DEPARTMENT

OF

DEVELOPMENTAL SERVICES

AUDIT

OF

HOLDING HANDS PEDIATRIC THERAPY & DIAGNOSTICS

Programs and Services:
Adaptive Skills Trainer – PD1048
Socialization Training Program – PD1047
Early Start Specialized Therapeutic Services – PD1815

(Audit Period: July 1, 2010 through June 30, 2011)

Audit Branch

Auditors: Michael Masui, Chief of Vendor Audits
Alton Kitay, Audit Supervisor
Ermias Tecle, Lead Auditor
Treisa Muhammad, Auditor

HOLDING HANDS PEDIATRIC THERAPY & DIAGNOSTICS

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EXECUTIVE SUMMARY

The Department of Developmental Services (DDS) has audited Holding Hands Pediatric Therapy & Diagnostics (HH). The audit was performed upon HH's Adaptive Skills Trainer (AST), Socialization Training Program (ST), and Early Start Specialized Therapeutic Services (ESST) for the period of July 1, 2010, through June 30, 2011**.**

The last day of fieldwork was December 1, 2011.

The results of the audit disclosed the following issue of non-compliance:

Finding 1: <u>Unauthorized Billings and Failure to Bill</u>

The review of HH's AST program, Vendor Number PD1048, ST program, Vendor Number PD1047, and ESST services, Vendor Number PD1815, revealed that HH had both unauthorized billings as well as appropriate support for services that it failed to bill to Frank D. Lanterman (FDLRC), South Central Los Angeles (SCLARC), Eastern Los Angeles (ELARC), and Westside (WRC) Regional Centers. It was found that HH had a total of $26,236.38 in unauthorized billings and a total of $2,765.62 for which it failed to bill.

The net total of unauthorized billing discrepancies identified in this audit amounts to $23,470.76, which is due back to DDS. A detailed discussion of this finding is contained in the Finding and Recommendation section of this report.

BACKGROUND

The DDS is responsible, under the Lanterman Developmental Disabilities Services Act, for ensuring that persons with developmental disabilities receive the services and supports they need to lead more independent, productive, and normal lives. DDS contracts with 21 private, nonprofit regional centers that provide fixed points of contact in the community for serving eligible individuals with developmental disabilities and their families in California. In order for regional centers to fulfill their objectives, they secure services and supports from qualified service providers and/or contractors. Per Welfare and Institutions Code (W&I), section 4648.1, DDS has the authority to audit those service providers and/or contractors that provide services and support to persons with developmental disabilities.

OBJECTIVE, SCOPE, AND METHODOLOGY

The audit was conducted to determine whether HH's AST, ST, and ESST programs were compliant with the W&I Code, California Code of Regulations (CCR, title 17), and FDLRC's contract with HH for the period of July 1, 2010, through June 30, 2011.

HH was vendorized by FDLRC and utilized by multiple regional centers in the Southern California regions. Audit staff reviewed the programs and services utilized by FDLRC, SCLARC, ELARC, and WRC.

The audit was conducted in accordance with the Generally Accepted Government Auditing Standards (GAGAS) issued by the Comptroller General of the United States. The auditors did not review the financial statements of HH, nor was this audit intended to express an opinion on the financial statements. The auditors limited the review of HH's internal controls to gain an understanding of the transaction flow and invoice preparation process as necessary to develop appropriate auditing procedures. The audit scope was limited to planning and performing audit procedures necessary to obtain reasonable assurance that HH complied with CCR, title 17. Also, any complaints that DDS' Audit Branch was aware of regarding noncompliance of laws and regulations was reviewed and followed-up on during the course of the audit.

Programs and Services

The audit included the review of the following programs and services:

- AST, Vendor Number PD1048, Service code 605
- ST, Vendor Number PD1047, Service code 028
- ESST, Vendor Number PD1815, Service code 116

During the audit period, HH operated two AST, two ST, and six ESST programs. The initial review, selected from the audit period of July 1, 2010, through June 30, 2011, of HH's AST and ST program consisted of a two-month sample (August 2010 and May 2011) and a one month

sample (August 2010) for HH's program. Within the sample months selected, the audit sample demonstrated merely a small percentage of unauthorized billings. As a result, the testing sample was not expanded.

The procedures performed at FDLRC, the vendoring regional center, and HH included, but were not limited to, the following:

- Review of FDLRC's vendor files for contracts, rate letters, program designs, purchase of service authorizations, and correspondence pertinent to the review.

- Interview of FDLRC's staff for vendor background information and to obtain prior vendor audit reports.

- Interview of HH's staff and management to gain an understanding of its accounting procedures and processes for billings.

- Review of HH's service/attendance records to determine if HH had sufficient and appropriate evidence to support the direct care services billed to the regional centers.

- Performed an analysis of HH's payroll and attendance/service records to determine if HH provided the level of staffing required.

CONCLUSION

Based upon items identified in the Finding and Recommendation section, HH did not comply with the requirements of CCR, title 17.

VIEWS OF RESPONSIBLE OFFICIALS

DDS issued the draft report on October 29, 2012. The findings in the draft report were discussed at the telephone exit conference with Ziba Nassab, CEO, and Mark Nassab, Vice President, on November 2, 2012. In the response to the draft audit report dated December 14, 2012, Ms. Nassab questioned Finding 1 – Unsupported Billings and Failure to Bill.

RESTRICTED USE

This report is solely for the information and use of the DDS, Department of Health Care Services, FDLRC, SCLARC, ELARC, WRC and HH. This report is not intended and should not be used by anyone other than those specified parties. This restriction is not intended to limit distribution of this report, which is a matter of public record.

FINDING AND RECOMMENDATION

Finding 1: Unauthorized Billings and Failure to Bill

The review of HH's AST, ST, and ESST for the sample period of August 2010 and May 2011 revealed that HH had both unauthorized billings, as well as appropriate support for services that it failed to bill FDLRC, SCLARC, ELARC and WRC.

Unauthorized billings occurred due to a lack of appropriate documentation to support the units of service billed to FDLRC, SCLARC, ELARC and WRC. The failure to bill occurred when HH had appropriate supporting documentation, but did not bill FDLRC, SCLARC, ELARC and WRC for services provided. The following are the discrepancies identified:

Vendor Number PD1048 (605) Adaptive Skills Trainer

HH was not able to provide appropriate authorization for 256.75 units of services billed under Vendor Number PD1048. The services were provided but not authorized by the regional center. The unauthorized services resulted in unauthorized billings to ELARC in the amount of $569.52 for 10.50 units in August 2010 and $8,556.36 for 157.75 units in May 2011, SCLARC in the amount of $2,250.96 for 41.50 in August 2010 and $325.44 for 6.00 units in May 2011, and FDLRC in the amount of $2,252.95 for 41.00 units in August 2010, totaling $13,955.23.

The unauthorized hours mainly resulted from HH billing for supervision and make-up sessions. In particular, the payment agreement between FDLRC and HH explicitly states the hourly rate per session. The program is vendorized on a 1:1 staffing ratio, requiring at least one therapist for one consumer. HH actually provided the services with more than the required staff as evidenced by session notes, sign in sheet, and service logs. However, since the programs are vendored on a 1:1 staffing ratio HH can only bill for one hour per session. Supervision is included in the programs billing rate and is not a separate billable service. The other unauthorized hours are due to make-up sessions. HH billed for hours that have not been provided, with the intent to provide the service on a future date as make-up sessions. Make-up sessions within the weekly or monthly authorized hours as well as within the month under review were allowed by DDS. Make-up sessions that exceeded authorized hours as well as supervision hours were disallowed and identified as unauthorized billings. DDS reviewed the make-up logs and noted that the majority of make-up sessions have been provided.

In addition, HH provided appropriate supporting documentation for 14.25 units of service under Vendor Number PD1048 which was not billed to ELARC in the amount of $691.56 for 12.75 units and FDLRC in the amount of $81.36 for 1.50 units, both in May 2011. This resulted in an unbilled amount of $772.92.

Vendor Number PD1047 (028) Social Skills

HH billed for services that were made up in make-up sessions. DDS disallowed 158.50 units of services billed under Vendor Number PD1047 for future make-up sessions. The disallowance of make-up sessions outside the consumer's authorization length and frequency, resulted in unauthorized billings to FDLRC in the amount of $9,154.75 for 137.50 units in August 2010 and $466.06 for 7.00 units in May 2011, SCLARC in the amount of $399.48 for 6.00 units in August 2010 and $66.58 for 1.00 units in May 2011, WRC in the amount of $332.90 for 5.00 units in August 2010 and ELARC in the amount of $133.14 for 2.00 units in August 2010, totaling $10,552.91.

In addition, HH provided appropriate supporting documentation for 19.00 units of service under Vendor Number PD1047, which was not billed to FDLRC in the amount of $399.48 for 6.00 units in August 2010, and $399.48 for 6.00 units in May 2011, and WRC in the amount of $133.16 for 2.00 units in August 2010, and $332.90 for 5.00 units in May 2011. This resulted in an unbilled amount of $1,265.02.

Vendor Number PD1815 (116) Early Start Specialized Therapeutic Services
HH had unauthorized billings, mainly due to make-up sessions, for 19.00 units of services billed under Vendor Number PD1815, resulting in unauthorized billings to FDLRC in the amount of $1,728.24.

In addition, HH provided appropriate supporting documentation for 8.00 units of service under Vendor Number PD1815 which was not billed to FDLRC. This resulted in an unbilled amount of $727.68.

As a result, $23,470.76 is due back to DDS for the total amount of unauthorized billings. (See Attachment A.)

CCR, title 17, section 54326(a) (3) and (10) states in part:

"All vendors shall:

(3) Maintain records of service provided to consumers in sufficient detail to verify delivery of the units of service billed.

(10) Bill only for services which are actually provided to consumers and which have been authorized by the referring regional center…"

Also, CCR, title 17, section 50604(d) and (e) states in part:

"(d) All service providers shall maintain complete service records to support all billing/invoicing for each regional center consumer in the program…

(e) All service providers' records shall be supported by source documentation."

Recommendation:

HH must reimburse DDS $23,470.76 for unauthorized billings. In addition, HH should develop and implement policies and procedures to ensure that services are provided and billed according to the appropriate staffing ratio to support the amounts billed to FDLRC, SCLARC, ELARC and WRC. HH must end the practice of billing for unauthorized make-up sessions and for supervision.

HH's Response:

HH disagreed with the draft audit report finding and provided additional documentation to refute the audit finding.

See Attachment B for the full text of HH's response to the draft audit report and Attachment C for DDS' evaluation of HH's response.

Holding Hands Pediatric Therapy & Diagnostics
Summary of Uauthorized Billings and Failure to Bill
Fiscal Year 2010-11

						A	B	C=A*B	D	E=A*D	
							Unauthorized Billings[1]		Failure to Bill[2]		Amount Due to DDS
Finding #	*Vendor*	*Svc Code*	*Description*	*Sample Months*	*Rate*		*Units*	*Amount*	*Units*	*Amount*	
1	***Adaptive Skills Trainer***										
	PD1048	605	Adaptive Skills 1:1	Aug-10	Various						
	ELARC						10.50	$ 569.52	-	$ -	$ 569.52
	SCLARC						41.50	$ 2,250.96	-	$ -	$ 2,250.96
	FDLRC						41.00	$ 2,252.95	-	$ -	$ 2,252.95
							93.00	$ 5,073.43			$ 5,073.43
				May-11	Various						$ -
	ELARC						157.75	$ 8,556.36	(12.75)	$ (691.56)	$ 7,864.80
	SCLARC						6.00	$ 325.44	-	$ -	$ 325.44
	FDLRC						-	$ -	(1.50)	$ (81.36)	$ (81.36)
							163.75	$ 8,881.80	(14.25)	$ (772.92)	$ 8,108.88
					Subtotal		256.75	$ 13,955.23	(14.25)	$ (772.92)	$ 13,182.31
1	***Socialization Training***										
	PD1047	028	Social Skills 1:1 or group	Aug-10	Various						
	FDLRC						137.50	$ 9,154.75	(6.00)	$ (399.48)	$ 8,755.27
	SCLARC						6.00	$ 399.48	-	$ -	$ 399.48
	WRC						5.00	$ 332.90	(2.00)	$ (133.16)	$ 199.74
	ELARC						2.00	$ 133.14	-	$ -	$ 133.14
							150.50	$ 10,020.27	(8.00)	$ (532.64)	$ 9,487.63
				May-11	Various						
	FDLRC						7.00	$ 466.06	(6.00)	$ (399.48)	$ 66.58
	SCLARC						1.00	$ 66.58	-	$ -	$ 66.58
	WRC						-	$ -	(5.00)	$ (332.90)	$ (332.90)
	ELARC						-	$ -	-	$ -	$ -
							8.00	$ 532.64	(11.00)	$ (732.38)	$ (199.74)
					Subtotal		158.50	10,552.91	(19.00)	(1,265.02)	9,287.89

Attachment A

Holding Hands Pediatric Therapy & Diagnostics
Summary of Uauthorized Billings and Failure to Bill
Fiscal Year 2010-11

					A	B	C=A*B	D	E=A*D	
						Unauthorized Billings[1]		Failure to Bill[2]		Amount Due to DDS
Finding #	*Vendor*	*Svc Code*	*Description*	*Sample Months*	*Rate*	*Units*	*Amount*	*Units*	*Amount*	
1	***Speech Therapy***									
	PD1815 FDLRC	116	Early Start Specialized Therapeutic Services 1:1 or group	Aug-10	$ 90.96	19 00	$ 1,728.24	(8 00)	$ (727 68)	$ 1,000 56
					Subtotal	19.00	$ 1,728.24	(8.00)	$ (727.68)	$ 1,000.56
TOTAL UNAUTHORIZED BILLINGS:						**434.25**	**$ 26,236.38**	**(41.25)**	**$ (2,765.62)**	**$ 23,470.76**

[1]Unauthorized Billings are comprised of hours billed for supervision as well as make-up hous provided outside the consumer's authorization.

[2]These payments were authorized by the RC(s), were provided by the vendor but the vendor failed to bill.

ATTACHMENT B

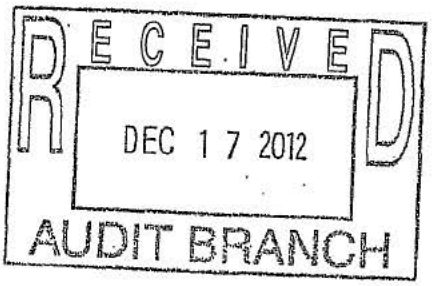
HOLDING HANDS, INC.

RESPONSE
TO AUDIT FINDINGS

(Holding Hands, Inc.'s response to the Draft Audit Report, pages 10 through 62, is included as Attachment B.)

Holding Hands
Pediatric Therapy & Diagnostics

December 14, 2012



Edward Yan, Manager
Department of Developmental Services
Audit Branch
1600 Ninth Street, Room 230, MS 2-10
Sacramento, CA 95814

Regarding: Holding Hands response/concerns regarding the audit draft report for the period of July 1, 2010 thru June 30, 2011.

Dear Mr. Yan,

This letter is in reference to the audit report conducted by DDS in November of 2011. Throughout the draft report you use the term "*unsupported billing.*" The term unsupported billing means that a service was rendered or billed and there is no documentation (session note, sign in sheet, service log or payroll records to support that the particular service was provided). Your audit team verified my payroll records, (the service that was billed was provided to the client/parent) and in most cases we had a service log with a parent signature and our payroll records indicated the service was provided and the therapist was paid for the service that they provided.

It is my understanding that anytime one of our therapists billed for supervision at the same time that the therapist was present and billed, you are requesting that those funds be returned to DDS and calling it, "*Unsupported Billing.*" Supervision was provided for SLPA's, Adaptive Skills (Floortime™) Interventionist, Behavioral Interventionist (ABA) and Social Skills groups as that is how our program designs were written and approved by Franklin D. Lanterman Regional Center. We are not denying the fact that we provide supervision, parent training, team meetings, reviewing reports with families and overseeing the clients' program and providing parent training is an essential part of our program. It is the type of high quality services that we provide, that make Holding Hands stand out. Per our exit interview and draft report it was stated that, "*Furthermore, HH billed for supervision time even though supervision is included in the programs billing rate and is not a separate billable service.*" This was never discussed, documented, or written in my program designs, payment agreement, or vendorization packets. **Please provide proof that supervision is included in my hourly rate.** DDS calls a supervisor billing at the same time as the therapist "*unsupported billing*" and these hours were disallowed. Please clarify where I can find this on Title 17, as on page 7 of your report you did not cite anything in regards to supervision from Title 17.

In addition please clarify if DDS provided us credit for writing progress reports and clarify if we can bill 1 unit (1 hour) per progress report per client. It is my understanding that vendors are billing 1 unit, per progress reports that are written quarterly and they are billing for supervision, why is Holding Hands not allowed to do this and most

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importantly why are we asked to refund services that were provided, documented and stated in our program design?

In addition, not only was supervision defined in my program designs, but I have also stated in each progress report and assessment for Adaptive Skills that we provide supervision and how supervision it is provided. I have provided you with a sample of an Adaptive Skills Progress Report that was written. Please note in the recommendation section it states, "*At this time, the clinical team recommends that (child's name) continue to receive Floortime™ services at a rate of 6 hours of Floortime™ therapy per week, over a 6 month period, to address the goals stated. The 6 hours a week will include direct intervention, parent training, supervision, clinical team meetings, and social facilitation. Our goal is to give the parents the tools to continue providing Floortime™ services after expiration of services. Parents understand that their 100% participation is expected through the phase-out period of the Floortime™ program*".

On page 7 of 40 in our Floortime™ Program Design, it clearly states, "***Floortime™ services includes direct therapy, case supervision, parent consultation and social facilitation where suitable.***" You will find this section under, "Service Description."

Under Service Restriction in the Program Design (page 5 of 40) it states, "*The maximum quantity of Floortime™ services will be limited to 6 hours/week, which includes direct therapy, supervision, and parent conferencing".* On page 31 of 40 the section "*Staff to Consumer Ratio*" states, "*Floortime™ services include 1:1 therapy, supervision, social facilitation (when applicable) and parent consultation. Every client has assigned therapists and case supervisors.*"

During an agency group meeting that was conducted by FDLRC with ALL of the Adaptive Skills/Floortime™ providers, held approximately 3 years ago a letter, titled, "*Adaptive Skills Training Program DIR®/Floortime™ Model*" was distributed to all attendees. Enclosed I have a provided you with a copy of the letter. Under the Supervision section it states the letter states, "*Program supervision hours are provided on site (in-home or in the community-wherever the services occur). The purpose of supervision hours is to provide feedback to direct services staff or parent/caregivers, to ensure progress is occurring based on the intervention being prescribed and to ensure that appropriate alterations to the program are implemented. Program supervision hours are not intended to be used for in-office staff supervision. Parent training is not supervision. LRC will fund 1 hour of program supervision per every 10 hours of face to face client contact. Program supervision must be done by an individual who meets Title 17 requirements for adaptive skills training (See Requirements under Assessment Section).*" Enclosed you will find the complete Floortime™/Adaptive Skills Program Design for you review.

In regards to make-ups, we do understand that we need to make up the clients' hours in the authorized period, and not bill for a client in advance, even if the client would like the hours made up. I thank you for clarifying this for us. However, on page 6 of your audit report it states, "*The vast amount of unsupported hours resulted from HH billing for*

services not provided. HH billed the maximum number of authorized hours, even if services were not provided, with the intent to provide the service on a future date as make-up sessions." This statement **is false**; Holding Hands **did not** "*bill the maximum number of authorized hours even if services were not provided.*" In fact the letter is contradicting the audit findings, as per you audit findings not only did we NOT bill each client to the maximum potential hours, but your audit reports we failed to bill, $1,265.02. Per your audit report, you disallowed billing hours when they did not fall in the frequency and they were identified as "*unsupported billing.*" I respect the decision and understand this is against Title 17, but what you failed to mention is that Holding Hands did provide make-up logs, sign in sheets, and session notes for a majority of the make-up sessions. The session was provided and we have provided documentation to support this. I am requesting that you clarify the statement.

In regards to vendor PD-1815 Early Start (Speech), we did provide documentation that the service was provided. We were disallowed some of the billed hours, because DDS declined double billing (when a SLPA is supervised by a Licensed Speech Therapist) or when make-ups, or progress reports were billed.

In regards to vendor number PD-1047 Social Skills: Once again a majority of the services were provided and the hours were disallowed due to progress reports, supervision, and make-ups.

Looking forward to your response.

Ziba Nassab Psy. D, IMFT
DIR Certified Clinician
Clinical Director

Enclosed Documents:

- Floortime™/Adaptive Skills Program Design
- Floortime™/Adaptive Skills Progress Report
- Payment Agreement PD-605
- Adaptive Skills Letter by FDLRC
- Working agreement between specific vendors and Regional Center

Floortime™ Progress Report
(Adaptive Skills Training)

I. IDENTIFYING INFORMATION

Child's Name:
UCI Number:
Date of Birth:
Diagnosis:
Medication: None Reported
Diets: None Reported
Allergies:
Caregiver(s):
Address:
Phone:
School District:
Regional Center:
Service Coordinator:
Therapist(s):
Supervisor:
Report Date: January 20, 2011
Purpose of Report: To address the progress that as made toward her Floor Time™ Therapy goals and to **recommend a continuation of Floortime™ Services at 6 hours per week for a 6 month period.**

II. BACKGROUND / DEVELOPMENTAL HISTORY

is a 6 year, 9 month old female with a diagnosis of Autistic Spectrum Disorder. She continues to live with her parents, 2 younger siblings, aunt, uncle, and 5 cousins in the Los Angeles area. Mr. and Ms. report that two younger siblings are also diagnosed with Autism. Generally, mother, Mrs. , participates in the Floortime™ sessions. Currently, is receiving 12 hours per month of Behavioral Intervention within the home provided by CBC Education. In addition, she receives 1 hour per week of Speech Therapy within the school setting funded by LAUSD. Ms. has made partial progress in sessions. She continues to require suggestions, prompts, and modeling to assist with her Floortime™ goals.

Over the past authorization period, has demonstrated some progress toward her Floortime™ goals. has developed the ability to sustain two-way communication with others during conflict for longer periods of time. She consistently answers "wh" questions from others and is able to accept changes to routine and new ideas in play. has also improved upon her ability to express her likes and dislikes during play.

Although demonstrates progress, she continues to have difficulty in some areas. continues to require support from an adult to express her emotions when she experiences anger, frustration or disappointment. requires support in order to elaborate upon play themes for 5-6 steps. During conflict, does not yet utilize appropriate problem solving strategies, and instead withdraws or becomes disregulated. Over the next authorization period, the therapist will work with s family in order to help master the following developmental milestones and Floortime™ goals.

III. ATTENDANCE PARTICIPATION / CAREGIVER INVOLVEMENT

attends her Floortime™ sessions 70% of the time. In addition, Ms. diligently calls in advance to cancel or reschedule sessions. Ms. participates in 70% of the sessions on a regular basis. She provides feedback on progress at home and at school and is open to suggestions from the play therapist and/or supervisor on how to help further develop her skills. Ms. was given the techniques to help with coping skills by providing physical prompts, a visual schedule, increased problem solving strategies, such as waiting, negotiating, and compromising. For example, when has difficulty with problem solving, Ms. uses a soft, firm voice to acknowledge problem and assist her with developing a solution. Between sessions, Ms. implements techniques that have been provided, such as structured activities, expanding circles of communication and turn taking.

IV. DEVELOPMENTAL MILESTONES

Functional Emotional Assessment Scale (FEAS) was developed by MD to determine what developmental milestones the child has mastered. The 6 Functional Developmental Milestones are: Shared Attention, Engagement, Affective Reciprocity & Gestural Communication, Complex Problem-solving gestures preverbal sense of self, Emotional ideas, Emotional thinking.

Definitions –

Not Mastered = Milestone has not been reached.

Emerging = Milestone is barely present, even with maximum adult support

Partially Mastered = Milestone is present but inconsistent and requires moderate to maximum support and is not present in all settings (school, home, peers, siblings).

Mastered with Restrictions = Milestone is present but may require minimal support to sustain in all settings. Milestone or Goal may be vulnerable to stress (e.g. child may lose skills if he becomes frustrated).

Mastered = Milestone is age appropriate and present across all settings

Developmental Milestone # 1: Shared Attention: Interest in the world the child's ability to enter and sustain a state of shared attention with another person.

Current Level = Mastered

has mastered developmental milestone #1. She is able to sustain a regulated state for longer than 3 seconds. She demonstrates interest in her environment using different sensory systems. y actively explores and initiates play with toys during the session. During highly preferred activities, can sustain shared attention for up to 10-15 minutes. For example, during the session, she plays a princess game with her mother for approximately 10-15 minutes, smiling and laughing with her mother throughout the activity.

Developmental Milestone # 2: Engagement: Forming relationships or attachments. The ability to engage and relate to another person with some warmth, positive emotion, and expectation of something useful or pleasurable happening in the interaction.

Current Level = Mastered

has mastered developmental milestone #2. She demonstrates the ability to respond to others with intentional behavior, such as smiling, frowning, reaching for items, and vocalizing with pleasure, curiosity, or assertive interest. She is able to express a small range of affect during sessions. explores different toys in the room as she anticipates an object that was shown and then removed. She becomes more animated when she is excited while playing with balls. She also becomes displeased when a play partner is unresponsive during play. When becomes angry or frustrated, she protests by vocalizing and presents facial affect and vocal intonation that expresses anger. is able to recover from distress within 15 minutes with support from an adult.

Developmental Milestone # 3: Affective Reciprocity & Gestural Communication - Intentional Two-Way Communication the ability to signal one's own needs and intentions and also comprehend someone else's. And the ability to string these together as part of an interaction in a back and forth reciprocal pattern

Current Level = Mastered with Restrictions

has mastered developmental milestone #3 with restrictions. She demonstrates the ability to initiate purposeful interactions with others and intentional actions during play. is able to open and close circles of communication in a contingent manner during a variety of activities and situations. She signals

her wants and needs through many forms of communication, such as facial affect, vocal intonation, verbal and gestural communication. During sessions, is able to sustain more than 10 reciprocal exchanges with her mother and she can understand simple, 2-step directions. She consistently demonstrates emotions during social interactions and play, such as anger, frustration, pleasure and excitement. She protests when experiencing negative emotions, but this occasionally leads to aggression. When is presented with conflict or experiences negative emotions, her ability to sustain two-way communication decreases. She is able to recover from distress within a few minutes when provided with support from an adult.

Developmental Milestone # 4: Complex Problem-solving gestures, preverbal sense of self - Complex pre-symbolic shared social communication and problem solving [imitation, social referencing and joint attention. The ability to create complex circles of communications through gestures and words by stringing together a series of actions into an elaborate problem solving sequence of interactions.

Current Level = Partially Mastered

has partially mastered developmental milestone #4. She displays interest in her peers and/or adults in her environment. She is able to engage in reciprocal exchanges for up to 40 circles of communication, but requires support when presented with complex problems. When presented with a problem solving sequence, Ruby seeks support in order to establish a solution. She demonstrates the ability to imitate others and expresses pleasure when she is imitated. observes others and their actions, opening and closing circles of communication with vocalizations or words, facial expressions, gestures, and communication across space. uses three or more circles of communication to demonstrate her emotions. However, when she is presented with conflict, her ability to imitate others decreases. For example, during a turn taking game, became frustrated when the outcome was not as she anticipated. The therapist modeled appropriate ways for her to respond to the situation, but was not able to imitate these ideas. She became disregulated, had difficulty engaging with others, and required maximum support in order to reestablish a regulated state. required 10-15 minutes to recover from this distress does not yet demonstrate consistency in stringing together a series of actions into an elaborate problem solving sequence. She is persistent when attempting to get her wants and needs met but becomes overly assertive when confronted with conflict. also attempts to demonstrate control without considering the needs of the others around her.

Developmental Milestone # 5: Emotional ideas: Representational capacity and elaboration- Symbolic and creative use of emotional ideas, including pretend and pragmatic play. The child's ability to create ideas or mental representations (symbols), observed in the child's ability to do pretend

play or use words, phrases or sentences to convey some
emotional intention or idea.

Current Level = Partially Mastered

has partially mastered developmental milestone #5. During play, is able to elaborate and create pretend dramas with two or more ideas while expanding upon play. She utilizes a range of emotions when engaged with familiar symbolic ideas. She is able to answer and ask 'what – where – who' questions. is able to communicate two or more ideas at a time during play and during conversation. Occasionally, however, her ideas are not logically connected. She engages in simple motor games with rules, such as musical chairs, and treasure hunts. However, Ms. reports that prefers solitary play in the home, rather than cooperating with her siblings. has difficulty including others in her play. She often collects the toys for herself and sets limits on the ideas of others. rarely uses pretend play to communicate emotions, such as closeness, pleasure, excitement, assertive curiosity, fear and anger. She does not consistently use pretend play to recover from and deal with distress. When support is provided, is able to express a range of emotions within symbolic play scenarios. However, she continues to demonstrate resistance toward novel ideas.

Developmental Milestone # 6:

Emotional thinking: Building bridges between ideas or making logical connections between different emotional ideas and feelings (internal representations).. This capacity is a foundation for higher level abstract thinking, problem solving and capacities as separating reality from fantasy. Modulating impulses and mood, taking time and space into account, and learning how to concentrate and plan.

Current Level = Partially Mastered

has partially mastered developmental milestone #6. She requires adult support in order to build logical connections between familiar symbolic play ideas. She does not yet do so independently in a variety of activities. When provided with assistance, is able to present two or more ideas that are logically linked and is able to build on adult's pretend play idea. During conversation, she is able to answer and ask some "wh" questions, such as "who", "what," "why," and "where." is able to understand the concept of time and space and answers questions related to time and space with 50% accuracy. She engages in spatial motor games with rules. With moderate support, is able to use logical sequences of ideas to recover from distress, and is able to suggest a way of coping with conflict. frequently requires assistance in order to separate reality from fantasy. With maximum support from an adult, she is able to make connections between emotional ideas and feelings and modulate her impulses and moods when presented with emotional conflict.

V. REVIEW OF CURRENT FLOOR TIME GOALS & OBJECTIVES

1. Goal #1: Functional Communication: Emotional Expression

Goal #1: Goal Continued	will communicate her negative emotions to her peers and/or adults in 4 out of 5 opportunities with minimal adult support. The facilitator will model appropriate statements, facial affect and body language in order to allow an opportunity to explore different methods of expressing negative emotions.
Previous Status: Emerging	Current Status: Partially Mastered
Previously, when peers or siblings did not play the way she wanted to, raised her voice and isolated herself from interactions. With moderate to maximum adult support, she was able to verbalize that she was mad but refused any further conversation unless her demands were met.	Presently, is able to express negative emotions in 3/5 opportunities with moderate support. For example, when peers or siblings do not comply with preference of activities, is able to make statement such as, "I don't want to," or "I don't like that." She demonstrates the ability to express her preferences and persuade her siblings to join her. However, when she experiences frustration or disappointment, continues to require maximum support to express her emotions appropriately.
Parent Goal #1:	Mr. and Ms. will facilitate a structured activity and support with communicating negative emotions within play (e.g., "I'm mad because..." or "I don't like losing"). The support will consist of Mr and Ms. modeling appropriate forms of communicating emotions across challenging social interactions.
Previous Status: New Goal	Current Status: Partially Mastered
New goal. No previous status established.	Mr. and Ms. continue to provide support for to communicate her negative emotions. They support by modeling appropriate communication in 2 out of 5 opportunities.

Skill Development Plan:

1. Play Dates: Mr and Ms. are encouraged to facilitate a specific play activity in order to provide consistent opportunities for expressing emotions. The activity will take place in the home or community setting during weekly play dates with familiar peers, cousins, and/or siblings.

2. Functional Communication Training: Mr. and Ms. will model appropriate forms of communicating emotions during social interactions within community settings. For example, Ms. will model words such as, "I want another turn please" while is standing by the swing, waiting for a peer to finish.

2. WAA – Words, Affect, and Actions: Mr. and Ms. will be taught how to use WAA. The way we use our spoken words, facial affect, body language and actions, assists the child in becoming

Using words	aware and connected with the world around her. Using words with inflection while correlating affect and actions provides a functional experience for the child, in turn, supporting language development.

2. Goal #2: Flexibility: Problem-Solving

Goal #2: (Goal modified)	will engage in problem solving sequences in order to accept changes in routine and changes to her preferred objectives independently in 3 out of 4 opportunities.
Previous Status: Emerging	Current Status: Mastered with Restrictions
Previously, was able to accept changes to her routine and changes to preferred objectives in 1 out of 4 opportunities. She generally required moderate to maximum assistance in order to communicate her emotions appropriately while attempting to problem solve. In addition, required an adult to adapt any changes in order to support her emotions.	Presently, is able to accept changes to her routine 3 out of 4 opportunities with minimal support. When presented with change or unfamiliar routines, requires an adult to provide verbal prompts by offering ways to negotiate and cope with the change. Occasionally, becomes disregulated when presented with change and requires an increased level of support.
Parent Goal #2	Mr. and Ms. will provide with verbal and model prompts in order to tolerate changes to her routine and preferred objectives across settings while encouraging independence.
Previous Status: New Goal	Current Status: Partially Mastered
New goal. No previous status established.	Mr. and Ms. continue to model for and prompt her to tolerate changes and unfamiliar routines with prompts.

3. Goal #3: Play Skills: Emotional Ideas and Thinking

Goal #3: Goal Continued	will demonstrate the ability to elaborate on novel play scenarios for 5+ steps related to the play theme 3 out 5 presented opportunities with minimal adult support.
Previous Status: Emerging	Current Status: Partially Mastered

Previously, she was able to elaborate on novel play scenarios for 2 to 3 steps relating to the play theme in 2 out 5 presented opportunities with moderate support. She required support to engage in cooperative play with her play partner and to sustain an unfamiliar play idea. With familiar and preferred activities, she was able to elaborate on 6+ steps.	Presently is able to elaborate on familiar play scenarios for 2 to 3 steps relating to the play theme in 3/5 opportunities. For example, she is able to set out cups and plates, pour tea for others, and place food items on the plates. However, continues to require support from an adult to elaborate on play for 5-6 ideas and sustain play with others during unfamiliar play themes.
Parent Goal #3	Mr. and Ms. will facilitate a symbolic play activity with and her family members once per day and introduce novel ideas and play themes.
Previous Status: New Goal	Current Status: Partially Mastered
New goal. No previous status established.	Mr. and Ms. continue to implement symbolic play themes with and her siblings or cousins. They are able to provide with opportunities to elaborate on new play ideas. However, Mr. and Ms. continue to require support with modeling novel play ideas and prompting to imitate.

Skill Development Plan:

1. Symbolic Play: Mr. and Ms. will learn how to use symbolic ideas in character or role play to provide with novel themes and ideas. Mr. and Ms. will be taught how to facilitate a peer interaction with siblings/cousins where can learn to expand from play ideas that are presented by others.

2. Prompting and Re-direction: Mr. and Ms. will learn to model choices for prior to the implementation of novel ideas and they will continue to learn how to prompt and fade the use of prompting during play (e.g. "What happens if the store is closed? Where else could we go?"). In addition, Mr. and Ms. will learn how to re-direct back to the novel idea (e.g. "Hey! What happened with going to the zoo?").

3. Positive Reinforcement: Mr. and Ms. will provide positive reinforcement for appropriate attempts and successful play on a consistent basis. Positive reinforcement will take the form as verbal praise (e.g., saying, "Great job", or "Nice playing")

VI. MODIFIED GOALS

1. Modified Goal #1: Complex Problem-Solving

Goal #1	When presented with conflict, will learn to sustain a regulated state and utilize problem solving strategies with minimal support in 3/5 opportunities. Problem solving strategies include, coping skills, negotiating, compromising,

	and obtaining the assistance of others.
	Current Status: Not Mastered
Currently, when presented with conflict, ___, is able to sustain a regulated state and utilize problem solving strategies in 2/5 opportunities when provided with moderate to maximum support from an adult. She is able to utilize problem solving strategies, such as negotiating and compromising during familiar conflict. However, when presented with new situations that involve conflict and cause her to experience negative emotions such as anger, disappointment or frustration, withdraws or becomes disregulated.	
Parent Goal #1:	Mr. and Ms. will provide with opportunities to utilize problem solving strategies during conflict. When she has difficulty creating a strategy to use, Mr. and Ms. should not provide with the solution to the conflict, but instead provide a number of options from which she can choose.

Skill Development Plan:

1. Coping Skills - Mr. and Ms. will prompt to utilize calming strategies and will model calming strategies during interactions. Calming strategies should include taking deep breaths, squeezing a ball, or counting to 10. should also be taught that she can ask for a break and walk away from the problem in order to return to the problem when she is calm. These coping skills should be implemented during play to support ability to carry over skills and utilize them across settings.

2. Negotiating: Mr. and Ms. should model negotiating techniques for during daily interactions. They should create opportunities in which is required to negotiate. For example, if wants to have pizza for dinner and her sister wants spaghetti, Mr. ... and Ms. should model for how to suggest that they should have pizza tonight and spaghetti tomorrow night. They should also provide verbal prompts for to utilize negotiation during other forms of conflict during play.

3. Compromise: Mr and Ms. are encouraged to model for how to compromise when her family members' preferences differ from her own. When her siblings want to play with a toy that is playing with, she should be taught to share the toy, take turns with the toy, or provide her siblings with other toys.

4. Asking for Assistance: When experiences conflict with others that she cannot solve on her own, Mr. and Ms. should provide her with verbal and model prompts to request the support from adults. should learn how to explain the problem to an adult, and then the adult should provide with a variety of possible solutions. As improves upon her ability to choose appropriate solutions to conflict, adult support should be faded.

5. Appropriate Teaching and Training: The above problem solving techniques and strategies should be taught to prior to her being exposed to actual conflict with others. In other words, Mr. and Ms. should create mock situations in which can utilize these problem solving strategies without feeling the negative emotions that occur as a result of natural conflict. As natural conflict occurs, should be prompted to utilize the problem solving strategies that she has already learned prior to the conflict.

VII. RECOMMENDATIONS

has demonstrated a positive response to Floortime™ interventions and techniques. Although she shows steady progress, she continues to need additional support in the areas of emotional expression, emotional ideas and thinking, and complex problem solving. **At this time, the clinical team recommends that continue to receive Floortime™ services at a rate of 6 hours of Floortime™ therapy per week, over a 6 month period, to address the goals stated.** The 6 hours a week will include direct intervention, parent training, supervision, clinical team meetings and social facilitation. Our goal is to give the parents the tools to continue providing Floortime™ services after expiration of services. Parents understand that their 100% participation is expected through the phase-out period of the Floortime™ Program. **Over the next funding phase of services, services will be reduced to 4 hours per week.**

Please read

Ms. participates in all sessions for the total duration of the session. She reports that she does not yet schedule Floortime™ sessions independently with . However, the supervisor has suggested that they begin to schedule 20 minute sessions, twice per week in order to practice techniques and strategies that relate to their Floortime™ goals.

It has been a pleasure working with and her family. Please feel free to contact with any questions at

Developmental Play Therapist

Director of Clinical Services

Developmental Play Supervisor

WORKING AGREEMENT
BETWEEN
SPECIALIST VENDOR AND REGIONAL CENTER

Regional Center Obligations

1. Referral Process
Regional Center will select an appropriate consumer for referral to the program vendor. The referral provided to vendor by counselor or specialist must include information as follows:

a) Relevant identifying demographic data on consumer.

b) Relevant assessment data about consumer noting reason for referrals, consumer's problem areas and desired services.

2. Consultation
Regional Center will provide consultation regarding regional center policies and procedures, and offer technical assistance, as available.

3. Reporting & Documentation Requirements
a) Initial Assessment & Evaluation

1) A written authorization will be given to vendor noting reason for referral. Authorization will indicate time and/or cost to complete assessment and/or evaluation.

b) Progress Reports for ongoing treatment or programming:

1) If recommendations are viewed as appropriate and written report is acceptable in meeting our standards, additional programming and/or treatment may be authorized according to consumer's IPP and monies available. (See Assesments or Progress Report as samples)

2) Regional Center counselor will document consumer's progress IPP.

Specialist Vendor Obligations

1. Referral Process
Vendor will accept referrals appropriate to their professional discipline and area of expertise.

a) An assessment and evaluation will be conducted by the vendor within 30 days following approved authorization.

2. Consultation
Vendor may request consultations as needed.

3. Reporting & Documentation Requirements.
a) Initial Assessment & Evaluation

1) Initial authorization is only for the evaluation and assessment session held with a consumer. This session is not to exceed the time and/or cost authorized. Upon the completion of this evaluation and assessment, a written be furnished to the regional center.

2) The initial written report furnished to the regional center must include as a minimum information noted in the attached Reporting & Documentation Requirements.

b) Progress Reports for ongoing treatment or programming:

1) If additional services are authorized, written reports are due to Regional Center.

2) Written reports must address the recommendations noted in original assessment and evaluation and consumer's progress toward meeting these objectives.

PLEASE RETURN THE ENTIRE SERVICE WORKING AGREEMENT (3 PAGES)

PROFESSIONAL STAFF REQUIREMENTS

1. Only State and Regional Center approved specialists may perform services for our consumers. If students or other unlicensed staff are in training under the supervision of a state approved vendor the vendor must co-sign all reports and assume responsibility for the accuracy of the information in the report.

2. Groups of professionals in practice together may be vendored as a group. All members must be identified in advance with supporting documentation of their professional expertise. It is then the responsibility of the vendored group practice to inform Regional Center of personnel changes.

3. Specialist vendors authorized to perform service for named consumer cannot subcontract services to another vendor. This is in direct violation of state regulations.

Data regarding any change from the initial service description must be provided to the Regional Center 30 days prior to the time such change takes place.

No purchase of Service contract with any agency or individual (shall) be continued unless the regional center and the person with developmental disabilities, or when appropriate, the person's parents or legal guardian or conservator agree that reasonable progress has been made toward the objectives for which the service provider is responsible.

Regional Center Representative/Title

11/10/03
Date

CEO
Vendor Representative/Title

8-20-03
Date

Adaptive Skills Training Programs
DIR®/Floortime™ Model

Adaptive behavior refers to the skills that people need to function independently at home, at school, and in the community. Per Title 17, adaptive skills are provided by an individual who possesses the skills, training and education necessary to enhance existing client's skills.

Adaptive skills include:

- Communication—interacting with others, following directions, talking, using the phone
- Self-Care—eating, dressing, hygiene, toileting, grooming
- Home-Living—caring for clothes, housekeeping, property maintenance, cooking, budgeting
- Social—getting along with peers, being aware of other people's feelings, forming relationships
- Community Use—travel/transportation within community, shopping, obtaining services in the community
- Self-Direction—making choices about how to use one's time, following a schedule, seeking assistance, deciding what to do in new situations
- Health and Safety—making choices about what to eat, illness identification and treatment, avoiding danger, relationship and sexuality
- Functional Academics—reading, writing, math skills, telling time, using a calendar
- Leisure—using available time when not working or in school, choosing age-appropriate activities
- Work—work related attitudes and social behaviors, completion of tasks, persistent effort/stamina

Adaptive skill programs also often address maladaptive behaviors. These are behaviors that interfere with everyday activities and include: noncompliance, tantrums, self-stimulatory behaviors, and aggressive behaviors.

FDLRC acknowledges that the Developmental, Individual Difference, Relationship-based (DIR®/Floortime™) Model can be used by qualified clinicians (see clinical guidelines for qualified DIR®/Floortime™ providers) to achieve adaptive skills training objectives. Although the DIR®/Floortime™ Model does not focus on isolated skills and behaviors, this comprehensive approach can be used to increase overall daily living functioning and skills. The purpose of this type of comprehensive adaptive skills program is to improve independent functioning in daily living by utilizing the DIR®/Floortime™ Model.

The DIR®/Floortime™ Model can be described as follows:

This model utilizes a comprehensive framework which enables clinicians, parents and educators to construct a program tailored to the child's unique challenges and strengths. The objectives of the DIR®/Floortime™ Model are to build healthy foundations for social, emotional, and intellectual capacities rather than focusing on skills and isolated behaviors.

Floortime™ is a specific technique where the interventionist or parent follow the child's natural emotional interests (lead) and at the same time challenge the child towards greater mastery of the social, emotional and intellectual capacities. With young children these playful interactions may occur on the "floor", but go on to include conversations and interactions in other natural situations.

The model utilizes Floortime™ along with various problem-solving exercises, and sensory experiences, and typically involves a team approach with speech therapy, occupational therapy, educational programs, mental health (developmental-psychological) intervention and, where appropriate, augmentative and biomedical intervention. The DIR®/Floortime™ Model emphasizes the critical role of parents and other family members because of the importance of their emotional relationships with the child.

~ 3 ~

- Level and frequency of parent participation in the last 4 months.
- Statement indicating that progress has been reviewed by parents and that parent agrees with stated progress.

Direct Service Hours:

LRC will fund direct service hours as appropriate for the age of client, and depending on other services being provided to address adaptive, behavioral and skill deficits. Direct service hours include one to one direct services with client and parent/caregiver training.

All direct service professionals must possess a Bachelor of Arts or Science Degree and have at least one year of experience in designing and implementing interventions for children with developmental disabilities.

Supervision:

Program supervision hours are provided on site (in-home or in the community-wherever the services occur). The purpose of supervision hours is to provide feedback to direct service staff or parent/caregivers, to ensure progress is occurring based on the intervention being prescribed and to ensure that appropriate alterations to the program are implemented. Program supervision hours are not intended to be used for in-office staff supervision. Parent training is not supervision.

LRC will fund 1 hour of program supervision per every 10 hours of face to face client contact. Program supervision must be done by an individual who meets Title 17 requirements for adaptive skills training (See Requirements under Assessment Section).

Letter from Karen Ingram - Attendees
- PCDA
- Intercare
- Green House
- Holding H

Clinical Guidelines for Qualified DIR® /FT™ Agency

For an Agency that hires and utilizes BA level paraprofessionals in their service delivery model to provide Floortime as part of the agency's DIR® based assessment and intervention the following qualifications are desired:

DIR® Clinical/Educational Director:

Role of the director is to oversee the entire agency and all the programs within the agency. This is not an administrative role. The director's responsibilities are to ensure that the program is clinically sound and meets the rigorous criteria set by The Interdisciplinary Council on Developmental and Learning Disorders (ICDL). Additional responsibilities include ensuring that adequate supervision is provided to staff members and that staff members are adequately trained to provide the services required of them.

Qualifications:

- DIR ® Certification with an active certificate
- Minimum 5 years experience providing DIR® Services as Certified DIR® professional

DIR® Supervisors:

Role and responsibilities of the DIR® supervisor is to conduct assessments and oversee individual cases. Supervisors will also train staff (DIR®/FT™ Players) and provide reflective supervision to DIR®/FT™ Players on individual cases. The purpose of supervision is to provide feedback to service staff or parent/caregivers, to ensure progress is occurring based on the intervention being prescribed and to ensure that appropriate alterations to the intervention are implemented.

Qualifications:

- At least a masters level of education (in psychology, clinical social worker, family therapy or related field) and in process of obtaining licensure
- DIR® Certification or in process of becoming certified (accepted into DIR®C—second year)
- Minimum 2 years experience providing DIR® services under reflective supervision by a certified DIR® professional

DIR® Floortime™ Players:

The role of the DIR® Floortime™ Players is to provide Floortime™ to children and their families in home, center or community settings where qualified supervision is provided.

Qualifications:

- At least a BA level with desire to work with children with special needs
- Completion of introductory DIR® courses online or thru regional program
- In process of completing ICDL Floortime™ Player program

May 12, 2009 Meeting

Holding Hands Floortime Adaptive Skills Program:

1. Is HH providing a comprehensive adaptive skills programs or is the program focusing on social skills and social-emotional deficits only?
2. Is HH providing a comprehensive DIR program (RC is not interested in floortime only)?

Then holding hands needs to adhere to the following:

1. Requirements for adaptive skills program
2. Clinical Guidelines for providing DIR program

Other areas of significant concern per discussion with Dr. Serena Weider:

- Entire program cannot be center based unless it is only a consultation type program that is run by supervisory level individuals.
- The one year only format is not supported by ICDL philosophy.
- Parent training cannot be done by BA level staff.
- Parent participation and training is crucial and should be a part of all goals and objectives

Areas of significant concern per service coordination and clinician:

- Reports only address social skills and social emotional deficits
- Reports do not clearly indicate parent participation and training
- The FEAS is not a clinical measurement for adaptive skills and is not useful for tracking progress
- Reports are difficult to read and understand (per SCs, parents and clinicians)
- Reports do not include IPP goals as identified by parent

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DIR®/Floortime™ Model

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FRANK D. LANTERMAN REGIONAL CENTER

Payment Agreement

Vendor #: PD1048 (For Regional Center Use Only) SVC: 102

The following is an Agreement between Frank D. Lanterman Regional Center and the following provider of services: Holding Hands, Inc.

In reference to the level of payment for the following program/service: ***Parent Training – adaptive skills training using applied behavior analysis for children ages 3-6.***

Service Code: ***102***

For service(s) as listed above, the provider agrees to accept the following rate(s) of payment as ***payment in full.*** All potential referrals must be authorized in advance by a Service Coordinator at the regional center.

Reimbursement @ $437.75/per evaluation, to include written reports
@ $56.65/per hour per client/family, not to exceed 5 hours per week
@ $56.65/per hour for supervision, not to exceed 4 hours per month

The program's service design was updated and revised to include an enhanced parent training and coaching component. The revised program design was approved 7/26/10. The service code has been changed to the most appropriate service code. The rates remain the same.

These fees are based on:

_____ Medi-Cal Schedule of Maximum Allowances (SMA)
_____ Usual and Customary Charge to general public
* (Attach copy of fee schedule you give to the general public).
__X__ Fee negotiated with regional center
_____ Fee established from the Department of Developmental Services
_____ Purchase Reimbursement

Provider affirms that the rate of payment charged to the regional center does not exceed the rate of payment that the provider charges any other person for this service.

This rate is in effect as of 6/27/08 (For Regional Center Use Only) ***and remains in effect until the Regional Center and the vendor reach mutual agreement to amend the rate.***

Signed:

_____ Aug 12, 2010
Provider Authorized Representative **Date**

_____ _____
Frank D. Lanterman Regional Center Representative **Date**

Payment Agreement

Vendor #: PD (For Regional Center Use Only) SVC: 605

The following is an Agreement between Frank D. Lanterman Regional Center and the following provider of services:

Holding Hands, Inc.- Los Angeles
Name of Provider

In reference to the level of payment for the following program/service:

Adaptive Skills Trainer *Service Code:* ***605***

For service(s) as listed above, the provider agrees to accept the following rate(s) of payment as ***payment in full.*** All potential referrals must be authorized in advance by a Service Coordinator at the regional center.

Reimbursement for services as follows: Per session
$56.65 per child, per session
$437.75/flat rate for Evaluation (includes written report)

These fees are based on:

_____ Medi-Cal Schedule of Maximum Allowances (SMA)
_____ Usual and Customary Charge to general public
* (Attach copy of fee schedule you give to the general public).
__X__ Fee negotiated with regional center
_____ Fee established from the Department of Developmental Services
_____ Purchase Reimbursement

Provider affirms that the rate of payment charged to the regional center does not exceed the rate of payment that the provider charges any other person for this service.

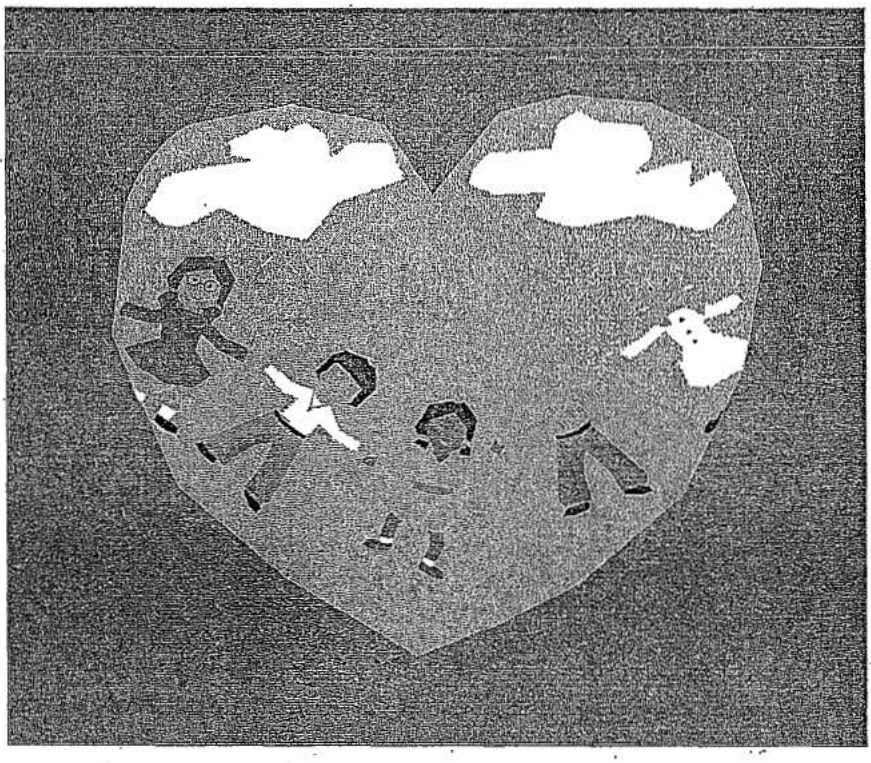
This rate is in effect as of 06/27/08 (For Regional Center Use Only) ***and remains in effect until the Regional Center and the vendor reach mutual agreement to amend the rate.***

Signed:

Provider/Authorized Representative — **Date** 6/28/08

Frank D. Lanterman Regional Center Representative — **Date**

HOLDING HANDS
Pediatric Therapy & Diagnostics



4221 Wilshire Boulevard, Suite 470
Los Angeles, California 90010
Tel: 323.938.3434
Fax: 323.938.3484

Floor Time Program

4221 Wilshire Boulevard, Suite 470
Los Angeles, California 90010
tel: 310.770.1929 fax: 310.860.1304

Table of Contents

4221 Wilshire Boulevard, Suite 470
Los Angeles, California 90010
tel: 310.770.1929 fax: 310.860.1304

Floor Time Program Description

Day & Hours of Operation

- ***Holding Hands, Inc. is OPEN***
  - Monday – Friday, 9:00 am – 8:00 pm
  - Saturday – Sunday, 9:00 am – 6:00 pm
- ***Holding Hands, Inc. is CLOSED***

Sunday, January 1	New Year's Day
Monday, May 29	Memorial Day
Tuesday, July 4	Independence Day
Monday, September 4	Labor Day
Thursday, November 23	Thanksgiving Day
Monday, December 25	Christmas Day

Entrance Criteria

We serve children between the ages of 6 months-13 years with various diagnoses. Upon beginning our programs, we will perform assessments or screenings prior to recommending services and placement. When transferring services or obtaining services through school district funding, we will request recent evaluations / reports and begin services.

We admit client's with various diagnoses and with various physical / medical conditions. We accept client's with behavioral challenges but request that parents / guardians initially submit all information concerning self-injurious or potentially unsafe behaviors in order to make an informed and individualized decision in regards to admittance. We will admit children who do not have full-ambulatory capacities and do not have independent self-care skills only if the parent will remain available to the therapist and child for 100% of the session. The therapists may not change the client's diapers or help the clients' with cleaning genitalia.

Service Restrictions

The maximum quantity of Floor Time services will be **limited to 6 hours**/week, which includes direct therapy, supervision and parent conferencing. Typically, children will benefit from 10-12 hours/week of Floor Time services. In our recommendations, we will request that the child receive 6 hours/week, however, **parents/caregivers will provide an additional 4 hours** of Floor Time outside of the clinic as a requirement, totaling 10 hours of Floor Time therapy that the child receives.

The duration of Floor Time Therapy services is limited. Consumers may only receive services up to 12 months maximum unless a regional center psychologist/committee requests specific recommendations to continue. The agency will request parents/guardians to read and sign an intake packet that will provide service restriction information.

Regional Center will authorize services on a quarterly basis. At the end of each quarter, the Regional Center will consider re-authorizing services after reviewing the client's progress report provided by Holding Hands, Inc.

We understand that children with special needs may have long-term challenges and may not master all six developmental milestones within 12 months. However, it will be the parents' responsibility to continue the goals and assist their child in mastering all six milestones. Our program will provide parents with the education and training to understand, relate and carry out Floor Time principles with their child outside of the clinic. A child's success is dependent on his/her parent being an active participant in the program as well as continuing to utilize Floor Time after discontinuing the program.

Holding Hands' Floor Time program has a duration limit of one-year. After one-year, we typically recommend parent training at a frequency of one session per week over a 6-month period for transitional purposes. During Floor Time Parent Training, the parent directs 100% of the session and the therapist provides mentoring / coaching during the session. This period of Parent Training provides the tools for parents to continue the Floor Time therapy at home after the child exit the program.

Exit Criteria

A client may exit when he/she has mastered all goals. Clients may exit due to parents requesting change of vendor, change of services or relocation. In addition, upon reviewing progress, we will determine if the program is benefiting the child before requesting continuation of services.

Holding Hands maintains a strict attendance policy. Parent must notify the clinic 48 hours in advance when canceling sessions. In the case of an emergency (e.g., illness or last minute cancellations) parents must notify the clinic as soon as possible. No-Shows are absences without notification. Three No-Shows will result in termination of services. Holding Hands will contact the Regional Center if a consumer missed three consecutive sessions.

Holding Hands' Floor Time program has a duration limit of one-year. After one-year, we typically recommend parent training at a frequency of one session per week over a 6-month period for transitional purposes. During Floor Time Parent Training, the parent directs 100% of the session and the therapist provides mentoring / coaching during the session. This period of Parent Training provides the tools for parents to continue the Floor Time therapy at home after the child exit the program.

Locations

Settings for Floor Time sessions will be at the clinic, consumer's residence or community settings (e.g., parks). Parent/caregiver must be present when sessions are at the home or community. Parents/caregivers may not leave therapists unattended with the child under any circumstances when at home or in the community. Therapists may not transport children. The agency will generally provide 50% of the sessions at the clinic and 50% at home or in the community. As required, Parents/caregivers must participate in 50% of sessions or the agency will discharge the child from the program.

The program coordinator's determination for client's location settings depends on the child's individual differences, goals, regulation needs, materials and family dynamics. A minimum of one session is at the clinic for quality assurance. The time for the setting depends on the client's schedule availability and the therapist's availability. The program coordinator determines the client's schedule.

Facilitation of therapy is similar in all locations, however, at the clinic, the therapist has access to various supplies and gym equipment. At home or in the community, a parent or guardian must be present. Depending on the client's needs, the therapist may incorporate a social component.

Parent Involvement / Support / Training:

The following requires no fee for the consumer or regional center.

1) Parent Resource Room: The resource room will be available Monday - Saturday from 9 a.m. - 6 p.m. All parents/caregivers of children with special needs are encouraged to use the resource room. The most recent books, articles, lesson plans, activities, videos, journals, handouts, language curriculum, sensory motor activities and parent education/workshops offered in the area will be readily available. Information will be available on various topics. The information provided is for reference purposes only and is not indicative of recommendation or endorsements.

2) Recommendations for Parents: We recommend that parents read "The Child with Special Needs" by Dr. Stanley Greenspan and watch a minimum of three Floor Time training videos within 6-months of starting the program. Each Floor Time report has a specific parent goal that parents/caregivers must fulfill.

3) Parent Goals: The goals of Floor Time for a parents are to:

   a) Develop better signal reading of their child's cues and needs.
   b) Become more responsive or attuned to their child, allowing the child to take the lead in the interaction.
   c) Develop a sense of parental competence as a facilitator rather than as a director of their child's activity.
   d) Take pleasure in their child in a setting that is not prohibitive.
   e) Appreciate their child's intrinsic drive for mastery and the various ways in which it manifests.
   f) Change their internal image of each other to that of a competent parent and a competent child.

4) Ongoing Family Support after Discontinuation of Services: If parents need suggestions, ideas or feedback after the agency discharges their child from the program; our program will offer three consultations (3 hours) at no charge. These consultations will support the family with any new challenges that arise after discontinuation of the child's services. To utilize the Ongoing Support, parents will contact their case coordinator who will contact the agency to request these additional services for the family at no charge to the consumer or regional center. The child may only receive the consultations within 1 year after exiting the program and parents have three visits (3 hrs total) for continued support. After the child's service discontinuation, parents may pay privately to receive additional 1:1 services. Regional Center will only provide direct Floor Time **services for 1-year maximum.** Regional center's goal is to provide parents with the skills to facilitate Floor Time therapy.

Service Description

Holding Hands Pediatric Therapy's Floor Time program strives to make a difference for our clients and their caregivers. It is a model of addressing the child's developmental challenges through relationship and affect, focusing on the child's individual differences and developmental levels. The program provides efficient training to our parents; making it a "way of life" and helping them understand and emotionally connect with their children. By creating a warm and intimate way of relating, engaging, respecting and becoming in-tuned with their child, their caregivers and the therapists will help them work towards mastering their developmental milestones. The program contains three parts.

1) Floor Time Parent Training Workshop

The Floor Time Parent Training Workshop is an eight-week workshop that introduces parents to the Floor Time philosophy and techniques to promote a better understanding of their child's individual differences as well as expand on their child's social and emotional developmental milestones.

2) We begin initiation of Floor Time therapy

One year time restraint (two years for children with severe delays) focusing on both the client and family. We required a Floor Time assessment before initiation of services. The child receives direct intervention from a team of therapists and supervisors. We initiate an individualized program to suite the child's individual differences and needs. Parents are required to observe and participate in at least 50% of all sessions. Floor Time services includes direct therapy, case-supervision, parent consultation and social facilitation, when suitable.

3) Parent Training Phase-Out Period

Lastly, we assist each client with transitioning out of the program through the Parent Training Phase-Out period. Our clients often have difficulty transitioning abruptly after forming relationships with their Floor Time team. This phase provides both the client and caregiver with transitional support while completely focusing on the caregiver's facilitation and adaptation of the Floor Time model.

This program serves children with special needs between the ages of 1-15-years old including Language Delay; OCD; ADD; ADHD; Autism Spectrum; PDD; Aspergers Syndrome Disorder; Learning Disabilities; Auditory Processing Disorder; Cerebral Palsy; Down Syndrome; Behavioral Disorders, Retts Syndrome and Seizure Disorders.

Our Program follows the D.I.R. model (Developmental Individual Differences Relationship-Based) or otherwise referred to as "Floor Time". Floor Time is a comprehensive, functional developmental approach founded by Dr. Stanley Greenspan, MD. Components of a Functional Developmental Approach (ICDL Clinical Practice Guidelines, 2000) - "In using a functional developmental approach, therapists should include the following areas in an evaluation and intervention program.
Note: Holding Hands is not a DIR clinic.

- Functional emotional developmental capacities, which identify how the child integrates all his/her separate abilities (e.g., emotional, language, sensory modulation, spatial and motor skills) to relate to the social and cognitive world in a purposeful and emotionally meaning manner. They include the capacity to attend and regulate; relate to others; initiate purposeful interactions with features and/or emotional cues; engage in long, social, problem-solving sequences; create ideas, words, and imagine; and think, abstract, and learn. Mastering these critical functional developmental capacities depends on the child learning to connect his/her emotional interests, intent or goal with his/her emerging motor planning, cognitive, language and sensory skills. These critical connections enable the child to create purpose and meaning in her world.

  Children with complex developmental and learning problems, including autistic spectrum disorders, often only learn skills in an isolated, unpurposeful or non-meaningful way (e.g., memorizing scripts). They tend to have a harder time integrating these different capacities meaningfully. An appropriate intervention program must therefore, focus not on isolated skills but on the most essential functional developmental capacities. Specific skills are embedded in these functional developmental foundations. More and more studies are identifying these capacities for shared attention, intimate relating, affective reciprocity, and the emotionally meaningful use of actions and ideas as the building blocks for logical and abstract thinking, including higher levels of empathy and reflections.

- Individual differences in the functioning of the central nervous system, with a special focus on how these differences are expressed in the way a child reacts to and processes experiences, as well as how she plans and organizes responses. This area typically includes sensory modulation (e.g., over- or under reactivity in each sensory modality, such as touch, sight, and sound); sensory processing (e.g., auditory [receptive language], visual spatial, tactile, vestibular and proprioceptive); motor planning and sequencing (e.g., planning and organizing actions, behaviors and ideas; and other affective, cognitive, and learning processes (e.g., special talents and executive functions).

Assessment Procedure

The agency must complete a Floor time assessment before recommending services for a child. Once the agency receives authorization for an assessment by the regional center, the Floor Time therapist providing the assessment will follow the Floor Time assessment procedure.

1) Review: Contact case coordinator to request copies of recent IPP, IEP, evaluations, etc. to be fax/mailed to the agency. (Contact information for the consumer such as parent/guardian name, address telephone number is required to schedule an assessment). Review current evaluations as well as relevant reports from Occupational & Speech therapist. A phone consultation may be necessary with consumer's Occupational & Speech therapist, psychologist, teacher, aid, etc. Review of medical records (i.e., medication, special allergies, seizure disorders, MRI, EGG).

2) Contact parent/guardian to schedule Floor Time assessment, parent interview and home or school observations.

3) Intake information: Mail an Intake Packet to the consumer with the scheduled date and times of the assessment and observations, name of the therapist providing the assessment, agency's location, parking information and intake forms that parents will return completed at the assessment. The Intake Packet includes the following:

    i) Welcome Letter
    ii) Clinic Information
    iii) Emergency Information Form
    iv) Attendance Policy
    v) Parent Participation Form
    vi) Media Release Form
    vii) Incident Report Form
    viii) Uniform Complaint Procedures Form
    ix) Nondiscrimination Statement
    x) Sexual Harassment Policy

4) The assessment consists of:

    a) Parent Interview - Standard Form (i.e., family history, family support, child's deficits, strengths, developmental history, medical history, etc.)

b) Completion of Intake Packet - Clinical Policies and Procedures & Videotaping/Photograph Release Form, Background Information Form, Developmental Milestone Inventory.

c) Testing Materials - The therapist will utilize the Developmental Milestone Inventory and/or Functional Emotional Assessment Scale (FEAS). Please reference a sample of the Developmental Milestone Inventory and FEAS (Appendix 9).

d) Preparation - Before the assessment, the therapist will review the child's current evaluation and background information to ascertain the child's level of functioning in the areas of language, cognitive ability, self-reliance and social development in addition to determining the child's sensory deficits and ritualistic behaviors. The therapist will prepare activities that are developmentally appropriate for the child. In addition to the observation and play assessment, the therapist will review the child's Individual Difference in Auditory Processing, Visual/Spatial Processing, Motor and Perceptual, Motor Functioning, Sensory Modulation and Processing.

e) Home or School Observation - The therapist will visit the child in the home or at school to observe the child's profile in a familiar environment. The therapist will observe the interaction and collect data.

f) Clinical Play Assessment (1:1) - Assessment of 6 areas of functional developmental capacities:
   (i) Attention
   (ii) Engagement
   (iii) Purposeful gestures
   (iv) Complex problem solving interactions
   (v) Creative use of ideas & symbolic play
   (vi) Logical Thinking

g) Assessment Report - The agency will submit a comprehensive Floor Time assessment report within 1 month of the assessment. The agency will fax and mail copies of the report to the regional center case coordinator and the consumer's parents. Please reference the sample assessment (Appendix 3).

h) Time Frame - Once an assessment authorization, the agency will provide the assessment within 1 month.

i) Fee for Floor Time Assessment - $437.75 (8 hours)

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Data Recording

a. ***Data Recording*** For every session, the parent or guardian must sign a service log and the therapist completes a session note. Please see an example of the session note and service log (Appendix 9).

b. ***Recordkeeping*** Administrative employees file all session notes into clients' charts. Therapists refer to clients' charts when completing progress reports. We generate progress reports every 6 months or 6 weeks before expiration of authorization. Please see an example of the progress report (Appendix 4).

Curriculum Areas

1) Floor Time: Spontaneous, Follow-The-Child's-Lead - The therapist and/or parents tune into the child's world and follow the Floor Time Five-Step approach. The Five-Step approach includes:

   a) Observe the Child: Watch and listen to determine the child's mood and state of feeling to allow one to gauge a response from the child.
   b) Open Circle of Communication: The therapist and/or the parent responds with words and gestures that are appropriate to the situation.
   c) Follow the Child's Lead: The therapist and/or parents support and encourage the child with calm attention, supportive comments and questions, being careful not in intrude on play themes.
   d) Extend and Expand: Parent and/or clinician extend and expand on a child's previous non-verbal gestures, actions, play theme, and/or verbal remarks.
   e) Close Circle of Communication: Parents and therapist allow the child to initiate closure of interactions. Overall, parents and therapists are open to the child determining the direction of play and encourage the child's initiative and purposeful behavior, deepening engagement, lengthening mutual attention and developing symbolic capacities through pretend play and conversations.

2) Semi Structured Problem Solving - "Once you have established Floor Time and you and your child/client are engaged with one another, then you add time for problem solving. In addition to needing the ability to connect in warm and empathetic ways with people (which Floor Time encourages) children also need to learn how to be logical in their interactions." (Playground Politics, Stanley Greenspan 1993) Semi-structured problem solving is an opportunity to help parents, therapists find out which challenges are easier, and which are harder for the child. It then becomes the parent /therapist's and child's task to meet presented challenges.

Problem-solving can take different forms and spawn multiple interactions, e.g. expressing a new work or gesture, learning a new concept, manipulating an object (motor planning), sequencing a series of steps to obtain an objective, or negotiating a turn or trade. Often challenges are actually learning activities based on a child's developmental/functional needs. Problem solving tasks may be presented within the context play and/or be encountered spontaneously within the child's environment the goal is to make these tasks relevant to a child's experiences. For example, a much-desired cup of juice out of the child's reach may result in several solutions depending on a child's developmental level and strengths. A child may gesture towards the cup, choose between two objects, imitate a verbal request for "up", expand on a verbal request "more juice please", or motor plan moving a stool to reach the cup. It becomes the role of the parent and/or therapist to model solutions, extend and expand on solutions and provide generalization opportunities appropriate to the child's developmental needs. Parents and therapists must also be mindful of the child's strengths to provide opportunities of them to compensate for weaknesses.

3) Motor Sensory, Sensory Integration, Visual-Spatial and Perceptual Motor Activities - These activities target child's individual differences, regulatory patterns, and basic processing capacities. Additionally, these activities provide the support to help children become engaged, attentive and regulated during interactions with others. For example, under-reactive and low-muscle-tone children will benefit from proprioceptive (e.g., jumping on the trampoline) or vestibular (e.g., swinging) activities to increase arousal, attention and intent. Other children need calming, organizing activities, which build their awareness of their bodies in space, require bilateral movements and reduce tactile defensiveness. Some children try to find their own "solutions", evident in such behaviors as constant running and jumping or lying on the floor for more support.

Developmental Milestones

Six developmental milestones lay a foundation for all learning and development. Within each milestone, the child must master several components before progressing to the next milestone.

1) Milestone 1 - Self-Regulation and Interest in the World

a) Shows interest in different sensations for 3+ seconds
b) Remains calm and focused for 2+ minutes
c) Recovers from distress within 20 minutes with assistance
d) Shows interest in you (i.e. not only in inanimate objects)

2) **Milestone 2 - Intimacy**

a) Responds to your overtures (e.g., smile, frown, reach, vocalization, intentional behavior)
b) Responds to your overtures with obvious pleasure
c) Responds to your overtures with curiosity and assertive interest (i.e. studies your face)
d) Anticipates an object that was shown, then removed (i.e., smiles to show interest)
e) Becomes displeased when you are unresponsive during play for 30 seconds or more
f) Protests and grows angry when frustrated
g) Recovers from distress within 15 minutes with you help

3) **Milestone 3 - Two-Way Communication**

a) Responds to your gestures with intentional gestures (i.e. reaches out in response to your outstretched arms, returns your vocalization or look)
b) Initiates interactions with you (i.e. reaches for you nose or hair or for a toy, raises arms to be picked up)
c) Demonstrates the following emotions:

i) Closeness (i.e., by hugging back when hugged reaching out be picked up)
ii) Pleasure and excitement (i.e. by smiling joyfully while putting finger in mouth or while taking a toy from your mouth and putting it in her own)
iii) Assertive curiosity (i.e., by touching an exploring your hair)
iv) Protest or anger (i.e., pushes food off table, screaming when desired toy not brought)
v) Fear (i.e., turns away, looks scared, crying when a stranger approaches too quickly)

d) Recovers from distress within 10 minutes by being involved in social interactions

4) **Milestone 4 - Complex Communication**

a) Closes 10 or more circles of communication in a row (i.e., takes you by the hand walks you to refrigerator, points, vocalizes, responds to your question with more noises and gestures and continues gesture exchanges until you open door and get what he wants) Imitates your behavior in an intentional way (i.e., puts on Daddy's hat, then parades around the house waiting for admiration)
b) Closes 10 or more circles using:

i) Vocalizations or words
ii) Facial expressions
iii) Reciprocal touching or holding
iv) Movement in space (i.e., rough-housing)
v) Large motor activity (i.e., chase games, climbing games)
vi) Communication across space (i.e. closes 10 circles with you from across the room)

c) Closes three or more circles in a row while feeling the following emotions:

i) Closeness (i.e., uses facial expressions, gestures and vocalizations to reach out for a hug or kiss; uses imitation, talking on toy phone while you are on the real phone)
ii) Pleasure and excitement (use looks and vocalizations to invite another person to share excitement over something shares "joke" with other children or adults by laughing together at some provocation)
iii) Assertive curiosity (explores independently; uses ability to communicate across space to feel close to you while exploring or playing on her own)
iv) Fear (tells you how to be protective, i.e., says, No!" and runs behind you)
v) Anger (deliberately hits, pinches, yell, bangs, scream or lies on floor to demonstrates anger occasionally uses cold or angry looks instead)
vi) Limit setting (understands and responds to you limits whether expressed through words – "No, stop that!" – or gestures – shaking finger, angry face)

d) Uses imitation to deal with and recover from distress (i.e., bangs on floor and yells after being yelled at)

5) Milestone 5 - Emotional Ideas

a) Creates pretend dramas with two or more ideas (i.e., trucks crash then pick up rocks, doll hug then have a tea party; ideas need not be related)
b) Uses words, pictures gestures to convey two or more ideas at a time (i.e., "No sleep. Play"); ideas need not be related
c) Communicates wishes, intentions and feelings using

i) Words
ii) Multiple gestures in a row
iii) Touch (i.e., lots of hugging or rough housing)

d) Plays simple motor games with rules (i.e., taking turns throwing ball)
e) Uses pretend play or words to communicate the following emotions while expressing two or more ideas:

i) Closeness (i.e., has doll say, "Hug me," then child answers, "I give you kiss")
ii) Pleasure and excitement (i.e., makes funny words then laughs)
iii) Assertive curiosity (i.e., makes pretend airplane zoom around room and then say it's going to the moon)
iv) Fear (i.e., stages drama in which doll is afraid of loud noise then calls for mother)
v) Anger (i.e., has soldiers shoot guns at one another then fall down)
vi) Limit setting (i.e., has doll follow rules at tea party)

f) Uses pretend play to recover from and deal with distress (i.e., plays out eating the cookie she couldn't really have)

6) Milestone 6 - Emotional Thinking

a) In pretend play, two or more ideas are logically tied together, even if the ideas themselves are unrealistic (i.e., the car is visiting the moon and gets there by flying really fast)
b) Builds on adult's pretend play idea (i.e., child is cooking soup, adult asks what's in it, child answers "Rocks and dirt")
c) In speech, connects ideas logically; ideas are grounded in reality (i.e., "No go sleep. Want to watch television.")
d) Closes two or more verbal circles of communications (i.e., "Want to go outside"; adult asks, "Why?" "To" play,")
e) Communicates logically, connecting two or more ideas, about intentions, wishes, needs, or feelings using

i) Words
ii) Multiple gestures in a row (i.e., pretending to be an angry dog)
iii) Touch (i.e., lots of hugging as part of a pretend drama in which child is playing the "daddy")

f) Plays spatial and motor games with rules (i.e., taking turns going down a slide)

g) Uses pretend play or words to communicate two or more logically connected ideas sealing with the following emotions;
i) Closeness (i.e., doll get hurt and Mommy fixes it)
ii) Pleasure and excitement (i.e., says bathroom words, such as "doody, " and laughs)
iii) Assertive curiosity (i.e., good soldiers search for missing princess)
iv) Fear (i.e., monster scares baby doll)
v) Anger (i.e., good soldiers can hit only bad guys because of the rules)

vi) Uses pretend play that has a logical sequence of ideas to recover from distress, often suggesting a way of coping with the distress (i.e., the child becomes the teacher, bossing the class)

Other Therapies: When Floor Time is not Suitable

When Floor Time is not appropriate for the child, the agency may recommend other methods. In some cases, children have mastered 6 functional development milestones but have difficulty carrying them out with peers. In this particular case, Floor Time does not address the child's challenges therefore; the agency will recommend Social Skills Group Therapy.

If the child has behavioral issues, the agency will recommend a more structured approach such as ABA (Applied Behavior Analysis) prior to working on Floor Time goals. It is important for a child to enter the most appropriate program that will address the child's particular challenges. In this particular case recommendations will be made to use the ABA approach prior to using Floor Time. Refer to the Behavioral Program Description for details.

The clinical team will make any recommendation for alternate treatment to the Regional Center's clinical team prior to parents.

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Grievance Procedures

At any time, consumers, family members, caregivers and workers can complete a Uniform Complaint Procedures Form and submit directly to the office manager to express any concerns, grievances or complaints. The office manager will immediately notify management and regional center of the grievance and the clinical director will verbally respond to the consumer and attempt to resolve the complaint within 24 hours. If the clinical director is unable to resolve the issue, Holding Hands will involve the appropriate regional center care coordinator. The clinical director will document the incident, conversations, actions taken and outcome following the result. Admin staff will file this document in the client's chart and submit copies to regional center.

- Consumers, parents, caregivers and workers can submit a Uniform Complaint Procedures Form directly to the office manager at any time.
- Holding hands, Inc. will respond within 24 hours to the consumer and notify the regional center.
- If the grievance is not resolve within one week of the initial complaint, Holding Hands, Inc. will involve the appropriate regional center care coordinator.

We include a blank Uniform Complaint Procedures Form in all intake packets sent to new clients. The Uniform Complaint Procedures Form is also available by request at the front desk. The grievance procedure will be explained to parents on their induction into the program. Please reference the sample Uniform Complaint Procedures Form (Appendix 7).

Incident Reporting

When special incidents occur, the associated therapist will complete an Incident Report Form before the close of business that day. The office manager will verbally contact the Regional Center via phone call within 24 hours of the incident. The office manager will also fax a copy of the Incident Report Form to Regional Center within 24 hours as well. Please reference the sample Incident Report Form (Appendix 6).

Quality Assurance

The clinical director will conduct annual reviews with all employees. The clinical coordinator will use Employee Review Forms, which includes feedback from supervisors and program coordinators.

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Consumer Satisfaction Surveys

Holding Hands will send annual satisfaction surveys to at least 10% of occupational therapy consumers. The clinical director will review the survey results and review program effectiveness. We will respond to all consumers with surveys containing dissatisfied responses within 24 hours. Holding Hands, Inc. continually implements measures to improve all programs. The Occupational Therapy Program coordinator supervises and observes all Occupational Therapists and Licensed Occupational Therapy Assistants' job performance. All Occupational Therapists and Licensed Occupational Therapy Assistants attend a weekly program meeting for program development, training and case discussion. The clinical director will conduct annual reviews with all employees based on therapeutic skills and employee conduct based on feedback from the program coordinator.

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STAFFING

Job Descriptions

All hired employees providing Floor Time therapy services will hold the necessary requirements to perform the duties of their job.

Job Description: **Director of Clinical Services**

The Director of Clinical Services maintains the quality of services the clinic provides for the clients' and their families as well as maintaining the overall function of the clinic and its programs. The Director of Clinical Services conducts annual reviews with all employees.

Minimum qualification for Director of Clinical Services: Minimum of Bachelors Degree in related field and 7 years of experience.

Responsibilities and duties include but are not limited to:

- Overlooks the overall function of clinical programs
- Attends monthly staff meeting
- Attends weekly program overview meeting with Clinical Services Coordinator
- Hires new employees
- Coordinates training for new employees
- Reviews assessment reports
- Conducts parent meetings
- Clinic representative
- Program development
- Conduct employee's annual review
- Quality assurance
- Verify payroll / billing
- Business development
- Overlooks all scheduling in all programs
- Handles any problem areas when the clinical services coordinator is unable to resolve the issue, including schedule changes, extra therapist training, supervision, parental concerns, incidents

Job Description: **Clinical Services Coordinator**

The clinical services coordinator assists the clinical director in maintaining the overall function of the clinic and its programs. The clinical director will conduct annual reviews with the clinical services coordinator based on employee conduct.

Minimum qualification for Clinical Services Coordinator: Minimum of Bachelors Degree in related field and 6 years of experience.

Responsibilities and duties include but are not limited to:

- Overlooks the overall function of the clinic and its programs
- Conducts weekly supervision meetings
- Conducts monthly staff meeting
- Conducts weekly program overview meeting with program coordinators
- Updates Director of Clinical Services daily of clinic status
- Assists in hiring and promoting of therapists
- Assists in assigning allotted hours to Therapists and Case-supervisors
- Assigns and Administers Assessments
- Follows-up on authorizations
- Sets up workshops
- Conducts inservices
- Reviews updates all FT client's progress and standings (Program Overview)
- Deals with any problem areas when program coordinator is unable to resolve the issue, including schedule changes, extra therapist training, supervision, parent concerns, incidents
- Acts as a mediator between therapists, case-supervisor and client when necessary
- Reforms policies, procedures and documents when necessary.

Job Description: **Program Coordinator**

The clinical director and clinical coordinator supervise the program coordinator's performance. Program coordinators attend a monthly Program Coordinator meeting for program development, training and case discussion. The clinical director will conduct annual reviews with all program coordinators based on employee conduct.

Minimum qualification for Program Coordinators: Minimum of Bachelors Degree in related field and 5 years of experience.

Responsibilities and duties include but are not limited to:

- Overlooks the overall function of the program
- Attends weekly supervision meetings
- Attends monthly staff meeting
- Attends weekly program overview meeting with Clinical Services Coordinator weekly
- Updates CSC weekly of status of the program
- Assists in hiring and promoting of therapists
- Assigns allotted hours to Therapists and Case-supervisors
- Assigns and Administers Assessments
- Follows-up on authorizations
- Provides support and training for each case-supervisor and/or therapist
- Sets up parent and therapist workshops
- Provides ongoing training to therapist
- Sets up team meetings when needed
- Updates all FT client's progress and standings (Program Overview)
- Deals with any problem areas, including schedule changes, extra therapist training, supervision
- Acts as a mediator between therapists, case-supervisor and client

Job Description: **Floor Time Case-Supervisor**

The Floor Time Case-Supervisor position includes providing Floor Time Case-Supervision services to children ages 0 to 15, who have been diagnosed with Autism and other various diagnoses.

Program coordinator supervises Floor Time Case-Supervisor's job performance. Floor Time Case-Supervisors attend a weekly Case-Supervisor meeting for therapist development, training and case discussion. Program coordinator will observe the Floor Time Case-Supervisors periodically on a monthly basis and report to the clinical director. The clinical director will conduct annual reviews with all Floor Time Case-Supervisors based on therapeutic skills and employee conduct.

Minimum qualification for Floor Time Case-Supervisors: Minimum of Bachelors Degree in related field and 3 years of experience.

Responsibilities and duties include, but are not limited to:

- Supervise assigned case-load
- Provides parent training and coaching
- Provides feedback and support to therapist(s)
- Reviews progress reports before submission
- Reports any problem cases or situations to PC
- Signs off on session notes

- Attends weekly Supervision meetings
- Administering assessments, treatment planning
- Writing assessment reports and progress reports
- Attend staff meetings
- Attend mentor meetings

Job Description: **Floor Time Therapist**

The Floor Time position includes providing Floor Time therapy services to children ages 0 to 15, who have been diagnosed with Autism and other various diagnoses. Responsibilities include, but are not limited to, direct treatment, assessments, treatment planning, collaborating with team members and parents and writing reports.

Program coordinator and Floor Time Case-Supervisors jointly supervise Floor Time therapists' job performance. Floor Time Therapists attend a monthly staff meeting for therapist development, training and continuing education. Floor Time Case-Supervisors observe the Floor Time therapist on a weekly basis and report to the program coordinator. The clinical director will conduct annual reviews with all Floor Time therapists based on therapeutic skills and employee conduct and on the program coordinator's feedback.

Minimum qualification for Floor Time Therapist: Bachelor's Degree in related field and 1 year of experience or Associate's degree in related field with 3 years of experience.

Other duties and responsibilities include but are not limited to:

- Fulfils assigned hours
- Treatment Planning
- Provides direct Floor Time therapy
- Reports all progress to FT case supervisor
- Submits paperwork accordingly
- Attend staff meetings
- Attend mentor meetings
- Participate in community programs

Job Description: **Floor Time Trainee**

The Floor Time trainee is a new employee undergoing a probationary training period of 30-60 hours (depending on prior experience) to obtain extensive Floor Time training. The trainee will observe and facilitate treatment sessions and attend orientation trainings in the areas of Floor Time, Occupational Therapy, Speech Therapy, etc. The trainee must also complete readings (books and articles) and view training videos. An

employee must accomplish all training requirements before becoming a Floor Time therapist and providing Floor Time treatment sessions independently.

Minimum qualification for Floor Time Therapist: Bachelor's Degree in related field and 1 year of experience or Associate's degree in related field with 3 years of experience.

Other duties and responsibilities include but are not limited to:

- Fulfils training hours
- Treatment Planning with presiding Floor Time therapist
- Observe and facilitate direct Floor Time therapy for training purposes
- Assists in group setting for training purposes
- Submits paperwork accordingly
- Attend staff meetings
- Attend mentor meetings
- Participate in community programs

Job Description: **Floor Time Parent Workshop Program Coordinator**

The Floor Time Parent Workshop Program Coordinator coordinates the Floor Time Parent Workshop program. The coordinator makes updates to the course book and instructor's manuals, prepares materials (e.g., toys, examples, articles, videos, demonstrations, etc.) prior to each session of the workshop, ensures the workshop has enough materials for the participants (e.g., books), creates materials to advertise the workshop and overlooks registration of attendees. The coordinator meets with the instructors and instructor trainees prior to the start of each series. The clinical director will conduct annual reviews with the program coordinator based on therapeutic skills and employee conduct.

Minimum qualification for Floor Time Parent Workshop Program Coordinator: Bachelor's Degree in related field and 5 years of experience.

Job Description: **Floor Time Parent Workshop Instructor (English and Spanish)**

The Floor Time Parent Workshop Instructor instructs the Floor Time Parent Workshop. The instructor assists in preparing materials (e.g., toys, examples, articles, videos, demonstrations, etc.) prior to each session of the workshop. The instructor meets with the coordinator prior to the start of each series. The clinical director will conduct annual reviews with the instructor based on therapeutic skills and employee conduct. The instructor for the Spanish class must speak Spanish.

Minimum qualification for Floor Time Parent Workshop Program Coordinator: Bachelor's Degree in related field and 2 years of experience.

Other duties and responsibilities include but are not limited to:

- Taking attendance
- Collecting homework
- Responding to questions and comments during and after sessions
- Cleaning up after the workshop.

Job Description: **Floor Time Parent Workshop Instructor Trainee (English and Spanish)**

The Floor Time Parent Workshop Instructor Trainee assists the instructor in the Floor Time Parent Workshop. The instructor trainee assists in preparing materials (e.g., toys, examples, articles, videos, demonstrations, etc.) prior to each session of the workshop. The instructor meets with the coordinator prior to the start of each series. The clinical director will conduct annual reviews with the instructor trainee based on therapeutic skills and employee conduct. The instructor trainee for the Spanish class must speak Spanish.

Minimum qualification for Floor Time Parent Workshop Program Coordinator: Bachelor's Degree in related field and 1 years of experience.

Other duties and responsibilities include but are not limited to:

- Taking attendance
- Collecting homework
- Responding to questions and comments during and after sessions
- Cleaning up after the workshop.

Staff Training

Pre-Service Training – Upon initial employment, each employee will undergo orientation training in the following areas: attend orientation workshops in the areas of Occupational Therapy, Floor Time, Social Skills, Behavioral Intervention and Office Policies, Safety Policies and Incident Reporting. The particular program's coordinator conducts the individual program's 2-hour orientation workshop. The office manager conducts a 2-hour Office Policies, Safety Procedures and Incident Reporting orientation workshop. Each program orientation involves lecture and hands-on examples. The purpose of the workshops is for the therapist to have a general understanding of various services that we provide at Holding Hands. The office policies workshop will provide the

new hire with information in policies and procedures regarding billing, ethics and codes. All new hires must complete a minimum of 18 hours of shadowing and facilitation training under the supervisor of a Floor Time Case-Supervisor. New Floor Time Therapists and Case-Supervisors also attend an intensive 8-week Floor Time Workshop (16 hours total) that will provide new hires with a foundation for the Floor Time philosophy and strategies / techniques. Please see a sample of the Training Requirements (Appendix 2)

Director of Clinical Services

- Initial Orientation

In addition to the Pre-Service Training aforementioned, the Director of Clinical Services will observe the presiding Director of Clinical Services for training purposes. The director will learn clinical policies and procedures relating to programs and business (e.g., payroll, program development, business development, etc.). The training will provide the incumbent with the tools to handle all responsibilities listed under the job description stated above.

- On-the-Job Training

The director of clinical services attends workshop and inservices held monthly at the clinic to continue clinical training. The incumbent will attend mentorship meetings with the previous Director of Clinical Services assure a smooth transition and integration into the company and position.

- Continuing Education

The director of clinical services receives a yearly stipend to attend workshops, conferences and trainings to continue his/her education and increase his/her skillset. We do not require continuation education credits.

Clinical Services Coordinator

- Initial Orientation

In addition to the Pre-Service Training aforementioned, the Clinical Services Coordinator will observe the Director of Clinical Services for training purposes. The coordinator will also learn clinical policies and procedures relating to programs and business (e.g., payroll, program development, business development, etc.) to assist the Director of Clinical Services. The training will provide the incumbent with the tools to handle all responsibilities listed under the job description stated above.

- On-the-Job Training

The director of clinical services attends workshop and inservices held monthly at the clinic to continue clinical training and increase his/her skillset.

- Continuing Education

The director of clinical services receives a yearly stipend to attend workshops, conferences and trainings to continue his/her education. We do not require continuation education credits.

Program Coordinator

- Initial Orientation

In addition to the Pre-Service Training aforementioned, the Program Coordinator will train with the Clinical Services Coordinator. The program coordinator will learn policies and procedures in order handle all responsibilities listed under the job description stated above. The clinical services coordinator will train the program coordinator to schedule new clients, make schedule changes, update program directories and handle program concerns. The training will provide the incumbent with the tools to handle all responsibilities listed under the job description stated above.

- On-the-Job Training

The Program Coordinator attends workshop and inservices held monthly at the clinic to continue clinical training an increase his/her skillset.

- Continuing Education

The Program Coordinator receives a yearly stipend to attend workshops, conferences and trainings to continue his/her education. We do not require continuation education credits.

Floor Time Case-Supervisor

- Initial Orientation

In addition to the Pre-Service Training aforementioned, the Floor Time Case-Supervisor will attend mentor meetings for the first three months of employment. The mentor meetings will cover policies and procedures for the Floor Time Case-Supervisor to be capable of handling all responsibilities listed under the job description stated above.

- On-the-Job Training

The Floor Time Case-Supervisor also attends a supervisors' meeting weekly for case discussion and address areas of concern. The Floor Time Case-Supervisor attends workshop and inservices held monthly at the clinic to continue clinical training. The Floor Time Case-Supervisor also attends Supervisor Mentor Meetings for 2 months to help the incumbent integrate into the company and have a forum for questions and feedback.

- Continuing Education

Floor Time Case-Supervisors receive a yearly stipend to attend workshops, conferences and trainings to continue his/her education. We do not require continuation education credits.

Floor Time Therapist

- Initial Orientation

In addition to the Pre-Service Training aforementioned, the Program Coordinator will conduct an orientation with the Floor Time therapist. The Floor Time therapist will attend an 8-week Floor Time workshop conducted at the clinic. Floor Time therapists must complete all requirements listed in the training requirements (Appendix 2). Floor Time therapists will learn policies and procedures to fulfill all responsibilities listed under the job description stated above.

- On-the-Job Training

The Floor Time therapists have Floor Time Case-Supervisors to supervise each Floor Time therapist directly. The Floor-Time Case-Supervisor will provide feedback to the Floor Time therapist for clinical skills development. The Floor Time Therapist also attends a therapists mentor meeting weekly for 3 months in order to integrate into the company and learn policies, procedures, skills and strategies.

- Continuing Education

Floor Time Therapists receive a yearly stipend to attend workshops, conferences and trainings to continue his/her education. We do not require continuation education credits.

Floor Time Trainee

- Initial Orientation

A Floor Time trainee is a new hire employee going through the training process to become a Floor Time therapist. In addition to the Pre-Service Training aforementioned, the Program Coordinator will conduct an orientation with the Floor Time therapist. The Floor Time therapist will attend an 8-week Floor Time workshop conducted at the clinic. Floor Time therapists must complete all requirements listed in the training requirements (Appendix 2). Floor Time therapists will learn policies and procedures to fulfill all responsibilities listed under the job description stated above.

- On-the-Job Training

The Clinical Services Coordinator will assign a mentor to each Floor Time trainee. The Floor Time trainee will meet with the mentor weekly to learn policies and procures, obtain feedback and become integrated into the company setting. also attends a supervisors' meeting weekly for case discussion and address areas of concern. The Floor Time Case-Supervisor attends workshop and inservices held monthly at the clinic to continue clinical training.

- Continuing Education

After Floor Time Trainees become Floor Time Therapists, employees receive a yearly stipend to attend workshops, conferences and trainings to continue his/her education. We do not require continuation education credits.

Floor Time Parent Workshop Program Coordinator

- Initial Orientation

In addition to the Pre-Service Training aforementioned, the Floor Time Parent Workshop Program Coordinator will observe the currently presiding Floor Time Parent Workshop Program Coordinator for training purposes. The incumbent will handle all responsibilities listed under the job description stated above.

- On-the-Job Training

The Floor Time Parent Workshop Program Coordinator will continuously obtain feedback from workshop attendees and improve the workshop for future series.

- Continuing Education

The Floor Time Parent Workshop Program Coordinator receives a yearly stipend to attend workshops, conferences and trainings to continue his/her education. We do not require continuation education credits.

Floor Time Parent Workshop Instructor (English and Spanish)

- Initial Orientation

In addition to the Pre-Service Training aforementioned, the Floor Time Parent Workshop Program Instructor will observe the currently presiding Floor Time Parent Workshop Program Instructor for training purposes. The incumbent will handle all responsibilities listed under the job description stated above.

- On-the-Job Training

The Floor Time Parent Workshop Instructor will receive feedback from the attendees and will incorporate feedback into instructing the class for future series. The Floor Time Parent Workshop Instructor will attend meetings with the Floor Time Parent Workshop Program Coordinator for program development, feedback and instructor skill growth.

- Continuing Education

The Floor Time Parent Workshop Program Instructor receives a yearly stipend to attend workshops, conferences and trainings to continue his/her education. We do not require continuation education credits.

Floor Time Parent Workshop Instructor Trainee (English and Spanish)

- Initial Orientation

The Floor Time Parent Workshop Instructor Trainee will attend the workshop as a participant and observe the current Instructor. The Floor Time Parent Workshop Instructor trainee will receive a copy of the Instructor's manual to review.

- On-the-Job Training

After observing the workshop for one series as an attendee, the trainee will assist the instructor in the workshop for a second series. The trainee will set up with the instructor and participate in responding to parent questions, assist in running the workshop and be available for questions after the sessions. In the third series, the current Floor Time Parent Workshop instructor will delegate sections for the trainee to present during the session. In the fourth series, the trainee will present the workshop with the instructor present.

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- Continuing Education

The Floor Time Parent Workshop Program Instructor Trainee receives a yearly stipend to attend workshops, conferences and trainings to continue his/her education. We do not require continuation education credits.

Staff to Consumer Ratio

Floor Time services include direct 1:1 therapy, supervision, social facilitation (when applicable) and parent consultation. Every client has assigned therapists and case-supervisor. Parents are expected to participate for 50% of the sessions.

DEPARTMENT OF DEVELOPMENTAL SERVICES
EVALUATION OF
HOLDING HAND'S RESPONSE

As part of the audit process, Holding Hands, Inc. (HH) was afforded the opportunity to respond to the draft audit report and provide a written response to each finding identified therein. The draft audit report was issued on October 29, 2012. The Audit Branch received HH's response on December 17, 2012.

DDS evaluated HH's written response to the draft audit report upon receipt and determined that HH strongly disagreed with the audit finding. Provided below are excerpts from HH's response and DDS' evaluation of the response. (See Attachment B of the final audit report for the full text of HH's response.)

Finding 1: Unsupported Billings and Failure to Bill

HH argues the following in response to this finding:

Unsupported Billings
"Throughout the draft report you use the term 'unsupported billing.' The term unsupported billing means that a service was rendered or billed and there is no documentation (session note, sign in sheet, service log or payroll records to support that the particular service was provided). Your audit team verified my payroll records, (the service that was billed was provided to the client/parent) and in most cases we had a service log with a parent signature and our payroll records indicated the service was provided and the therapist was paid for the service that they provided."

DDS agrees that the term unsupported billing does not reflect the true nature of the finding. DDS, therefore, changed the title of Finding 1 in the final audit report to unauthorized billings. HH actually provided the services with more than the required staff as evidenced by session notes, sign in sheets, and service logs. Furthermore, DDS does not dispute the fact that supervision and parent training are an essential parts of HH's program which leads to high quality services. However, the services are vendored at a 1:1 staffing ratio, i.e. HH can only bill for one hour per session, regardless of how many therapists are present. HH billed for unauthorized hours.

"Per our exit interview and draft report it was stated that, 'Furthermore, HH billed for supervision time even though supervision is included in the programs billing rate and is not a separate billable service.'"

"In addition, not only was supervision defined in my program designs, but I have also stated in each progress report and assessment for Adaptive Skills that we provide supervision and how much supervision is provided."

HH requested proof that supervision is included in the hourly rate. DDS obtained a fully executed payment agreement dated and signed by both HH and Frank D. Lanterman Regional Center (FDLRC). The payment agreement lists the reimbursement for services

at $56.65 per child per session. Per review of the progress reports and assessments DDS noted that supervision was provided. However, per discussion with FDLRC and review of the payment agreements for service codes 116, 028, and 605, DDS determined that the payment agreements do not state a separate rate for supervision, consequently supervision is included in the programs billing rate. DDS allowed all hours that were provided on a 1:1 ratio. In the instances when HH billed the regional center for two hours of services by a therapist and the supervisor who saw the client for one hour at the same time, DDS allowed only one hour for the session, as stated in the payment agreement.
(See Attachment D.)

"In addition please clarify if DDS provided us credit for writing progress reports and clarify if we can bill 1 unit (1 hour) per progress report per client."

DDS utilized the monthly attendance sheet and service logs to validate the hours provided and billed. DDS provided HH with credit for all 1:1 service hours documented on the attendance sheet and service logs.

"In regards to make-ups, we do understand that we need to make up the clients' hours in the authorized period, and not bill for a client in advance, even if the client would like the hours made up. I thank you for clarifying this for us. However, on page 6 of your audit report it states, 'The vast amount of unsupported hours resulted from HH billing for services not provided."

DDS agrees that the expression "the vast amount of unsupported hours resulted from HH billing for services not provided" is misleading, since the services were actually provided. HH paid its therapists for each service hour provided and in turn billed the regional centers for those service hours. However, as noted above, the services are to be provided on a 1:1 ratio and supervision is included in the program's rate and is not a separate billable service. DDS made appropriate changes to reflect that unauthorized billings mainly resulted from HH billing for supervision and make-up sessions.

DDS' Conclusion:

DDS incorporated the response to the draft audit report in the final audit report and made appropriate adjustments to the expressions in the final audit report. However, the basis for DDS' finding for unauthorized billings did not change. Therefore, HH must reimburse DDS the $23,470.76 for unauthorized billings.