



# THERAPY

S O L U T I O N S

ENCOURAGING CHILDREN, ENRICHING LIVES

## PARENT HANDBOOK



# TABLE OF CONTENTS

## ABOUT THERAPY SOLUTIONS

- About the owners
- Mission and Vision
- Core Values
- Services Provided
- Scheduling Information
- Contact Information

## PATIENT FINANCIAL INFORMATION

## POLICIES AND PROCEDURES

- Attendance Policy
- Sick Policy
- Behavior Policy

## PRIVACY PRACTICES



Therapy Solutions is a leading provider of pediatric therapy throughout the Midwest. Our therapist-owned company provides a range of intervention services to meet each child's specific needs. Knowledgeable and experienced therapists create customized programs to help your child grow through integrated speech, occupational, and physical therapy services.

## ABOUT THE OWNER - MINDY

Mindy earned her Bachelor of Science degree in Speech and Hearing Sciences from Purdue University. She later earned her Master of Arts degree in Speech and Language Pathology from Ohio University, and in 2023, she anticipates earning her Doctorate in Speech and Language Pathology from Rocky Mountain University. Mindy is a member of the American Speech and Hearing Association (ASHA) and the Indiana Speech and Hearing Association. She has her Certificate of Clinical Competence (CCC) and is an Indiana Licensed Speech-Language Pathologist.

Mindy decided to be a speech-language pathologist to help people communicate in the most efficient way possible. She wanted to make a difference in someone's life and allow patients to live their life to the fullest while working in a career that would allow her unlimited opportunities to help people from birth to 90+ years old.

In her free time, Mindy likes to spend time with her husband, son, and dogs. She teaches dance classes for children 2-8 years old. Mindy used to work at Walt Disney World, would rather be on a snowy mountain than a warm beach, and loves to listen to crime podcasts.

## ABOUT THE OWNER - TRENT

Trent graduated from Purdue University in Business and went on to receive his MBA. He previously was a consultant to many Fortune 500 companies as well as top universities. Trent has owned multiple businesses and is actively involved in his local community.

He became interested in starting a therapy company when his young daughter needed early speech intervention. He was frustrated at the lack of options for these services and decided there was a need for more providers. Therapy Solutions aims to help solve this need with early intervention services at schools, daycare facilities, in-home and at our clinic in Lafayette.



## MISSION AND VISION

Therapy Solutions strives to provide quality therapy to children from birth through adolescence. Our accomplished therapists provide individualized treatment to ensure a child reaches their maximum potential. Therapy Solutions encourages children and enriches lives. It is our vision to continue to grow to equip all children with the tools necessary to communicate effectively, develop motor skills, and learn behaviors necessary to achieve their full potential. We also want to make the therapy accessible to all children that are in need of therapy services.

## CORE VALUES

Therapy Solutions believes that the following values are essential to our team providing the best possible care to the children we serve:

- Honesty
- Integrity
- Ethical
- Provide Positive Environment
- People-Focused

## OUR WEBSITE

If you would like to learn about additional services we offer to our community, please visit our website at [www.therapysolutionsllc.com](http://www.therapysolutionsllc.com) For Any questions, please see our FAQ page.

## FAQ PAGE



## TYPES OF THERAPY SERVICES PROVIDED

- Physical Therapy
- Occupational Therapy
- Speech and Language Therapy
- Feeding Therapy

## WHO WE SERVE

- Infants
- Toddlers
- School-Aged Children
- Teens

## AREAS OF SUPPORT OFFERED

- Sensory Differences
- Emotional Regulation
- Executive Functioning
- Social Skills
- Handwriting & Fine Motor
- Gross Motor, Balance & Coordination
- Toe Walking
- Early Milestone Development (rolling, sitting, crawling, walking)
- Feeding (picky eating & oral motor coordination)
- Torticollis
- Articulation
- Phonology
- Reading & Listening Comprehension
- Apraxia of Speech
- Autism
- Language
- Augmentative and Alternative Forms of Communication (AAC)
- Late Talking
- Parent Coaching



## SCHEDULING OPTIONS

**Recurring Schedule:** Therapists have a certain number of recurring spots available on a weekly basis. If your schedule aligns with an opening of one of our therapists, you will be placed in that recurring time slot.

**Flexible Schedule:** There are a couple of ways to get onto our flexible schedule.

1. If our therapists do not have a recurring time slot open that works for your schedule, you will be placed on the flexible schedule. Our team will call you as we have openings in the schedule that align with your availability. You are also able to call and check for scheduled openings.
2. If your schedule is inconsistent and you are unable to commit to a recurring schedule spot, you can also be placed on the flexible schedule. You can choose if you would like to be notified when there are openings, or if you prefer to call in to schedule yourself on a weekly basis.

## POINTS OF CONTACT

Scheduling and Billing

Front Desk

765-423-7988



## KNOW YOUR BENEFITS

Your health insurance policy/HSA/FSA is a contract between you and your health insurance company(or your employer with the health insurer as the administrative agent). Please be aware that it is your responsibility to know your benefits, rules and regulations. You should be knowledgeable of any deductibles, co-payments, co-insurance, annual visit maximums and prior authorization requirements. If you are not clear about your current health insurance policy benefits you should review your plan's details on your insurers web portal or speak with your employer to learn about your benefits and responsibilities.

## IN-NETWORK STATUS

Therapy Solutions is in-network with the following:

- Anthem Blue Cross Blue Shield
- United Healthcare
- IN Medicaid
- Anthem Medicaid
- Children's Special Health
- MDWISE Hoosier Healthwise
- Managed Health Services (MHS)

As an in-network patient, it is your responsibility to notify us of any change in insurance eligibility or any additional insurance plans. The failure to do so can result in the pausing of services and direct patient financial responsibility.



## OUT-OF-NETWORK STATUS

If you are not in-network with one of the insurers above, Therapy Solutions may still be able to use your insurance as an out-of-network provider if your plan has out-of-network benefits. However, this means we cannot negotiate or guarantee the payment of claims for you. The insurance company will pay you directly. Therapy Solutions will send you an invoice for payment. It is very important that you are familiar with any deductibles, co-payments, co-insurance, annual visit maximums, and any prior authorization requirements, as we cannot perform insurance benefit eligibility for services.

## GOOD FAITH ESTIMATE

A good faith estimate will be prepared to the best of our ability when requested. Insurance companies will not typically give us an exact amount that will be covered before service begins. This estimate is based on your insurance type and historical reimbursement rates from that insurer. This is an estimate only and not a guaranteed price.





## PRIMARY INSURANCE WITH SECONDARY INSURANCE

If you have a primary insurance plan with a secondary insurance (typically Medicaid) we are required to first file a claim with your primary insurance. Once your primary insurance has completed that claim we can then file the remaining patient responsibility to the secondary insurance.

If you are using out-of-network benefits through your insurer we may request and require your support in providing us with copies of the Explanation of Benefits for each claim no later than 14 days of the claim processing. You also agree to pay Therapy Solutions all primary claim funds that are directly reimbursed to the policy holder no later than 14 days after receiving payment from the insurance company. Any delay in this process may result in the pausing of services and direct patient financial responsibility.

## NEW OR UPDATED INSURANCE

You are responsible for contacting our office as soon as possible whenever you have new insurance or become aware of any updates or changes to your existing insurance plan. Any delay in notification may result in the pausing of services and direct patient financial responsibility. You must either call the Clinic Coordinator at 765-423-7988 ext 1 and/or present a copy of your new insurance card (front and back) in person before your next appointment.



## COURTESY INSURANCE FILING

Therapy Solutions will file a claim with your insurance on your behalf. We will start submitting claims from the date that you provide your insurance information.

## PAYMENT

Payment is due at the time of service. This applies to any co-payments, co-insurance or deductible amounts and all other costs for treatment/service not covered by insurance. An active credit/debit card is required to be kept on file to be charged after each visit. If you are paying with an HSA card we will require you to provide a second backup card to be used in the event of the HSA card not being approved.



## ATTENDANCE POLICY

Consistent attendance to therapy is extremely important in helping your child gain the most from services.

The following scenarios are considered, by Therapy Solutions, to be attendance issues (regardless of illness or emergency):

- Excessive cancellations: Attendance rate is below 75% (missing more than 2 out of 8 visits)
- More than 2 no-shows within an 8-week period
- Arriving more than 15 minutes late for 2 or more sessions

Therapy Solutions requires a 24-hour notice for the cancellation of a scheduled session. If you cancel a session late (fewer than 24 hours in advance of the start of the session time), you will be responsible for payment of 50% of the treatment session rate unless the session is rescheduled and attended within a week of the cancellation. Consistency is the key to progress and this policy keeps your child on track towards goals.

If you no-show to your appointment, you will be responsible for paying for 100% of the session cost. Late/no-show fees are not eligible for insurance reimbursement.

If attendance falls below 75% (attending less than 6 out of 8 sessions), the Clinical Management team will review your child's attendance and a warning letter may be sent to remind you of our attendance policy. If attendance does not improve (i.e., there is another late cancellation, a late arrival, or a no-show), it will be recommended that the child be placed on our flex scheduling list or take a break from therapy until a more consistent schedule of therapy sessions can be achieved.



## SICK POLICY

While regular attendance at therapy sessions is crucial for your child's progress, we also understand that children get sick. We want to make the clinic a safe environment for your child and all our clients and staff. We ask that you adhere to the following guidelines in determining whether your child is well enough to attend therapy.

- Children should be free from fever, vomiting, or diarrhea without the use of Tylenol or Ibuprofen for at least 24 hours prior to their appointment.
- A fever is considered to be a temperature at or above 100 ° F.
- Children who are home from school because of an illness should not attend therapy.

Please be cautious about highly contagious illnesses like covid-19\*, pink eye, head lice, scabies, whooping cough, strep throat, hand foot mouth, ringworm, and chicken pox. If your child presents with one of these illnesses, do not bring him/her to therapy until the risk of transmission has passed.

- If your child is lethargic or unable to participate in daily activities due to an illness, please do not bring him/her to therapy.
- If your child develops a fever or falls ill during his/her appointment, we will end the session early. Please remain available/close by to pick your child up, if needed.
- If a sibling or other family member is actively sick and/or contagious, we ask that you also refrain from bringing them into the clinic.

\*If your child has tested positive for covid-19, they should not come to the clinic until they are past day 5 (with day 0 being the start of symptoms and/or a positive test). They can attend sessions on day 6 if they are able to wear a well fitting mask from days 6-10.



## GENERAL POLICIES

When allowing your child to participate in therapy services, the following general policies must be followed:

- Your child can and will participate fully in therapy services and will cooperate and accept our guidance in standards of behavior. Failure to adhere to these standards may result in suspension or termination of services.
- Rules for acceptance and participation in therapy services are the same for everyone, regardless of race, color, ethnicity, religion, or gender.

## SESSION LENGTH POLICY

At Therapy Solutions, we value both providing caregiver education and allowing our therapists the time to wind down a session, transition out, and prepare for the next client. For these reasons, our sessions are:

- 25 minutes of direct treatment followed by 5 minutes of caregiver education and therapist transition time
- 40 minutes of direct treatment followed by 5 minutes of caregiver education and therapist transition time
- 55 minutes of direct treatment followed by 5 minutes of parent education and therapist transition time
- 

For example, if your child receives a 30-minute session scheduled at 8:00 am, you can expect the therapist to conclude treatment activities at 8:25 am. If your child receives a 60-minute session scheduled at 8:00 am, you can expect the therapist to conclude treatment activities at 8:55 am.



## EMERGENCY MEDICAL CARE AUTHORIZATION

In the event of a medical emergency, Therapy Solutions employees will seek care for the client from the closest hospital emergency room, if deemed necessary. In the event of a medical emergency, Therapy Solutions employees will call for an ambulance for transporting the client, if necessary. Emergency room physicians and the physician/practice on file are assumed to have consent to treat the child unless otherwise noted within the child's file in the event the parent/caregiver cannot be reached. The parent/caregiver are responsible for the bill incurred under this authorization. This authorization shall be valid for the time the client is an active client of Therapy Solutions. This is voluntary and parent/caregiver permission may be withdrawn at any time. Such withdrawal shall be submitted in writing to Therapy Solutions and cannot be made to the extent to which action has been taken.

## ACKNOWLEDGEMENT OF RISK

Parents/caregivers acknowledge that there is some risk inherent in the use of the therapy equipment at this clinic and agree to indemnify and hold Therapy Solutions harmless from any and all losses and claims for any injuries or other damages occurring to myself, my child(ren) or our belongings from the use of therapeutic equipment.



## CLINIC POLICIES REGARDING SIBLINGS AND FRIENDS OF CLIENTS

Parents/caregivers are welcome to accompany the child to the waiting room before the therapy session. All accompanying individuals are asked to wait in the waiting room or parking lot. Parents/caregivers are responsible for monitoring their child's play while waiting for their other child to complete their therapy session(s). All siblings or accompanying children must remain in the waiting area throughout the duration of the session.

## CLINICAL EDUCATION POLICY

Therapy Solutions is committed to training students to provide state of the art therapy to children. We often have graduate and doctorate students at the Therapy Solutions clinic to complete their fieldwork placement. These students have completed all of their course work and been interviewed by the clinic's owners, before coming to Therapy Solutions. These students are typically assigned to one therapist and participate in treatment with that therapist. The Therapy Solutions staff therapist always continues to be involved in the therapy session and the child benefits from having the attention of two therapists, which often optimizes the treatment time. Additionally, there will periodically be an individual observing who is interested in pursuing a career in speech, occupational, or physical therapy.



## BEHAVIOR AND AGGRESSION POLICY

Positive attitude and cooperation of all clients is a vital component of therapy services; therefore any violent behavior will not be tolerated. Therapy Solutions reserves the right to determine who is or is not suitable for therapy services and will take all measures to provide a safe and constructive learning environment.

We support a two strikes behavior policy; however, we reserve a zero-tolerance policy regarding violence.

In the case of violent/aggressive behavior by a child, services will be immediately terminated.

- First strike is a written warning signed by the parent and clinical director.
- Second strike will be a consultation with the clinical director and a possible suspension or termination of services.

The aggressive behaviors listed below will not be tolerated.

- Yelling or using raised voice
- Using curse words, derogatory language, or racial/cultural/sexual slurs
- Making threats in any form (verbal, written, text, email, letter, etc.)
- Physical touch or the insinuation of physical harm
- Using bullying techniques (intimidation, excessively talking over others, discrediting the observations or clinical reasoning of others)
- The use of or threat of firearms or other weapons
- Destruction of the physical property of Therapy Solutions

\*This list is not an inclusive list and is subject to the interpretation of the staff member.





## BEHAVIOR AND AGGRESSION POLICY

If you engage in behavior deemed to be aggressive, Therapy Solutions reserves the right to any of the following :

- Document aggressive behaviors in session notes or client files
- End a therapy session early
- Ask you to leave the building
- Request that another caregiver bring your child to therapy
- Discontinue providing therapy and remove your family from our schedules

If you cannot maintain appropriate behavior and continue to threaten the peace of the clinic, we reserve the right to call the police for support.

## CODE OF CONDUCT

Therapy Solutions is committed to providing a safe and welcoming environment for all of our children, parents, volunteers, and staff. To ensure safety and comfort for all we expect all individuals to act in a mature and responsible way that respects the rights and dignity of others. This applies to all staff, students, parents, family members, and guests. Our code of conduct does not permit language or action that can hurt or frighten another person, or that falls below a generally accepted standard of conduct.



## PROVIDER NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOUR CHILD MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

**Uses and Disclosures:** We use health information about your child for treatment, sometimes to obtain payment for treatment, for administrative purposes, and to evaluate the quality of care your child receives. Continuity of care is part of treatment, and your child's records may be shared with other providers to whom you are referred. We will ask for your written authorization before using or disclosing any identifiable health information about your child.

**Your rights:** In most cases, you have the right to look at or get a copy of health information about your child. If you request copies, we will charge you only normal photocopy fees. If you believe that information in your child's record is incorrect, you have the right to request that we correct the existing information.

**Our legal duty:** We are required by law to protect the privacy of your child's information, provide this notice about our information practices, follow the information practices described in this notice, and seek your acknowledgment of receipt of this notice. Before we make a significant change in our policies, we will change our notice and post the new notice on the company website and in the lobby of each clinic location. You can also request a copy of our notice at any time. For more information about our privacy practices, contact the Client Relations Coordinator at your preferred location.

**Complaints:** If you are concerned that we have violated you or your child's privacy rights, or you disagree with our decision about access to your records, please contact the Client Relations Coordinator at your preferred location. You also may send a written complaint to the U.S. Department of Health and Human Services.



## PROVIDER NOTICE DETAIL

*Uses and Disclosures of Protected Health Information:* Following are examples of the types of uses and disclosures of your child's protected health care information that the provider is permitted to make. These examples are not meant to be exhaustive but to describe the types of uses and disclosures.

- *Treatment:* We will use and disclose your child's protected health information to provide, coordinate, or manage your child's health care and any related services. For example, your child's protected health information may be provided to a doctor to whom you have been referred to ensure that the doctor has the necessary information to diagnose or treat you.
- *Incidental Disclosures:* While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, other patients in the treatment or waiting area may see, or overhear discussion of, your child's health information.
- *Payment:* Your child's protected health information will be used, as needed, in activities related to obtaining payment for your child's health care services. For example, obtaining approval for a therapy payment may require that your relevant protected health information be disclosed to your health insurance company or governmental plan to obtain approval.
- *Healthcare Operations:* We may use or disclose, as needed, your child's protected health information in order to support our business activities. For example, when we review employee performance, we may need to look at what an employee has documented in your child's medical record.



- **Business Associates:** We may share your child’s protected health information with a third party ‘business associate’ that performs various activities (e.g., billing, transcription services). Whenever an arrangement between a business associate and us involves the use of disclosure of your child’s protected health information, we will have a written contract that contains terms that will protect the privacy of your child’s protected health information.

**Written Authorization:** Other uses and disclosures of your child’s protected health information will be made only with your written authorization unless otherwise permitted or required by law, as described below. You may revoke your authorization, at any time, in writing.

**Opportunity to Object:** We may use and disclose your child’s protected health information in the following instances. You have the opportunity to object. If you are not present or able to object, then your provider may, using professional judgment, determine whether the disclosure is in your best interest.

- **Emergencies:** In an emergency treatment situation, we will provide you a Notice of Privacy Practices as soon as reasonably practicable after the delivery of treatment.
- **Communication Barriers:** We may use and disclose your child’s protected health information if we have attempted to obtain an acknowledgment from you of our Notice of Privacy Practices but have been unable to do so due to substantial communication barriers, and we determine, using professional judgment, that you would agree.



***Without Opportunity to Object:*** We may use or disclose your child's protected health information in the following situations without your authorization or opportunity to object:

- *Public Health:* For public health purposes to a public health authority or to a person who is at risk of contracting or spreading your child's disease.
- *Abuse or Neglect:* To an appropriate authority to report child abuse or neglect if we believe that your child has been a victim of abuse, neglect, or domestic violence.
- *Legal Proceedings:* In the course of legal proceedings.
- *Law Enforcement:* For law enforcement purposes, such as pertaining to victims of a crime or to prevent a crime.
- *Compliance:* To the Department of Health and Human Services to investigate our compliance.

In general, we may use or disclose your protected health information as required by law and limited to the relevant requirements of the law.



## PARENT RIGHTS

You have the right to:

- Inspect and copy your child’s protected health information. However, we may refuse to provide access to certain information for a civil or criminal proceeding.
- Request a restriction of your child’s protected health information. You may ask us not to use or disclose certain parts of your child’s protected health information for treatment, payment, or healthcare operations. You may also request that information not be disclosed to family members or friends involved in your child’s care. Your request must state the specific restriction requested and to whom you want the restriction to apply. We are not required to agree to a restriction that you may request, but if we do agree, then we must act accordingly.
- Request to receive confidential communications from us by alternative means or at an alternative location. We will accommodate reasonable requests. We may also condition this accommodation by asking you for information as to how payment will be handled or the specification of an alternative address or another method of contact. We will not request an explanation from you regarding the basis for the request.
- Ask us to amend your child’s protected health information. You may request an amendment of protected health information about you. If we deny your request for amendment, you have the right to file a statement of disagreement with us, and your medical record will note the disputed information.
- Obtain a paper copy of this notice from us upon request, even if you have agreed to accept this notice electronically.

