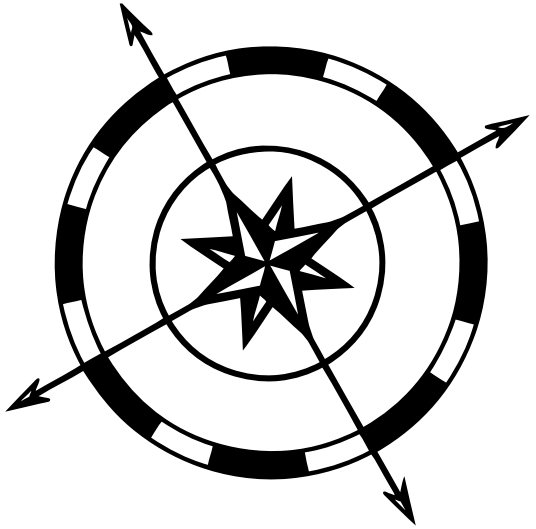


OPTIMUM GUIDANCE BEHAVIOR CONSULTING

ORIENTATION

TEAM TOOLS

Time Off Request

See time off request procedures below.

Availability Change

Availability changes need to be submitted at least 10 days in advance.

Feedback Form

Thank you for providing anonymous feedback.

Candidate Referral

Know someone who would be great with OGBC? Complete the link!

Aloha ABA

Link to your schedule and session notes.

BCBA Performance

Please fill out evaluations each month for all of your BCBAs.

Compliancy Site

For all HIPAA and compliancy training needs.

Ensora

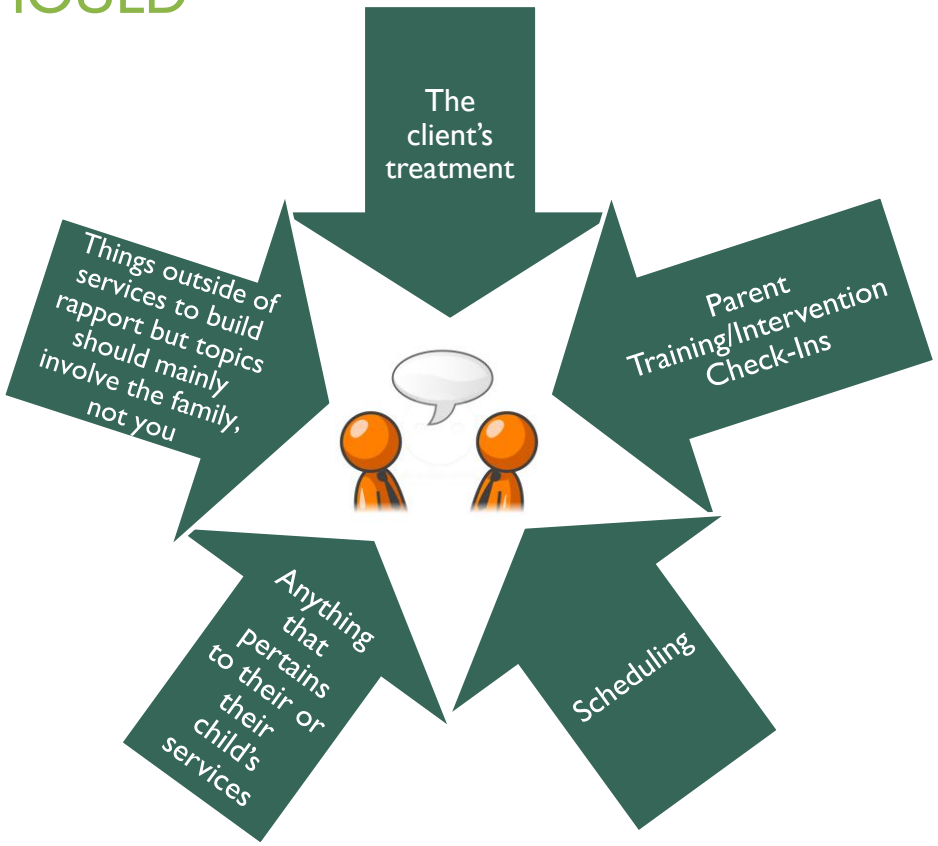
Link to browser version of Ensora

RBT WEBSITE

HTTPS://WWW.OGBEHAVIOR.COM/RBT/

SPEECH IN THE HOME

SHOULD



SHOULD NOT

- Other clients' names and other PHI.
- Asking about their other personal medical issues that do not pertain to client treatment you are there for
- Planning to meet up outside of sessions
- Topics that may open windows to dual relationships, create discomfort for you or them, or provide information about others that should not be provided should be avoided always.
- Do not answer OR ask questions that are overly personal
- If you are unsure if talking about something is professional or ethical…then DON'T!

DRESS

YES

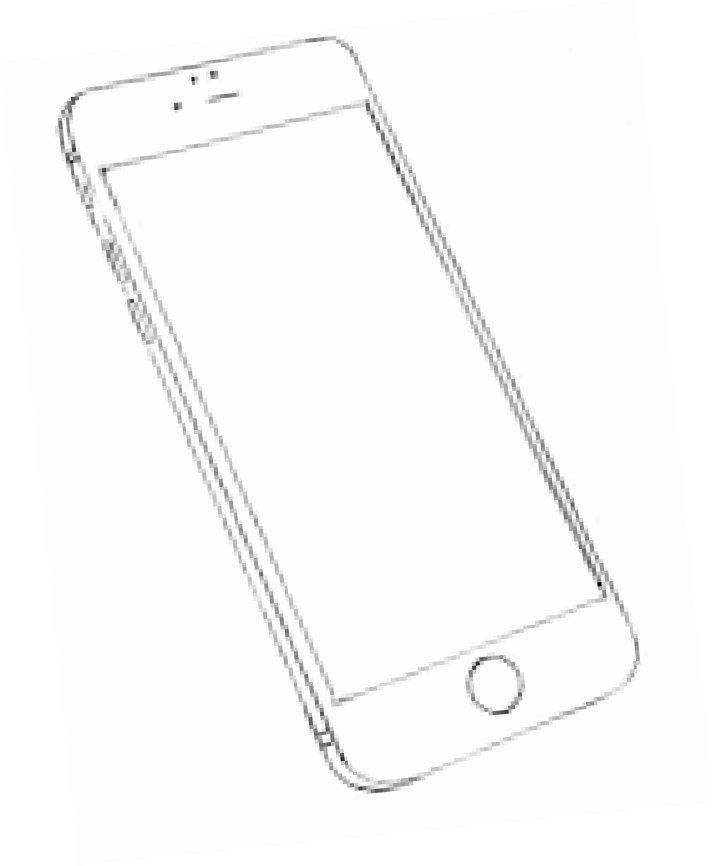
- Cardigans or sweaters
- Collared shirt
- Slacks
- Jeans
- Yoga pants/leggings that are thick and not see-through
- T-Shirts and sweatshirts with tasteful/appropriate designs or writing
- Flat shoes with backs or boots

NO

- Old/baggy gym clothes
- Bike shorts or crop tops
- Heels
- Open toe shoes in clinic/community setting
- Shoes with no backs
- Tank tops with thin straps
  - Straps must be 3 fingers wide
- Low-cut/revealing shirts
- Dangling jewelry
- Short shorts
- Ripped jeans

ELECTRONICS

- Our families are informed at the beginning of treatment that we use digital devices for data collection.
- However, it is up to you to remember to use your devices in a professional manner. Unless used as reinforcement for clients, using earphones, playing games, reading books, excessive texting, or other leisure activities on digital devices is not permitted.



PUNCTUALITY

Simple – Be on time! A little early is ALWAYS better than a little late

If you are running behind to a home session

Call the family to inform them of your ETA

Adjust the time on your note to match when you arrived

If you are running behind to an in-clinic session call:

Florence – (720) 400-4471

Louisville – Case BCBA

If you are unable to make a session

Complete Time Off Request Form

Notify the family AND your supervisor as early as possible

Reschedule for a later date if possible

Mark the session as “canceled” or “rescheduled” in Aloha

YOUR FIRST VISIT

Your supervisor (BCBA, BCaBA, etc.) or senior RBT is with you! They have already met the family, so let them be the ones to talk first, introduce you, and get the ball rolling.

Speak a little to your professional background. Even if you don't have much experience in ABA, highlight the experience you do have, why you are excited to work with them and the person in their care. This is the start of building rapport with the family.

If in the home, be sure to ask about any rules, such as taking off shoes, where you may and may not go in the house, where they like you to do what during sessions, etc.

ABA ETHICS & PROFESSIONALISM

- The primary certifying board for ABA clinicians is the Behavior Analyst Certification Board, or the BACB.
- The BACB has put forth a set of Ethical Guidelines for clinicians. This document can be found here:
  - https://www.bacb.com/wp-content/uploads/BACB-Compliance-Code-english_181218.pdf
- The Code of Ethics and In-Home Professionalism go hand-in-hand. We will review some basics of the Code of Ethics here that will—if followed—make staying professional in homes easy!

HIPAA/CONFIDENTIALITY

THE GUARD COMPLIANCY GROUP

TERMINOLOGY

- **HIPAA** - Health Insurance Portability and Accountability Act
  - The primary federal law pertaining to the privacy of medical information
- **PHI -** Protected Health Information
- **ePHI** – Electronic Protected Health Information
- **The Privacy Rule** – national standards for when PHI may be used
  - Protects written, verbal and electronic PHI
- **The Security Rule** – safeguards that must be implemented to protect ePHI

WHAT IS PHI?

- Name
- Date of birth
- Medical record number
- Diagnosis
- Admission date, time and reason
- Any information that identifies or could potentially identify an individual

YOUR RESPONSIBILITY UNDER HIPAA INCLUDES

- Handling PHI as if it were your own
- Disposing of documents with PHI by shredding
- Accessing PHI, only the minimum necessary, to do you job
- Discussing potential violations or any HIPAA concerns with your supervisor
- **2 factor authentication -** Password on electronic device AND password for any apps used
- **Client initials in writing and speech**

PRIVACY BREACH

- Employee discussing patient health information on social media or with another family
- A laptop or Smartphone containing electronic PHI is lost or stolen – and the device is not encrypted
- A computer hacker gains access to systems that contain PHI

ADDITIONAL HIPAA RESOURCES

https://www.healthit.gov/topic/privacy-security-and-hipaa/health-it-privacy-and-security-resources-providers

https://www.youtube.com/watch?v=esjio0Q5dfo
https://compliancy-group.com/free-hipaa-training/

CERTIFICATIONS/TRAININGS

HIPAA

- Complete all required compliancy tasks within 30 days of employment
- Once complete, email HR@ogbehavior.com for compensation

https://guard2.compliancygroup.com/login

RBT Certification

- 40-Hour Online Training
- Email training certificate to adolan@ogbehavior.com
- RBT Competency Assessment with BCBA
- RBT Certification Exam – within first 30 days
- Email RBT Certification to HR@ogbehavior.com AND adolan@ogbehavior.com

https://autismpartnershipfoundation.org/log-in/

https://gateway.bacb.com/Account/Login.aspx

BLS/First Aid

- MUST be done IN-PERSON and within the first 30 days of employment
- Email certifications to adolan@ogbehavior.com
- Email receipt for reimbursement to HR@ogbehavior.com

https://cprcolorado.com/a/
s://cprcolorado.com/a/

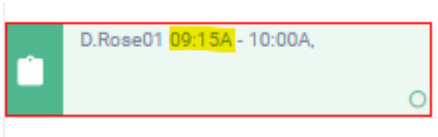
SANDATA

WHAT IS SANDATA?

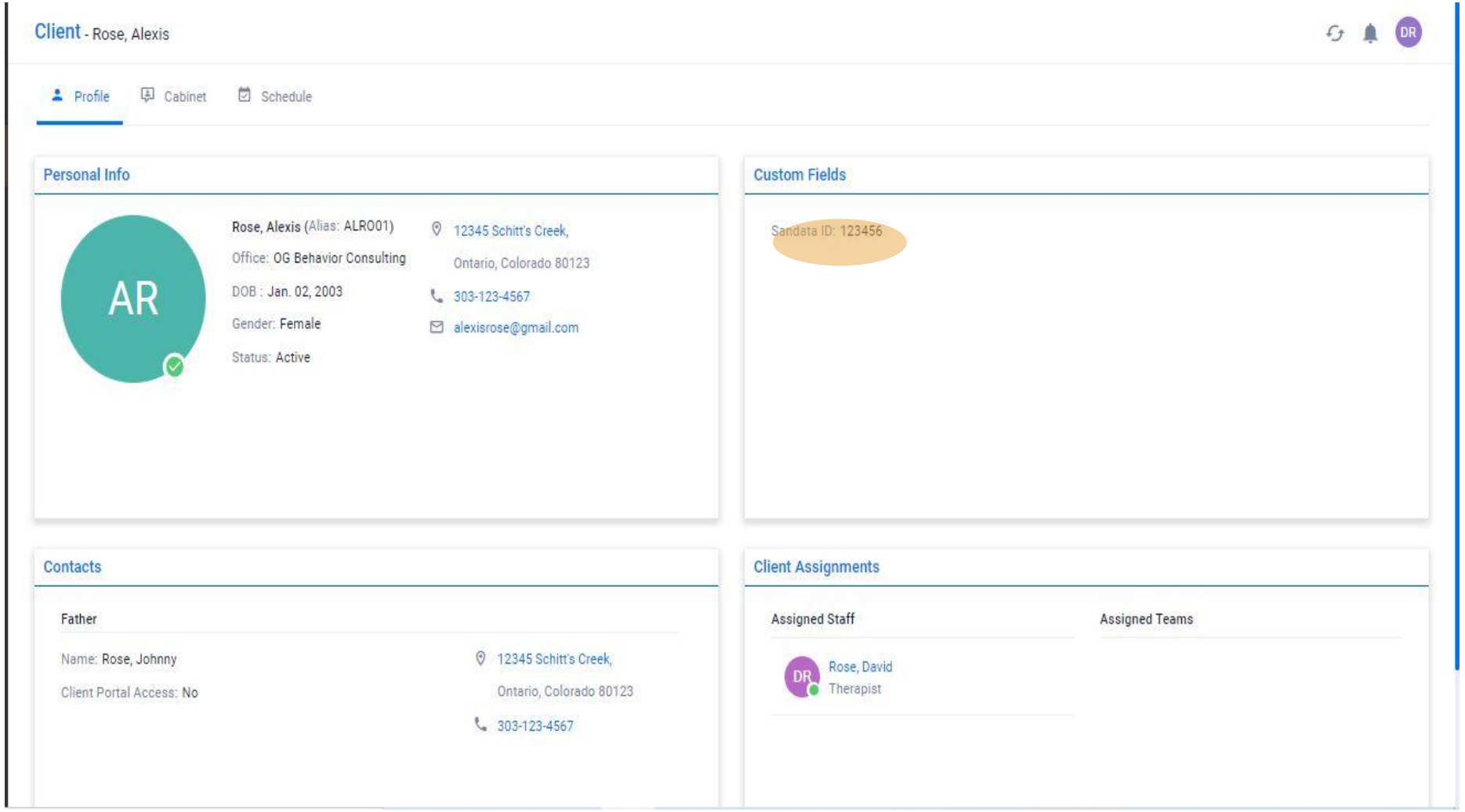
- **Electronic Visit Verification** - mandated by the both the State and Federal governments for session documentation
  - Uses GPS when you clock in/out to capture where you are and what time
  - MUST be at the client's home or clinic when clocking in and out
    - If not you need to create a location exception
- Should be the **first** thing you do when you arrive and the **last** thing you do before you leave
- If you forget to clock-in and/or out email mcombee@ogbehavior.com

SANDATA SCENARIOS

- **Scheduled session 9:00AM – 10:00AM**
  - **MUST be clocked in for at LEAST 60 minutes – it can be more but NEVER less**

On-time:	**Late Clock-in Example 1:**	**Late Clock-in Example 2:**
Clock-in: 9:00AM Clock-out: 10:00 AM	Clock-in: 9:04AM Clock-out: 10:04AM	Clock-in: 9:13 AM Clock-out: 10:00 AM
		
▪ Clock in at the start of session OR earlier ▪ Clock out at the end of session OR later ▪ No change in Aloha	▪ If you were 4 minutes late, you must clock out 4 minutes past the scheduled end time ▪ No change in Aloha	▪ Clock out at end of session OR later ▪ Change start time in Aloha to next billing period (15 minute increments)

Locate
“Client Identifier”
in Aloha



Sandata
MOBILE CONNECT®

COMPANY ID *

2-68385

USERNAME *

Username

PASSWORD *

Password

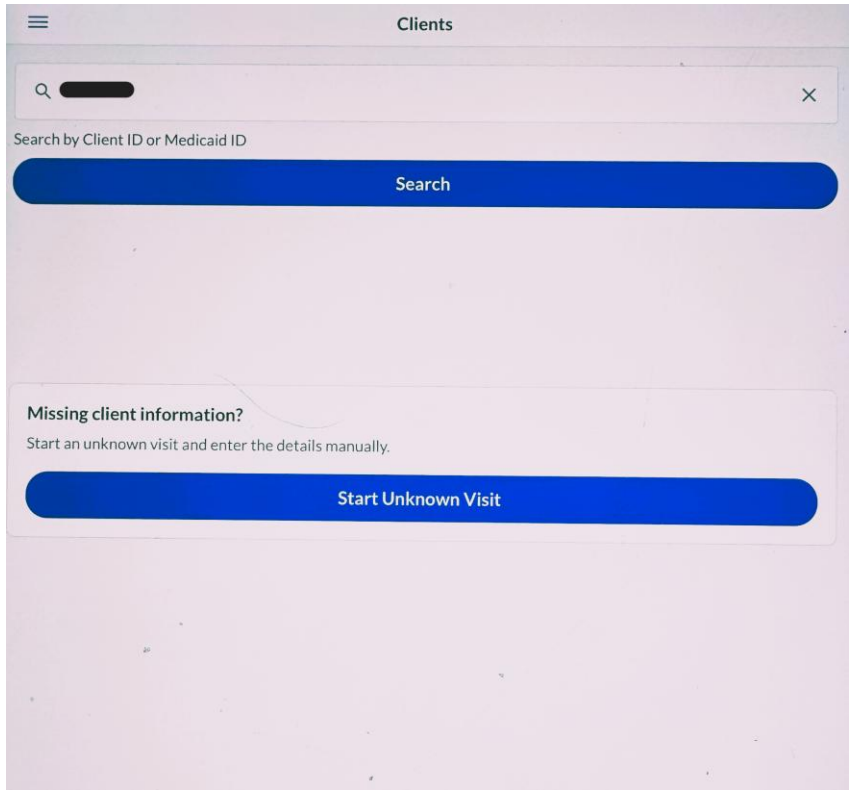
* Required field

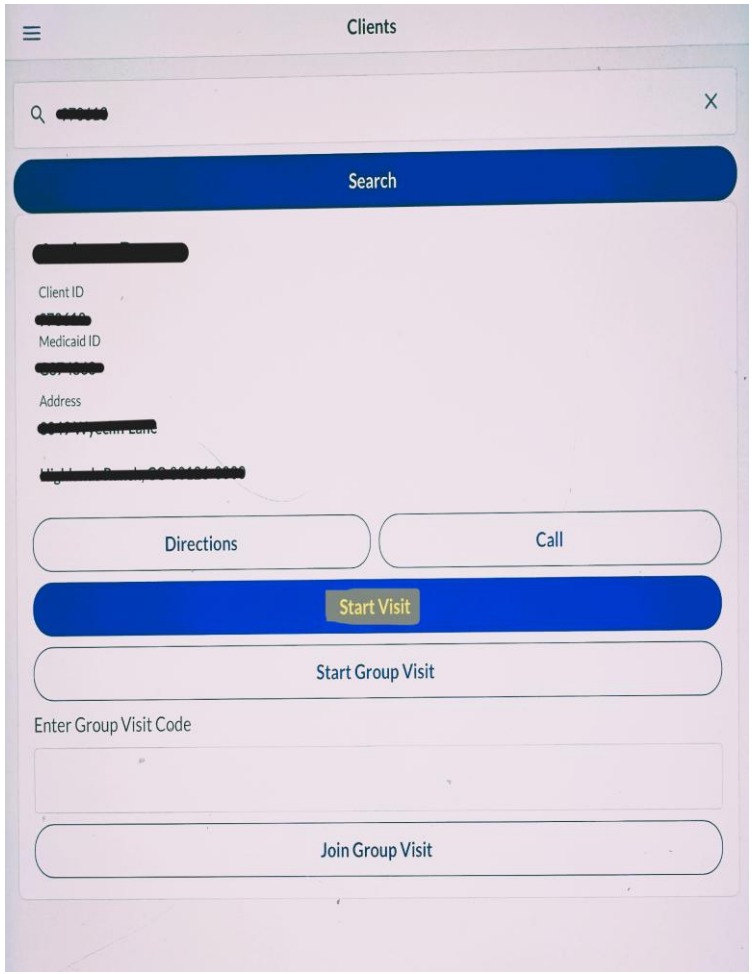
LOG IN

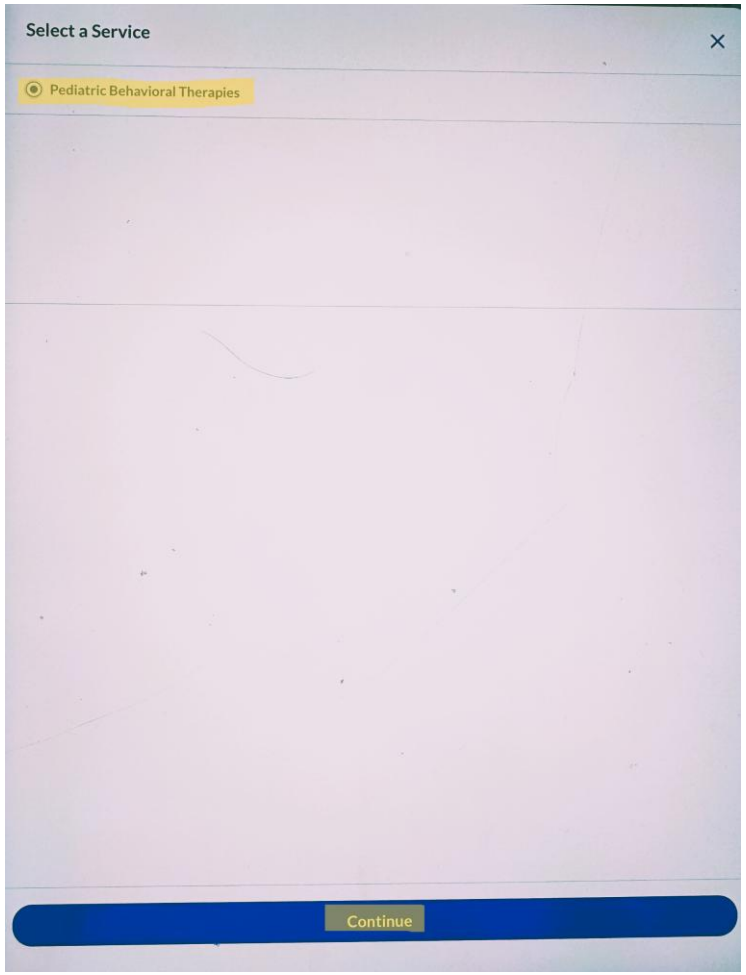
FORGOT PASSWORD?

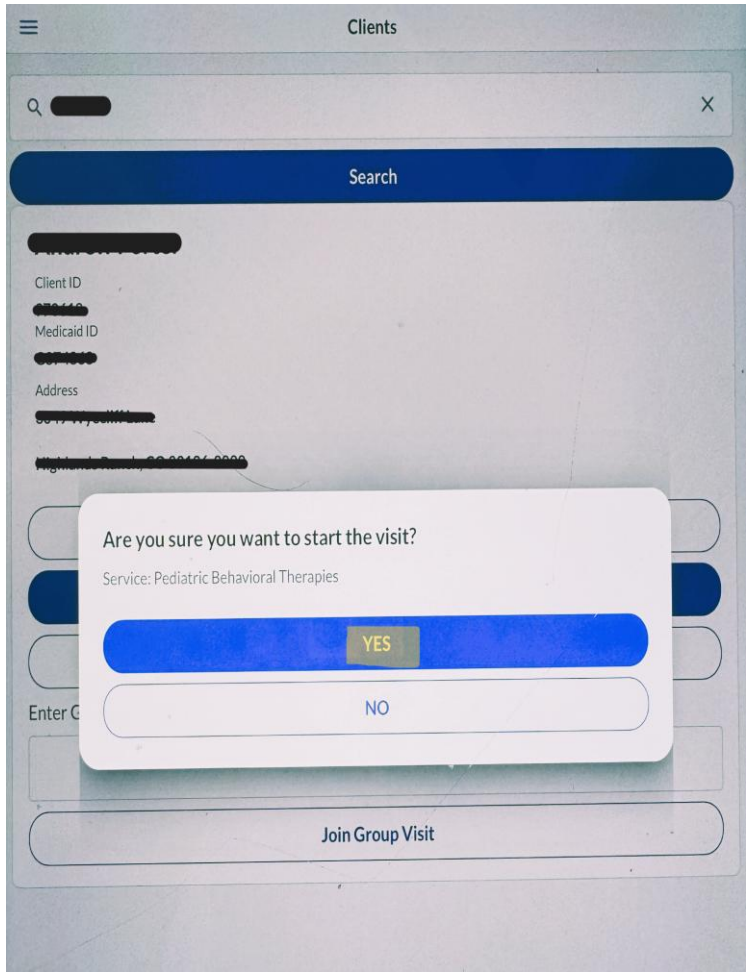
Privacy Policy

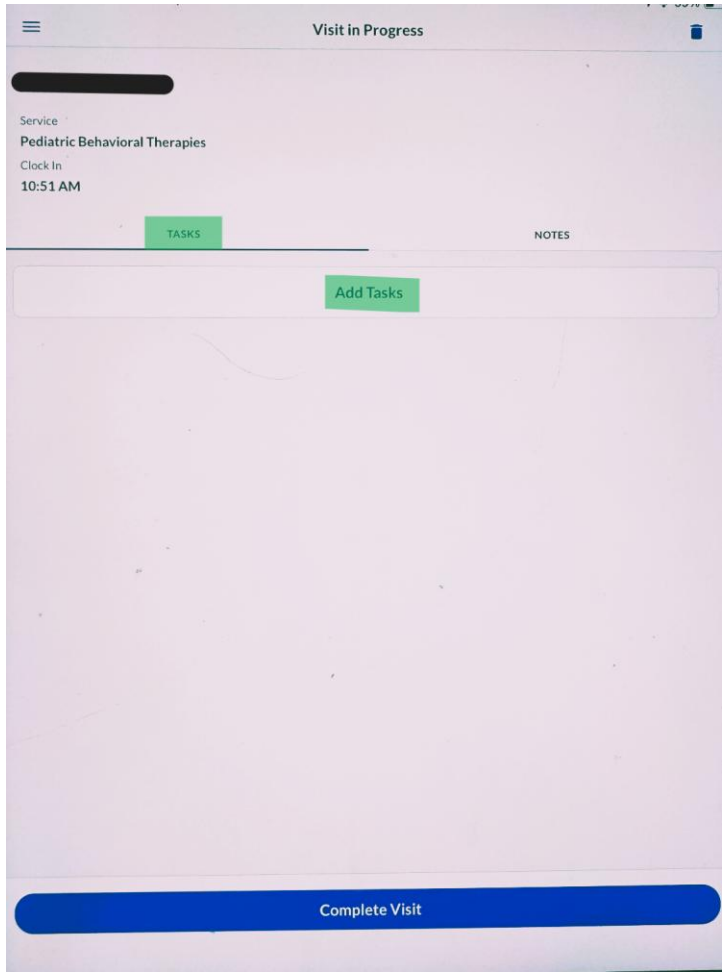
1.1.611

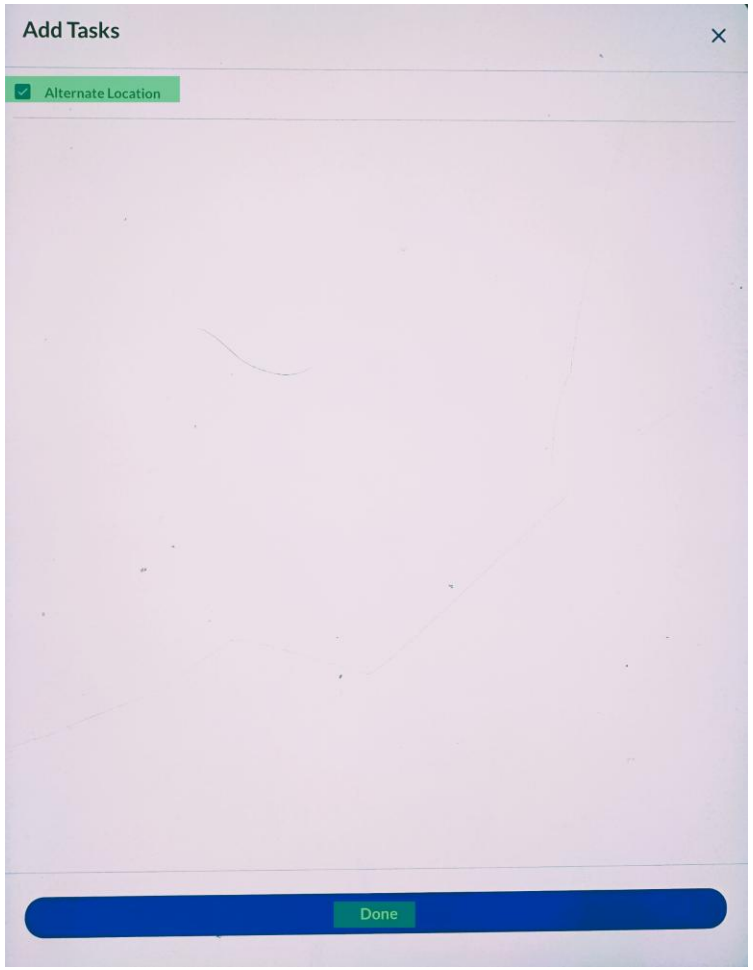


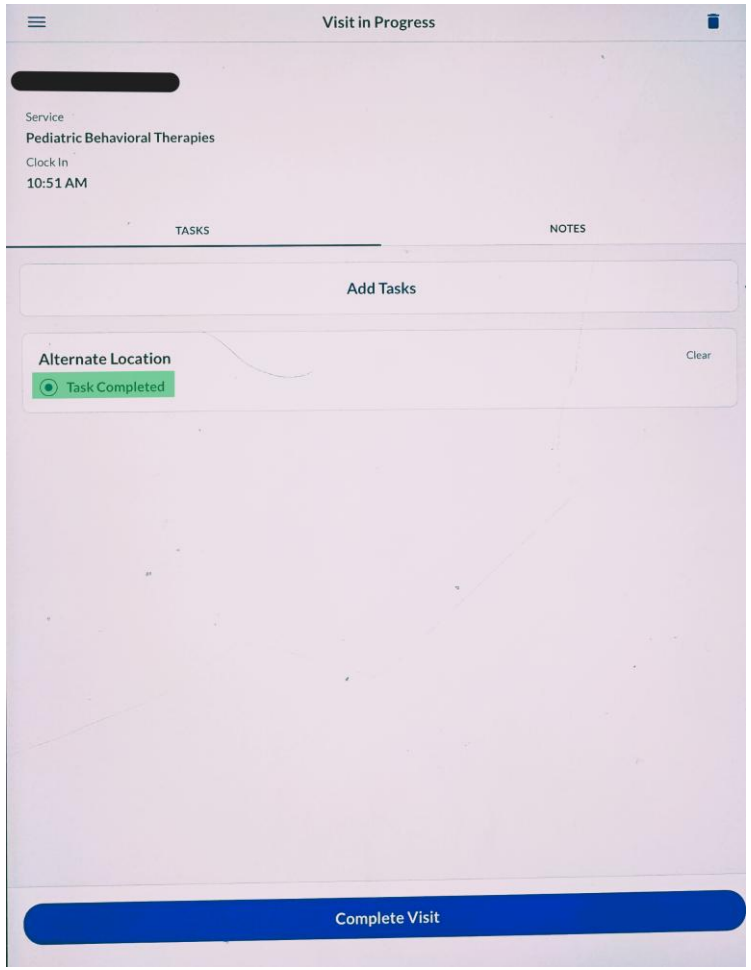

Clients
Search
Client ID
Medicaid ID
Address
Directions
Call
Start Visit
Start Group Visit
Enter Group Visit Code
Join Group Visit

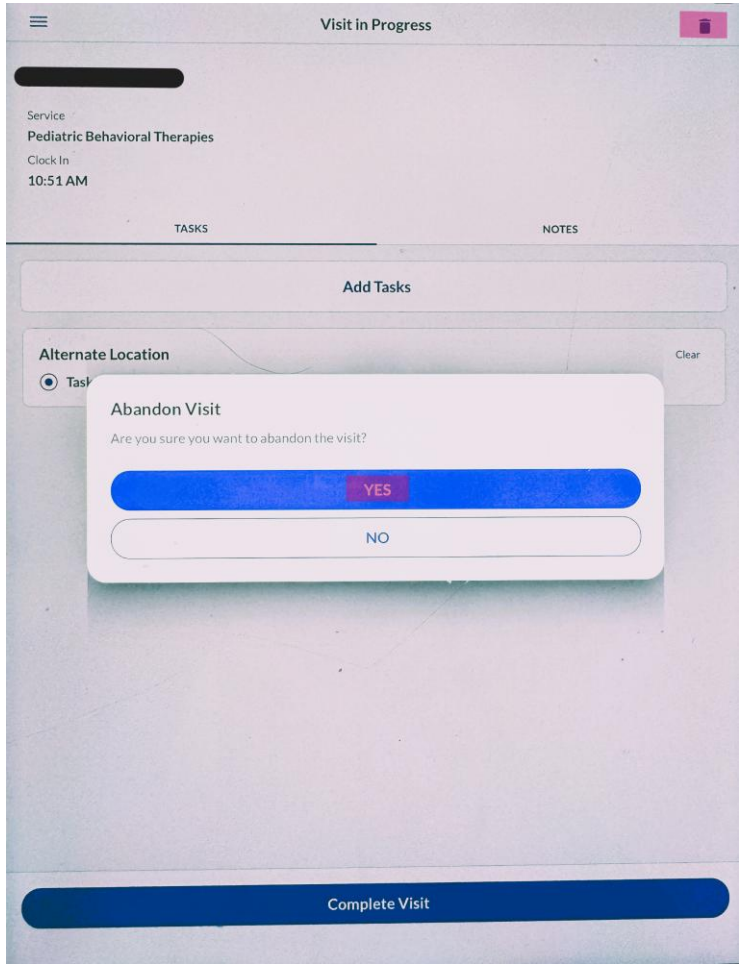

Select a Service
Pediatric Behavioral Therapies
Continue

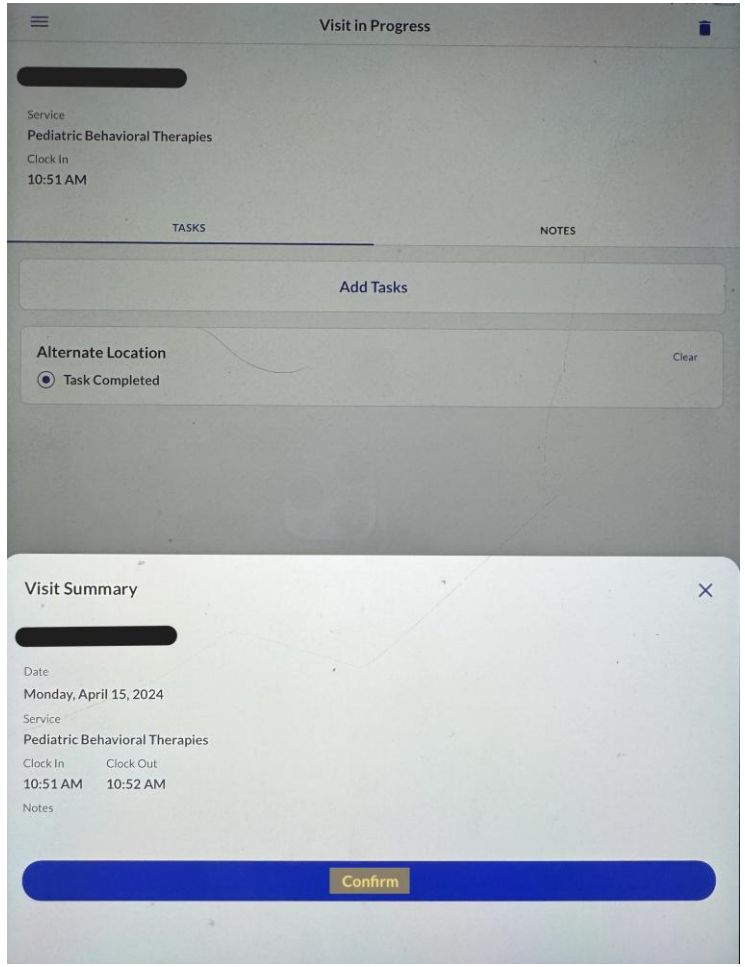

Clients
Search
Client ID
Medicaid ID
Address
Are you sure you want to start the visit?
Service: Pediatric Behavioral Therapies
YES
NO
Join Group Visit


Visit in Progress
[redacted]
Service
Pediatric Behavioral Therapies
Clock In
10:51 AM
TASKS
NOTES
Add Tasks
Complete Visit

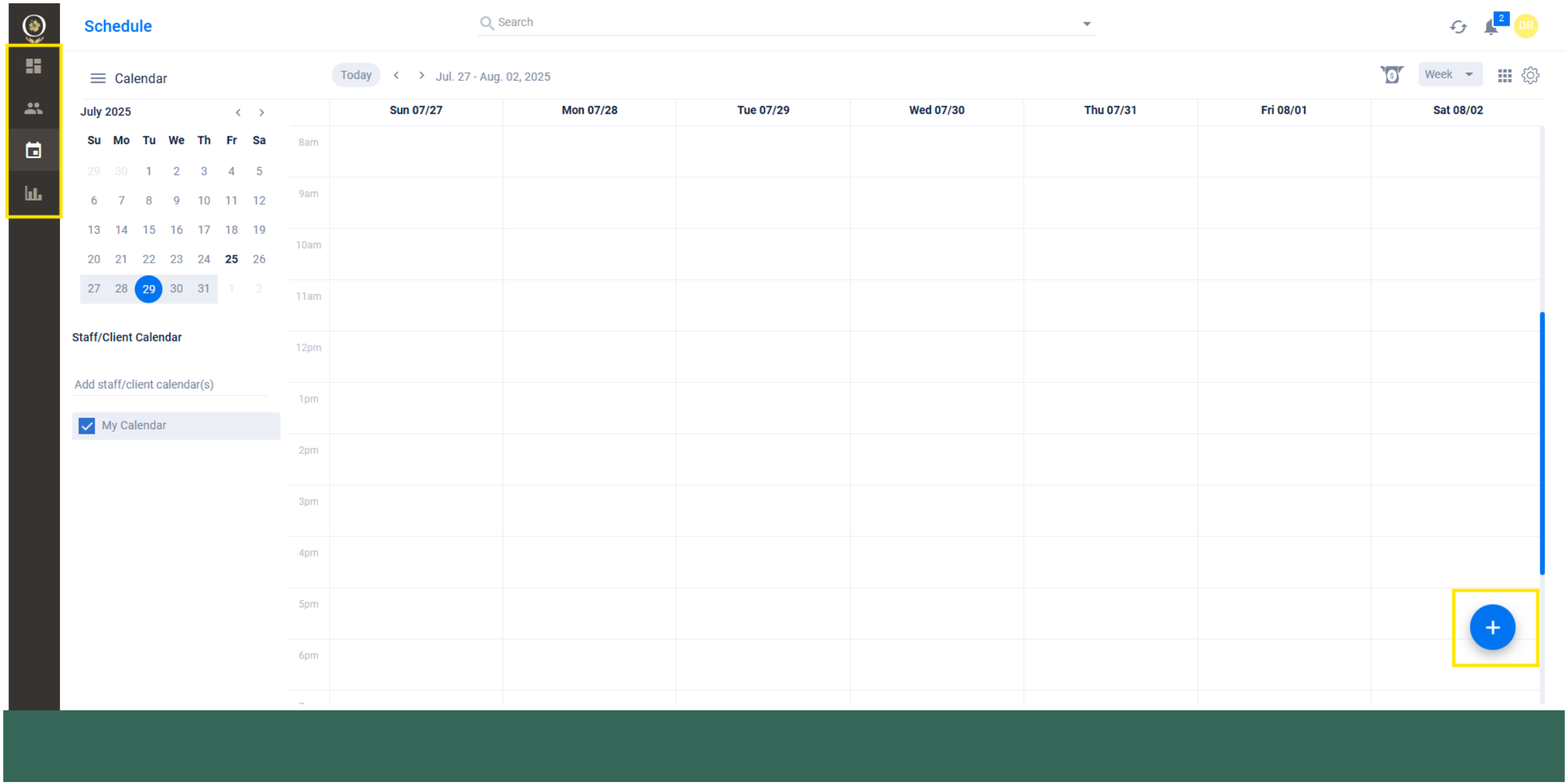

Add Tasks
Alternate Location
Done


Visit in Progress
[redacted]
Service
Pediatric Behavioral Therapies
Clock In
10:51 AM
TASKS
NOTES
Add Tasks
Alternate Location
Clear
Task Completed
Complete Visit

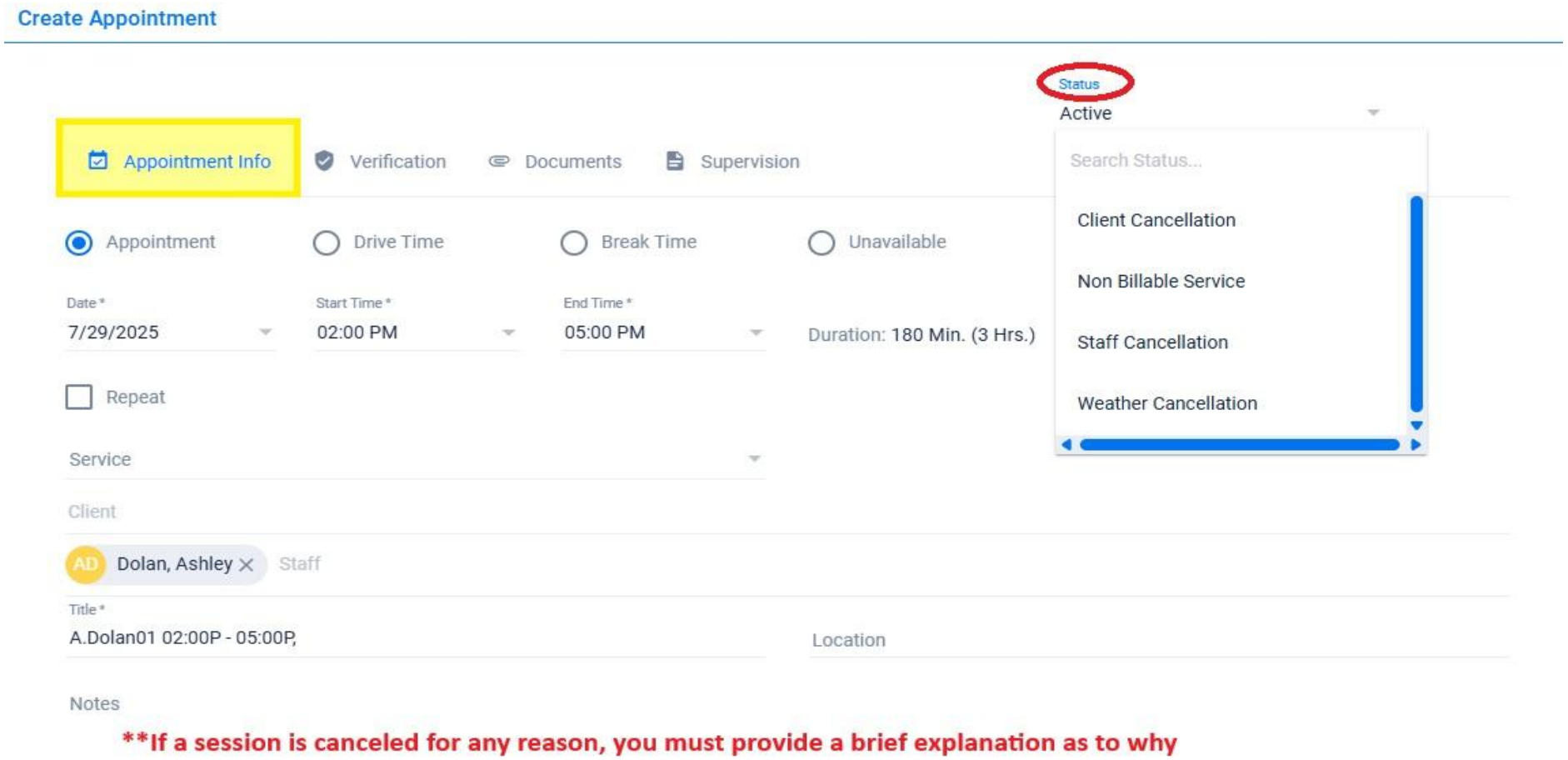

Visit in Progress
Service
Pediatric Behavioral Therapies
Clock In
10:51 AM
TASKS
NOTES
Add Tasks
Alternate Location
Clear
Abandon Visit
Are you sure you want to abandon the visit?
YES
NO
Complete Visit


Visit in Progress
Service
Pediatric Behavioral Therapies
Clock In
10:51 AM
TASKS
NOTES
Add Tasks
Alternate Location
Clear
Task Completed
Visit Summary
Date
Monday, April 15, 2024
Service
Pediatric Behavioral Therapies
Clock In
10:51 AM
Clock Out
10:52 AM
Notes
Confirm

ALOHA


Schedule
Search
2
DR
Calendar
Today
Jul. 27 - Aug. 02, 2025
Week
July 2025
Su Mo Tu We Th Fr Sa
29 30 1 2 3 4 5
6 7 8 9 10 11 12
13 14 15 16 17 18 19
20 21 22 23 24 25 26
27 28 29 30 31 1 2
Staff/Client Calendar
Add staff/client calendar(s)
My Calendar
Sun 07/27
Mon 07/28
Tue 07/29
Wed 07/30
Thu 07/31
Fri 08/01
Sat 08/02
8am
9am
10am
11am
12pm
1pm
2pm
3pm
4pm
5pm
6pm

APPOINTMENT INFO



Create Appointment

Authorized Services ([redacted])

- [ ] Medicaid Colorado - **BCBA Re-Assessment**(9251630974) from Jun. 12, 2025 to Dec. 08, 2025
- [x] Medicaid Colorado - **Direct Intervention**(9251630974) from Jun. 12, 2025 to Dec. 08, 2025
- [ ] Medicaid Colorado - **BCBA Supervision / BCBA Direct**(9251630974) from Jun. 12, 2025 to Dec. 08, 2025

Okay | Discard

Appointment Info

Appointment

Date * 7/29/2025

Start Time * 02:00 PM

End Time * 05:00 PM

Duration: 180 Min. (3 Hrs.)

Repeat

Service

Client

AD Dolan, Ashley ×

Staff

Title * A.Dolan01 02:00P - 05:00P,

Location

Notes

Create Appointment

Status: Active

Appointment Info | Verification | Billing | Documents | Supervision

(•) Appointment ( ) Drive Time ( ) Break Time ( ) Unavailable

Date * 7/29/2025 | Start Time * 02:00 PM | End Time * 05:00 PM | Duration: 180 Min. (3 Hrs.)

[ ] Repeat [x] Face to Face [ ] Substitute

Service: Direct Intervention

DB [redacted] Medicaid Colorado - **Direct Intervention**(9251630974) from Jun. 12, 2025 to Dec. 08, 2025 × Client

AD Dolan, Ashley × Staff

Title * A.Dolan01-DEBA01 (Direct Intervention) 02:00P - 05:00P,

Location

Notes

Repeat

Repeat — Select: Weekly

Repeat Every — Select: 1 Weeks

Repeat On — S **M** T **W** T **F** S

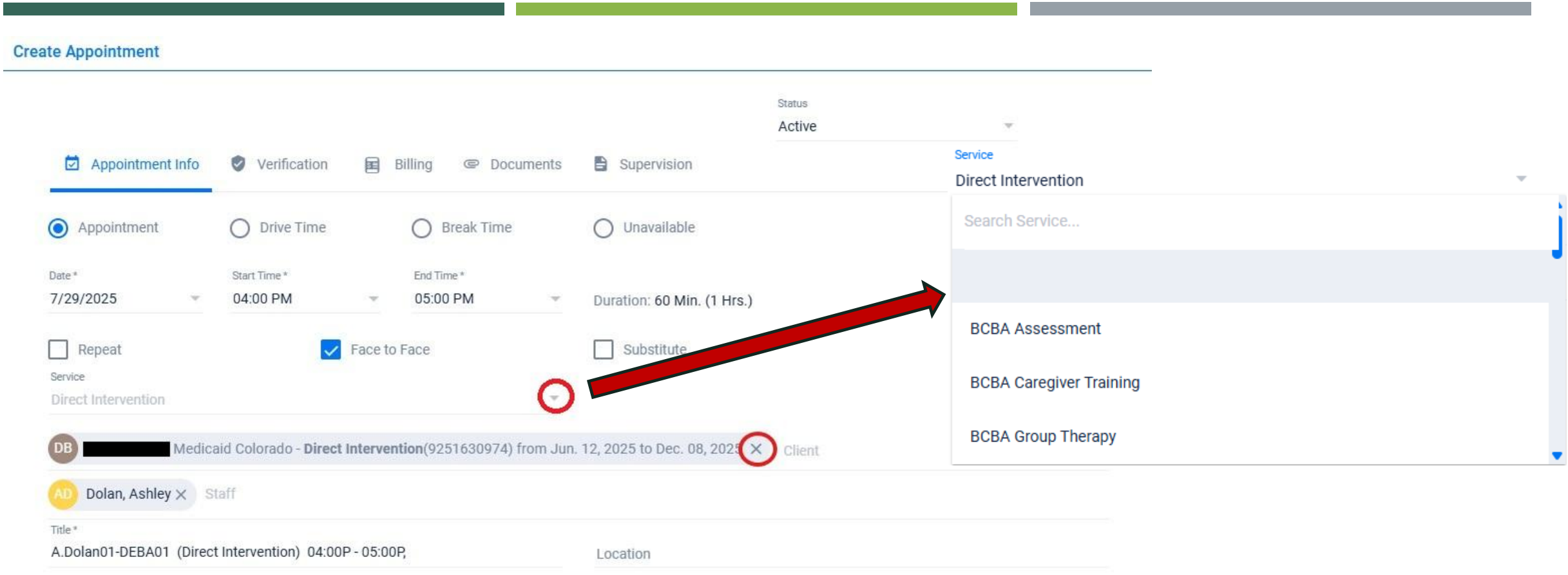
Starts On — Date: 7/30/2025

Ends — After: Occurences

On — Date *: 7/30/2025 *Use Authorization End Date*

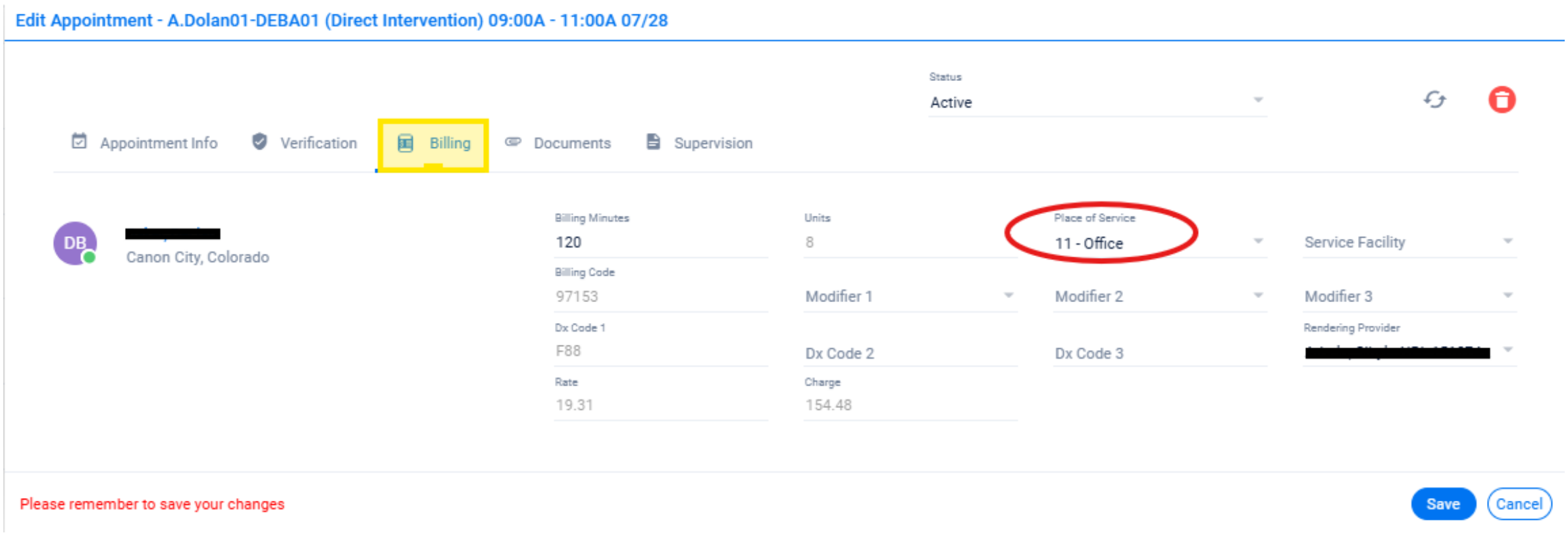
Summary: Weekly on Monday, Wednesday, Friday until 07/30/2025

Okay | Cancel

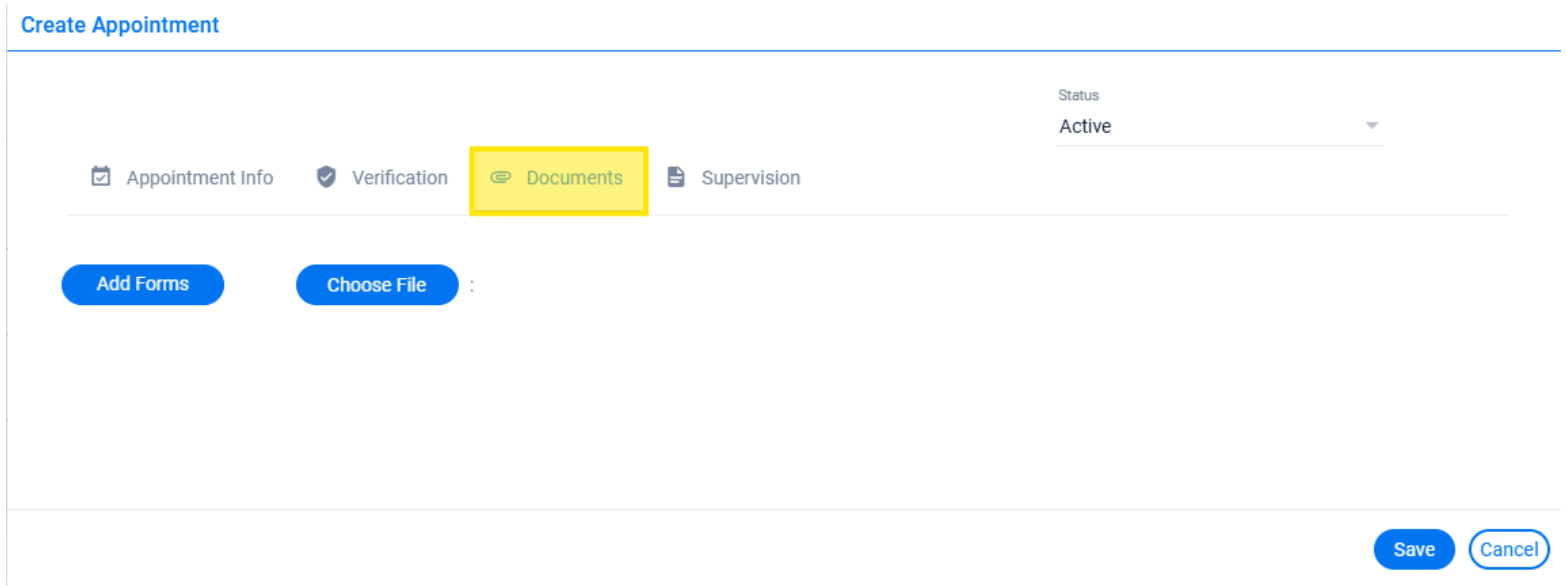


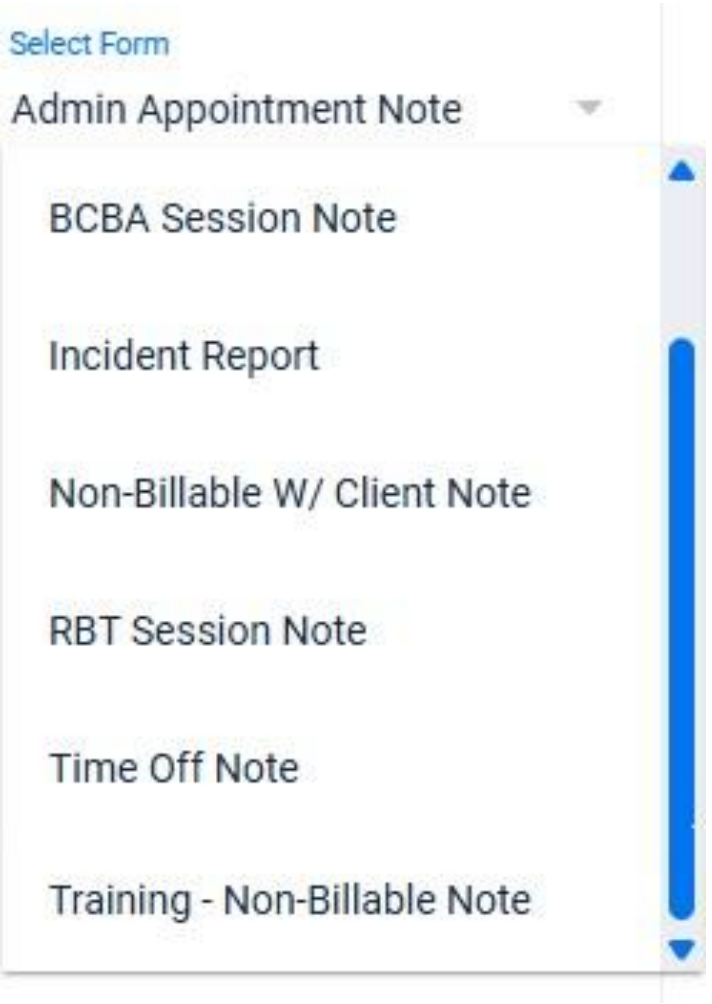
CHANGING/REMOVING CLIENT FROM APPOINTMENT

BILLING


Edit Appointment - A.Dolan01-DEBA01 (Direct Intervention) 09:00A - 11:00A 07/28
Status
Active
Appointment Info
Verification
Billing
Documents
Supervision
DB
[redacted]
Canon City, Colorado
Billing Minutes
120
Units
8
Place of Service
11 - Office
Service Facility
Billing Code
97153
Modifier 1
Modifier 2
Modifier 3
Dx Code 1
F88
Dx Code 2
Dx Code 3
Rendering Provider
[redacted]
Rate
19.31
Charge
154.48
Please remember to save your changes
Save
Cancel

DOCUMENTS


Create Appointment
Status
Active
Appointment Info
Verification
Documents
Supervision
Add Forms
Choose File
Save
Cancel


Select Form
Admin Appointment Note
BCBA Session Note
Incident Report
Non-Billable W/ Client Note
RBT Session Note
Time Off Note
Training - Non-Billable Note

Training - Non-Billable Note

Training

Select Date

7/29/2025

Staff Name

[redacted]

Appointment Time

04:00 PM - 05:00 PM

Select a Choice

Other

Description of Training

Orientation

Submit Cancel

Incident Report

Client/Individual Name *

Date of Occurrence *

7/29/2025

If control procedure, duration of physical intervention:

Was the incident observed directly? *

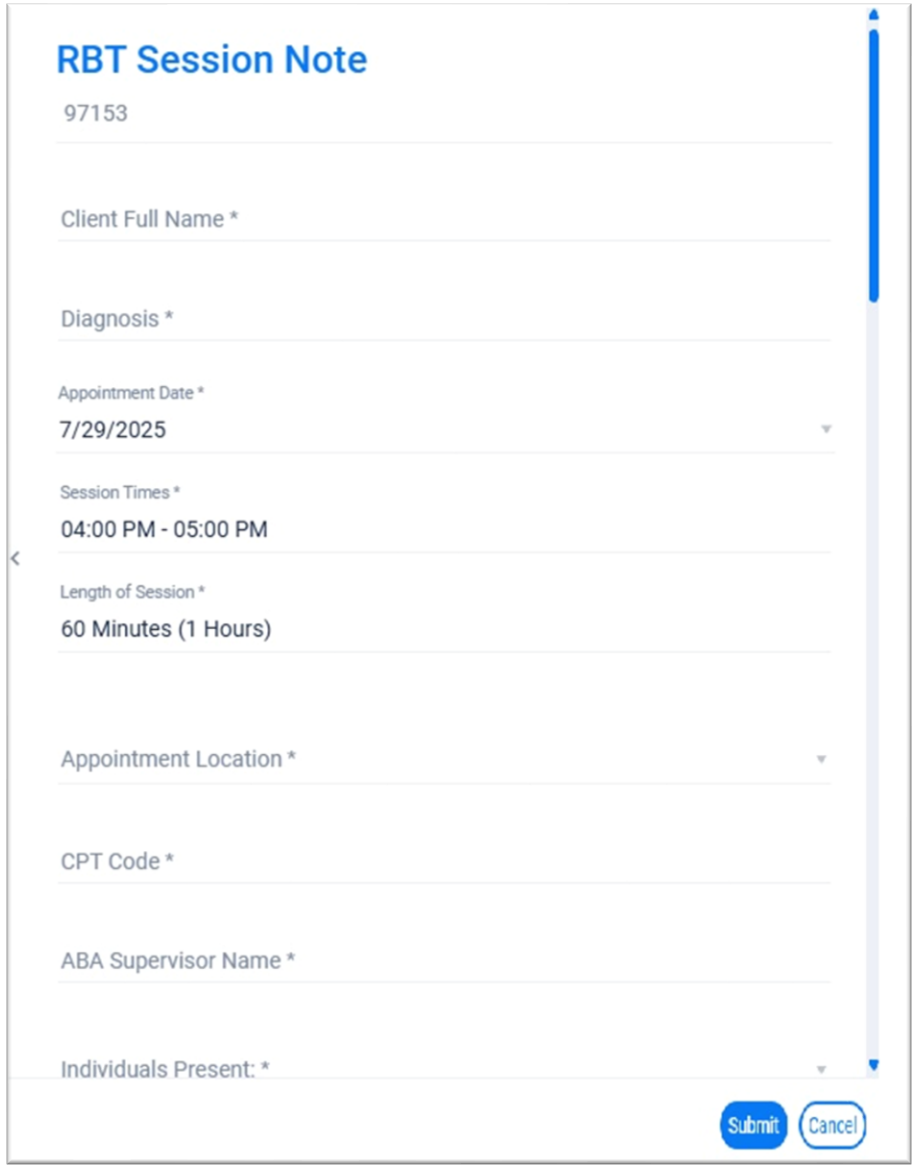
Type of Incident: Medical/Injury

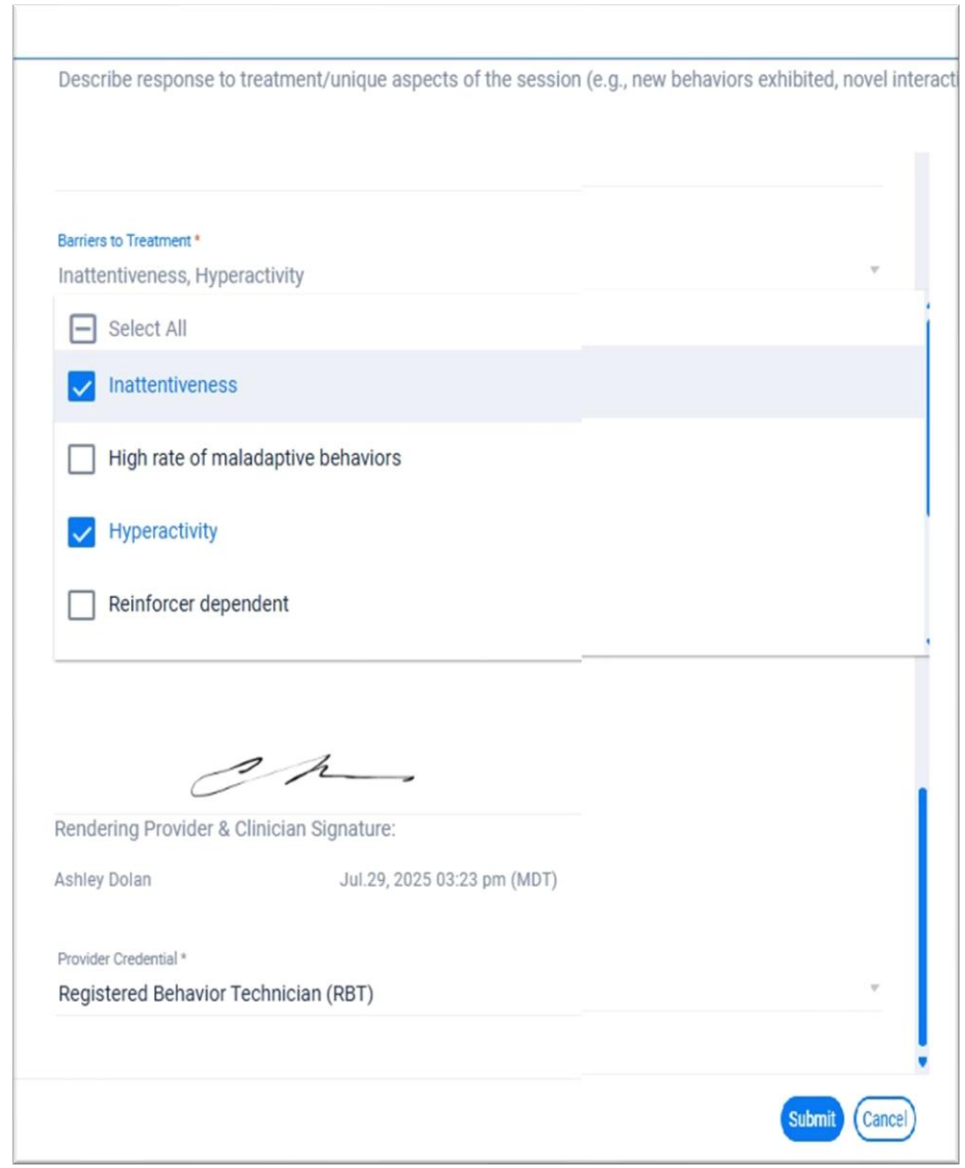
Type of Incident: Social/Behavioral

Witnessed by: *

Reported by: *

Submit Cancel


RBT Session Note
97153
Client Full Name *
Diagnosis *
Appointment Date *
7/29/2025
Session Times *
04:00 PM - 05:00 PM
Length of Session *
60 Minutes (1 Hours)
Appointment Location *
CPT Code *
ABA Supervisor Name *
Individuals Present: *
Submit
Cancel


Describe response to treatment/unique aspects of the session (e.g., new behaviors exhibited, novel interact
Barriers to Treatment *
Inattentiveness, Hyperactivity
Select All
Inattentiveness
High rate of maladaptive behaviors
Hyperactivity
Reinforcer dependent
Rendering Provider & Clinician Signature:
Ashley Dolan
Jul.29, 2025 03:23 pm (MDT)
Provider Credential *
Registered Behavior Technician (RBT)
Submit
Cancel

Create Appointment

Status

Non Billable Service

Appointment Info | Verification | Documents | Supervision

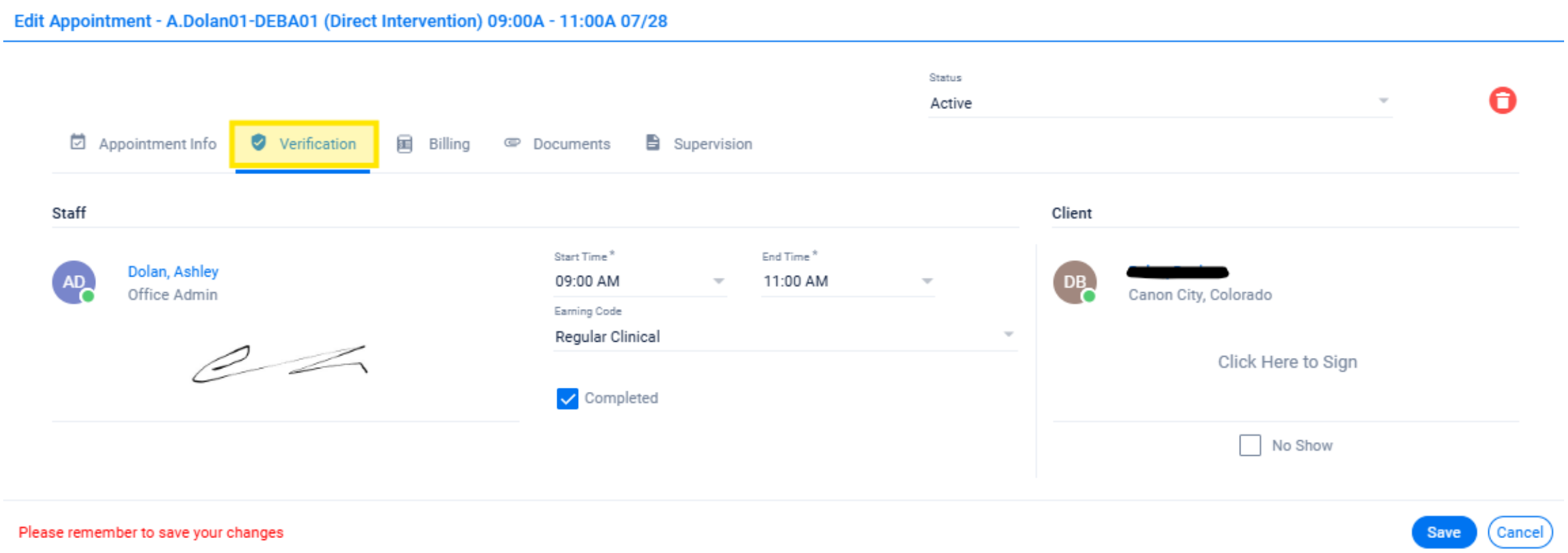
Add Forms | Choose File :

State	Form Name	Created on	Created by
Submitted	Training - Non-Billable Note	Jul.29, 2025 03:32 pm	Dolan, Ashley

Please remember to save your changes

Save | Cancel

VERIFICATION



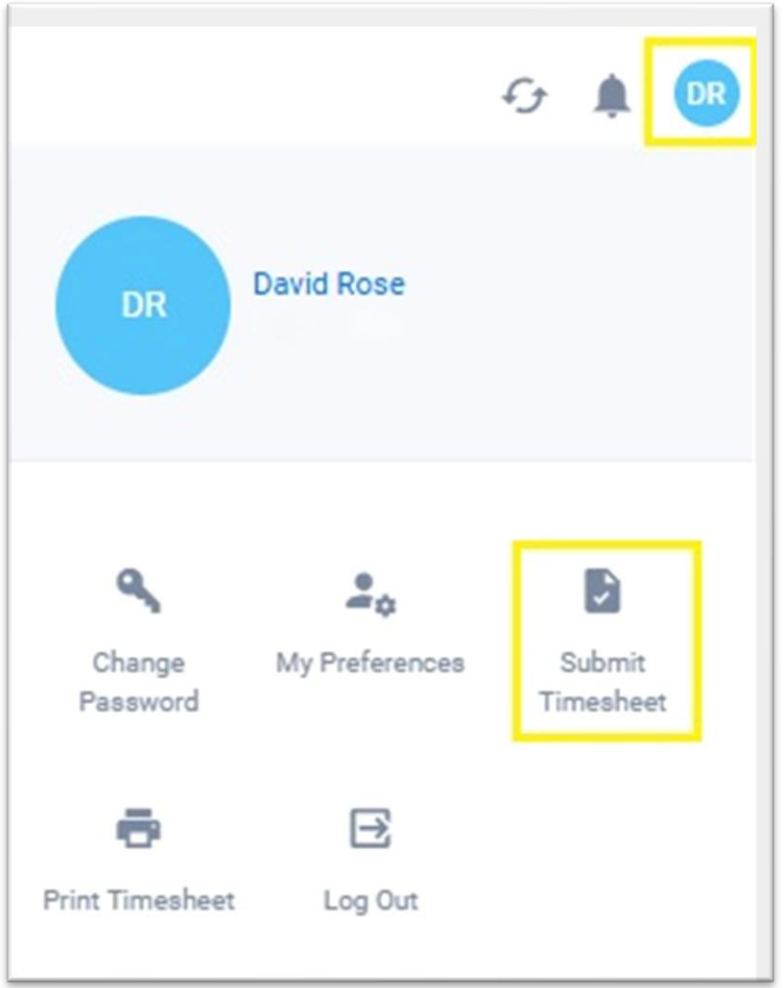
IMPORTANT

NOTES ARE DUE WITHIN 24 HOURS OF SESSION END TIME

NOTES SHOULD BE SIGNED AT THE VERY END OF THE SESSION

TIMESHEET SUBMISSION

- Confirm all appointments are complete and accurate
- Submit timesheet for the entire week before Monday morning at 8AM



BILLABLE NOTE

NON-BILLABLE NOTE

BREAK TIME

DRIVE TIME