should be (or has been) done to carry out the suggestion	estion(s) checked above	?			
Description continued on attached sheets: □					
Step 5: Who completed and reviewed this form? Written by:	(Please Print) Title:				
written by:	Title.				
Department:	Date:				
Names of investigation team members:					
Reviewed by:	Title:				
	Date:				

EMPLOYER'S BASIC REPORT OF INJURY

Michigan Department of Labor and Economic Opportunity Workers' Disability Compensation Agency PO Box 30016, Lansing, MI 48909

An employer shall report immediately to the agency on Form WC-100 all injuries, including diseases, which arise out of and in the course of the employment, or on which a claim is made and result in any of the following: (a) Disability extending beyond seven (7) consecutive days, not including the date of injury; (b) Death; (c) Specific losses. In case of death, an employer shall also immediately file an additional report on WC-106. See instructions on reverse side for filing/mailing procedures.

	•			,	•			
I. EMPLOYEE DATA								
Social Security Number	2. Date	of injury	3. Employe	ee name (Last, Firs	st, MI)			
4. Address (Number & Street)		5. City		6.	State		7. ZIP Code	
8. Date of birth (MM/DD/YYYY)	9. Sex		10. Nur	mber of dependent	s 11	I. Telephone num	nber	
	Mal			To: Number of depondents		rolopilollo ilali		
12. Tax filing status: A. Sing	le B. Sin	gle, Head of Household	d C	c. Married, Filing Jo	oint	D. Married	, Filing Separate	
II. EMPLOYER/CARRIER DAT	TA							
13. Employer name					14	4. Federal ID Nui	mber	
15. Injury location code	16. Mailing locati	on code	17. UI num	17. UI number		18. Type of business (SIC/NAICS)		
19. Employer street address			20. City		21. State 22. ZIP code			22. ZIP code
23. Insurance company name (if em	nployer not self-ins	ured)			24	4. Insurance com	npany telephone	number (if known)
III. INJURY/MEDICAL DATA 25. Last day worked	26 Date employe	ee returned to work (if a	annlicable)		27 Did	d employee die?	2	28. If yes, date of death
23. Last day Worked	20. Bate omploys	oo rotamoo to work (ii t	арриоавіо)			- · · -	No	
29. Injury city	30. Injury state	31. Injury o	county		32. Did	d injury occur on o	employer's premi No	ses?
33. Case number from OSHA/MIOSHA log 34. Time employee began work 35. Time of event If time cannot be determined,					If time cannot be determined, check here			
36. What was the employee doing ju	st before the incid	ent occurred? Describ	e the activity	, as well as the too	ols, equi			was using. Be specific.
37. How did the injury occur? Examp	oles: "When ladder	r slipped on wet floor, v	vorker fell 20	feet;" "Worker wa	s spraye	ed with chlorine v	when gasket brok	e during replacement"
38. Describe the nature of injury or il	Iness			39. Part of body	directly	y affected by the	injury or illness	
40. What object or substance directl	v harmed the emp	lovee? Examples con	crete floor	hlorine radial arm	saw If	f this question do	es not apply to th	ne incident leave it blank
To: What object of dubotance andoa	y namica the emp	loyee. Examples. sen	oroto noor, c	monno, radiar arm		r and queenen de	oo not apply to t	io modern, reave it starin.
41. Name of physician or other health care professional 42. Was employee treated in an emergency roo			om?	? 43. Was employee hospitalized overnight as an in-patient?				
Yes No						Yes	No	
44. If treatment was given away from the worksite, where was it given? (Include name, address, city, state and ZIP code of facility)								
IV. OCCUPATION AND WAGE	DATA							
45. Date hired	46. Total gross v	weekly wage (highest 3	9 of 52)	47. Number of w	veeks us	sed	48. Value of di	scontinued fringes
49. Occupation (Be specific) 50. Was employee a volunteer worker? 51. Was employee certified as vocationally handicapped?								
Yes No Yes No								
52. Date employer notified by employee 53. If temporary service agency, provide name/address of employer where injury occurred.								
V. PREPARER DATA I CERTIFY THAT A COPY OF THIS REPORT HAS BEEN GIVEN TO THE EMPLOYEE								
Making a false or fraudulent statement for the purpose of obtaining or del				efits can result in				
54. Preparer's name (Please print or	type)	55. Preparer's signatu	ıre		56	6. Telephone nun	nper	57. Date prepared

Notice to employee: Questions or errors should be reported immediately to the individual listed above in space 54