



LifeSkillsTherapy

Individual Speech Therapy

Group Speech Therapy

Social Skills Training

Administrator and Director of Therapy: Sean Ferguson MA CCC-SLP

Billing: Debbie Heinrich

Speech Pathology Supervisor: Francine Vega MS CCC-SLP

Administrative/Operations: Christina Schulte, Darian "Dee" Washington

Speech Therapists:

Ruby Flores, SLPA; Sandra Hernandez Santiago, SLPA; Ashanty Esquivel, SLPA

**4848 Pin Oak Park Suite 402
Houston, TX 77081**

**832-786-1560 phone
832-413-0270 fax**

**Office Hours: 8:00 a.m. to 5:30 p.m. Monday – Thursday
8:00 a.m. to 5:00 p.m. Friday**

contact@lifeskillstherapy.com



Client/Parent Handbook

Welcome to Life Skills Therapy. Life Skills Therapy is a Texas Licensed Home Health Agency. Our values are simple. We strive to offer excellent pediatric home care to children in the greater Houston, Texas area. It is our goal to employ competent, caring, and well trained licensed health care workers, who are responsive to the needs of our clients, their families and the communities we serve. We have prepared this handbook for clients, parents, and caregivers to assist in understanding the procedures and responsibilities involved in providing care to children in the home environment. We encourage you to read this handbook and to contact us with any questions.

Our office hours are 8:00AM to 5:30PM Monday through Thursday and 8:00AM to 5:00PM on Friday. You may reach us at the following number during the work day and after hours for problems that cannot wait until the next business day.

To reach us call: 832-786-1560

Sean Ferguson, Administrator/ Speech Language Pathologist MA CCC-SLP
Speech Pathology Supervisor Francine Vega, MS CCC-SLP
Ruby Jay Flores, SLP Assistant
Sandra Hernandez Santiago, SLP Assistant
Debbie Heinrich, Billing Supervisor

IN CASE OF EMERGENCY CALL 911 IMMEDIATELY

Primary Caregiver

Parents will always be the primary caregivers of their child, even though he/she is receiving home health care support. Our therapists expect and foster parental involvement in the establishment of the Plan of Care. The parent or caregiver is required to **remain in the home** during the time their child is receiving therapy.

Parental Education/Involvement/Home Exercise Programs:

Your therapists will provide a **Home Exercise Program** for your child to follow. The therapists will provide teaching to the child, parent or caregiver. As your child's needs change, the Home Exercise Program will change. Please remember to be proactive and involved.

Financial Responsibility

Life Therapy is not on any insurance panels, but our services are eligible for out-of-network insurance reimbursement from health insurance companies and employee benefit plans that offer coverage for speech therapy services. We provide these to you as requested in the form of a “superbill”, which you will then submit to your insurance provider or benefit plan in order to seek reimbursement. We prefer not to be on any health insurance panels because these panels due to the following:

- limit the privacy and confidentiality of the client,
- require a diagnosis with certain criteria of standard scores to be met (which often then results in denials due to clients being “not severe enough” to warrant therapy),
- goal is to manage (or “keep costs down”) your access to services (potentially limiting the number of sessions or paying us a low reimbursement that doesn’t cover our cost of doing business)
- require extensive paperwork they can limit the speech therapy provider’s ability to effectively provide treatment by setting limits on the number of sessions and abruptly stop payment.

By being out-of-network, Life Skills Therapy is able to offer the highest-quality of speech therapy service to our clients, by focusing on what really matters – helping your child build functional communication skills.

We require a credit card on file in order to maintain an active speech therapy or social skills training program. An invoice will be sent to your email address on file with the first invoice for the evaluation. We use the secure credit card processing company Square. Please choose save card on file. You will only be billed for therapy sessions which you complete. Please contact contact@lifeskillstherapy.com with any questions.

Accurate Documentation, Time In and Time Out

Life Skills Therapy requires each staff member providing care to your child to document the events of the care/visit and record their time in and out on a visit note. You will be asked to sign the note. **DO NOT SIGN ANY BLANK NOTES. Make sure the note has the correct date and time in and out.** This note is used to bill and must reflect accurate information.

Cancellations:

It is your responsibility to notify the office, or the therapist directly, if you cannot be present at the scheduled time of the therapy visit. We ask that you let us know as soon as possible, but not later than one hour prior to the visit. Repeated failure to communicate your schedule changes may jeopardize your child’s services. A detailed cancelation policy can be found towards the end of this document.

Coordination of Services/Release of Medical Records

Life Skills Therapy will be responsible for coordinating your child’s care with the following: physicians, physician’s nurses, therapists, hospital personnel, supply companies, insurance billing personnel, and any other agencies involved in your child’s care. Refer to HIPAA policy within this booklet.

Physician Orders, Plans of Care, Reports

Life Skills Therapy will complete an initial assessment/evaluation by a Licensed Therapist, after receiving a signed order from your child's physician. If your child requires services, a Plan of Care (POC) will be prepared and sent to you and the physician for review. A new Plan of Care needs to be completed every 6 months. The Licensed Therapist will re-evaluate your child prior to a new Plan of Care being done and after every hospitalization of over 24 hrs. therapists, case managers and other agencies involved in your child's care will be asked to provide updated information.

Services may be placed on hold for the following reasons: Lack of payment, unavailability of therapist, and parental request.

If your child is receiving therapy, as your child's goals are met, they are revised and new goals are established. When your child meets all established goals or when your child has reached his/her maximum potential, the frequency of visits will be decreased per physician approval. Upon receipt of orders from your child's physician or per parental request your child will be discharged. **Discharge summaries** will be sent to your child's physician following patient discharge from services.

Client Supplies and Equipment

Life Skills Therapy does not supply any medical supplies or medical equipment. If supplies or equipment are needed, your child's physician, insurance company, or case manager can recommend an equipment supplier.

Client Family Satisfaction Survey

We are always interested in how we are doing and if you are satisfied with the care that is being provided. We will provide a Satisfaction Survey to you periodically, approximately 2-3 times a year. We encourage you to complete the survey and return it to us. During phone case conferences we would also like to know how we are doing. Please help us improve our services by being honest with your answers.

Reporting of Abuse, Neglect and Exploitation (ANE)

It is the responsibility of any Life Skills Therapy personnel to report any suspected Abuse, Neglect and or Exploitation, as soon as it is discovered, to the agency Administrator and/or supervising therapist,

The Department of Family and Protective Services at www.txabusehotline.org or 1-800-252-5400, and the Department of Aging and Disability and Services at 1-800-458-9858.

ABUSE: The negligent or willful infliction of physical pain, physical injury, mental anguish, unreasonable confinement or the willful deprivation of essential needs.

NEGLECT: The absence or omission of essential services to the degree that it harms or threatens physical or emotional health.

EXPLOITATION: The illegal or improper use of a person or a person's resources for another's profit or advantage. This includes financial exploitation of an individual receiving services in an amount of \$25.00 or more.

Employee Drug Testing Policy

Drug testing of staff may be conducted on a random basis or in the event of suspected impairment. Life Skills Therapy does not routinely test contractors or employees for drugs, alcohol or other illegal substance.

Infection Control

Life Skills Therapy encourages good hand washing with soap and water or the use of towelettes or alcohol gels. All staff are expected to wash their hands when they come to your home and when they leave it. They may wish to wear a face mask, if the staff member feels your child or they may be getting an illness. Universal Precautions will be practiced at all times.

As part of our Quality Assurance and Performance Improvement (QAPI) program, Life Skills Therapy monitors all client and employee infections to watch for trends or the possibility of cross contamination from client to employee to client. Your Therapist will ask you at each visit if your child has been ill, seen the doctor or is on any new medication. Please provide this information and/or volunteer it if the nurse or therapist forgets to ask.

Healthcare Worker Exposure

In the event a healthcare worker is accidentally exposed to the patient's blood or bodily fluids in such a fashion that he or she may be at risk for contracting Hepatitis B or AIDS, it is required to have the patient's blood tested to determine the presence of Hepatitis B surface antigen and/or Human Immunodeficiency Virus (HIV) antibodies. The HIV test is done pursuant to Texas Law. These viruses cause Hepatitis B and Acquired Immune Deficiency Syndrome (AIDS). These tests are performed by withdrawing a small amount of blood from the patient.

Safety

Basic home safety includes, but is not limited to, assessment for smoke detectors, fire exits and escape routes, hazards of smoking, electrical safety, adequate lighting, mobility and infestations.

Back Safety

Life Skills Therapy requires a two person transfer or use of a Hoyer Lift or ceiling lift for children who weigh 50 lbs or more. Children are to be weighed during physicians visits or if hospital scale is available. Any injury that occurs in the home (whether client or therapist) should be reported to the Supervisor/Case Manager immediately for further instructions.

Notice of Privacy Practices (HIPAA) **Health Insurance Portability and Accountability Act**

The HIPAA notice describes how medical information about your child may be used and disclosed and how you can get access to your child's medical record. Please read the attached HIPAA PRIVACY POLICY AND NOTICE.

For any questions or concerns please contact the Agency's HIPAA Compliance Officer at 832-786-1560.

Nondiscrimination Policy

This agency uses a policy of non-discrimination in compliance with Title VI of the Civil Rights Act of 1964, with section 504 of the Rehabilitation Act of 1973, and with the Age Discrimination Act of 1975. We do not discriminate on the basis of race, color, religion, sex, disability with regard to admission, access to treatment or employment. We make every effort to comply with these and similar statutes.

Health Care Choices/Advance Directives

Informed Consent: It is the responsibility of the parents to discuss their child's health care needs, treatments and risks involved with certain medical procedures with the primary care physician and any other treating physicians. This information should assist parents in making informed health care choices.

Advance Directives:

- 1) **Directives to physician:** A directive to physician is also known as a living will. The directive allows you to tell your child's physician not to use artificial methods to prolong the process of dying if your child has been diagnosed with terminal illness. It is your responsibility to tell the agency if your child has a directive. A directive may be changed if you choose. Life Skills Therapy will honor your request to the extent allowed by law EXCEPT the following: withholding pain medication or liquids and an individual who is pregnant as outlined in Texas Law.
- 2) **Medical Power of Attorney:** A Medical Power of Attorney allows you to choose someone you trust to make healthcare decisions on your behalf.
- 3) **Out of Hospital DNR (Do-Not-Resuscitate):** A properly executed, signed Out-of-Hospital DNR is a request not to perform life sustaining treatment if your child's heart stops or if your child stops breathing. A physician's order is needed. This form becomes part of your child's medical record and should be available to emergency personnel.
- 4) **Declaration of Mental Health Treatment:** A Mental Health Advance Directive offers a clear written statement of an individual's medical treatment preferences or other expressed wishes or instructions. It can also be used to assign decision-making authority to another person who can act on that person's behalf during times of incapacitation (helpless, inability to make decisions). It can be revoked any time the individual is competent however cannot be revoked when the individual is incapacitated.

Problem/Complaint Resolution

Questions, problems or complaints may be directed to: **The Administrator or Alternate Administrator.**

The administrator or alternate administrator will make every effort to resolve any issues. We will document your complaint, initiate an investigation within 10 calendar days of receipt of the complaint and make every effort to resolve the complaint within 30 days. You may also address any questions, problems or complaints (or for complaints concerning the implementation of Advance Directives Requirements) to the Texas Department of Aging and Disability Services Home and Community support Services at 1-800-458-9858 or in writing to:

**Texas Department of Aging and Disability Services
DADS Consumer Rights & Services Division
PO Box 149030
Austin, TX 78714-9030**

The above hotline phone number is answered 24 hours a day, 7 days a week. After regular business hours, leave a message on the telephone answering service and a representative will return your call the next business day.

Emergency Plan

An emergency plan has been included in your admission packet. Please review and keep in a safe, visible location. There you will find emergency tips and resources numbers for the types of emergencies that may affect the greater Houston Area.

The designated Disaster Coordinator is responsible to triage all clients to determine the time frames in which care must be provided after a disaster. Life Skills Therapy does not evacuate clients. It is the responsibility of each family to develop an Emergency Plan and provide safe care for your child. Life Skills Therapy will provide assistance in developing a plan.

You may elect to utilize any of (but not limited to) the following community resources to prepare for an emergency or in an emergency:

| | | |
|------------------------------------|--------------|---|
| American Red Cross | 713-921-4474 | |
| United Way | 713-685-2300 | |
| METRO | 713-739-4000 | |
| Texas Children's Hospital | 832-824-1000 | |
| Office of Emergency Management | 713-884-4500 | http://www.houstonoem.net |
| DADS | | http://www.dads.state.tx.us/ |
| FEMA | 800-621-FEMA | http://www.fema.gov/ |
| Hurricane Preparedness Information | | http://www.dshs.state.tx.us/preparedness/hurricanes.shtm |

PEDIATRIC SAFETY TIPS

ENVIRONMENTAL HAZARDS:

Help children breathe easier

_ Do not smoke or let others smoke in your home or car.

_ Keep your home as clean as possible. Dust, mold, certain household pests, secondhand smoke, and pet dander can trigger asthma attacks and allergies.

_ Limit outdoor activity when air pollution is bad, such as on ozone alert days.

Protect children from lead poisoning

_ Wash children's hands before they eat, and wash bottles, pacifiers, and toys often.

_ Wash floors and window sills to protect kids from dust and peeling paint contaminated with lead especially in older homes.

_ Run the cold water for 30 seconds to flush lead from pipes before drawing water to drink.

_ Get kids tested for lead—check with your doctor.

_ Test your home for lead paint hazards if it was built before 1978.

Protect children from carbon monoxide poisoning

_ Never use gas ovens or burners for heat and never use barbecues/grills indoors or in the garage.

_ Never sleep in rooms with unvented gas or kerosene space heaters.

_ Don't run cars or lawnmowers in the garage.

_ Install a UL approved Carbon Monoxide detector in sleeping areas.

Keep pesticides and other toxic chemicals away from children

_ Store chemicals where kids can't reach them, never put them in other containers that kids can mistake for food or drink.

_ Wash fruits and vegetables under running water before eating—peel them when possible.

Protect children from too much sun

_ Have them wear hats, sunglasses, and protective clothing.

_ Use sunscreen on kids older than 6 months and keep infants out of the sun.

_ Keep children out of the mid-day sun—the sun is most intense between 10 and 2.

Safeguard them from high levels of radon

_ Test your home for radon with a home test kit.

_ Fix your home if your radon level is 4 pCi/L or higher. If you need help, call your state radon office **or** 1-800-644-6999.

_ Take/give medication exactly as prescribed—if you have any questions call the doctor or pharmacy.

_ Never leave your infant/toddler unattended while bathing

_ Apply safety caps on electrical outlets Use protective gates to prevent access to stairways and other potential danger zones.

_ Never let your child play with balloons or plastic bags—choking hazard.

GENERAL SAFETY TIPS FOR PARENTS:

_ Use safety restraints appropriately when your child is in a car seat, stroller, high chair or wheelchair.

_ Use side rails/crib rails per instructions

_ Never place your infant child on his/her stomach or in a bed/crib with pillows and blankets.

_ Keep all medication out of your child's reach

_ Never stop taking medication abruptly.

_ Never let your infant/toddler play with small objects that can be placed in the mouth and cause choking.

_ In Case of Fire—Leave the nearest exit, then call 911 from the neighbor's house or your cell. Never go back into a burning building.

_ Identify all fire exits, prepare a fire escape plan and practice your plan involving all family members.

Practice a Fire Drill with the entire family. Identify all fire exits.

_ Keep under lock and key all firearms, ammunition, knives, hunting supplies, power tools.

_ Never leave your child alone in the car for any reason.

_ Never use the microwave to warm your child's formula

_ Never leave your child alone in the kitchen when you are cooking.

_ When cooking on the stove top make sure the pot handle is turned inward.

CLIENT/CAREGIVER ACKNOWLEDGEMENT



| | | |
|--------------------|-------------|--|
| Client Name | ID # | |
|--------------------|-------------|--|

Initial

- ___ I understand that I should have a working phone available for emergency purposes and for coordination of care with my child’s caregivers and Life Skills Therapy Management staff.
- I understand how to contact Life Skills Therapy with any questions or concerns: 832-786-1560. DKC office hours are 8:00 am – 5:30 pm, Monday through Thursday and Friday 8:00 am - 5:00 pm. In case of an emergency, call 911 or take your child to the Emergency Room if appropriate.
- I have received a copy of the HIPAA (Health Insurance Portability and Accountability Act) policy, regarding confidentiality, release of and the safeguarding of client records.
- I have received information and understand the agency’s responsibility in reporting suspected Abuse, Neglect and Exploitation.
- I have received a copy of Life Skills Therapy Client/Caregiver Orientation Handbook.

Alternate Caregiver/Provider:

___ By my signature below, I am willing and able to provide the necessary care for my child when care is not available.

| | | |
|--|-----------|------|
| Parent/Caregiver Name: | Signature | Date |
| Life Skills Therapy Staff Member Name/Title <input type="checkbox"/> Sean Ferguson M.A. CCC-SLP <input type="checkbox"/> Francine Vega, M.S. CCC-SLP <input type="checkbox"/> Other | Signature | Date |

EMERGENCY PLAN

| | | | |
|-----------------------------|------------|-----------------------|----------------------|
| Client Name: | | | Home phone #: |
| Med/ID #: | DOB | | Mother cell: |
| Address: | | | Dad cell: |
| Caregivers present : | | Email Address: | |

| | | | | |
|---|--|---|--|--|
| Circle Appropriate Emergency Category | I- Life threatening (or potential), (ventilator patient). Dependent on electricity. | II- May suffer ill effects if treatment is delayed. May go 24-48 hrs without care or electricity. | III- Can safely forego ordered care for 48-72 hours, (well controlled respiratory issues, GB feedings) | IV. Respite or therapy only. Care may be safely be delayed for 72 hrs or more. |
| Potential Client Emergencies | | Emergency Action - REMAIN CALM | | |
| Difficult breathing | Call MD. If lips are turning blue, call 911 . Use emergency inhalers if available. | | | |
| Fever above 101* | Use Tylenol or Advil according to directions. Sponge with lukewarm water or place in bathtub with lukewarm water. If no response in 30 min. Call MD | | | |
| Excessive bleeding | Apply clean cloth with firm pressure to area for five minutes. If area continues to bleed, or if wound is gaping open, call physician or go to ER or Emergency Clinic. | | | |
| Deformed limbs or pain in small area when touched | Apply ice pack to area if tolerated. If arm or leg, immobilize by wrapping a magazine around the area and go to the Emergency Room or Clinic. | | | |
| Choking | Heimlich maneuver. Rescue breathing if necessary | | | |
| No breathing/ turned blue | Call 911. Begin CPR. | | | |

Call 9-1-1 for EMERGENCIES ONLY! When calling, remain calm, speak clearly, give the operator the following: Your name-Your phone number-Address of the emergency-As much information as possible about the emergency.

| EMERGENCY PHONE NUMBERS | | | | |
|-----------------------------|---------------------|----------------|--------------|-----------------------|
| Doctors Name (primary) | | Phone Number | | |
| Doctors Name (Other) | | Phone Number | | |
| Hospital Name | | Phone Number | | |
| Equipment Company | | Phone | Fax | |
| Other Agency | | Phone | Fax | |
| Fire/Police Emergency # | 911 | Poison Control | | 1-800-764-7661 |
| Parent/Caregiver Name | | Cell/Work | | |
| Alternate Provider | | Cell/Work | | |
| Therapist/ Name | | Contact Number | | |
| Life Skills Therapy | 832-786-1560 | FAX | 832-413-0270 | |
| Home Health Hotline | 1-800-458-9858 | | | |
| EMERGENCY PLAN PREPARED BY: | | | | |
| EMPLOYEE NAME: | | DATE: | | |



Social Media/Photo/Video Consent Form

Life Skills Therapy would like your permission to use images/videos taken of you/your child to use for therapy purposes, social media and in our office.

Please indicate the following areas where you consent to the use of you/your child's picture/video.

- In our office
- On our social media (Facebook, Twitter, Instagram, company website, etc.)
- For therapy purposes (examples for others, communication boards, etc.)

Declaration

I grant permission for photographs/videos of me/my child to be used in the formats indicated above.

Date _____/_____/_____

Name of patient _____

Parents/Guardian Name (if a minor) _____ Signature of

Parent/Guardian _____

Please state any special provisions:

This declaration may be terminated by a parent or guardian at any time by contacting Life Skills Therapy.



I, _____, have provided a complete and up to date list of all of my current physicians in the list below along with their phone numbers and specialty. I am authorizing Life Skills Therapy / Sean Ferguson and all of the physicians and other individuals or groups listed to consult and communicate freely regarding my progress, prescriptions and any issues that may affect my child's health, safety, recovery progress as deemed appropriate by Sean Ferguson and/or the physicians and/or other approved contacts I have listed below. I understand that this supports my continuity of care and may increase the quality of service I receive as a whole. I may also list any family members or other service providers whom I wish to be included for continuity of care.

I understand that I do not have to sign this release and if I choose not to I may speak with my physician or contact my insurance company for alternate referrals. I also understand that providing this information is a requirement and that declining to provide it may prevent me from obtaining services with this provider. Falsifying or omitting information is grounds for immediate termination of services.

PHYSICIAN(S) / SPECIALIST(S)

Client's Name

Client's Signature

Date



Patient

Name:

1. Cancellation/ No Show Policy for Therapy Appointment
We understand that there are times when you must miss an appointment due to emergencies or obligations for work or family. However, when you do not call to cancel an appointment, you may be preventing another patient from getting much needed treatment. Conversely, the situation may arise where another patient fails to cancel and we are unable to schedule you for a visit, due to a seemingly “full” appointment book. If an appointment is not cancelled at least **24 hours** in advance you will be charged a **fifty-dollar (\$50)** fee; this

will not be covered by your insurance company. This cancellation fee will be waived for up to **1 (one)** excused medical emergency per month.

2. Scheduled Appointments

We understand that delays can happen. However, please be aware that your appointment time is for a 45 minute session starting at the agreed upon time. If the therapist is late, additional time will be added to the session in order to get 45 minutes of therapy. We will always text if we are more than 5 minutes late. If you are running late, please notify us as soon as possible. We will make every effort to accommodate, but please be aware that our therapists maintain a full caseload and may not always be able to accommodate if you are running late. We will make every effort, but cannot guarantee that we can add additional time to the session if the client is running late.

3. Last minute cancellation and no-show policy for therapy sessions

Due to the need of therapy services, last minute cancellations can cause problems for our therapists. If therapy is not cancelled at least **1 hour** in advance you will be charged a **one hundred (\$100) fee for each cancelled session**; this is will not be covered by your insurance company. If this is an excused medical emergency, this fee will be waived as well, up to once per month. ***In addition to the \$100 fee, you will also be allowed only three (3) last minute/no-shows before final discharge of patient.***

Parent Name: _____

Parent Signature: _____

Date: _____