

SCHREIBER PEDIATRIC REHAB CENTER OF LANCASTER COUNTY
ADMINISTRATIVE POLICIES AND PROCEDURES

SECTION: Program Services
SUBJECT: Client Attendance

POLICY NO. 501
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I. POLICY

Clients exhibiting erratic attendance and excessive cancellation rates will be assessed for causative factors and intervention. Further cancellations will result in case review and subsequent disposition.

II. PURPOSE

- A. To help clients meet therapy goals in the most timely, accurate, thorough, responsible, coordinated, and compassionate manner.
- B. To achieve most effective and efficient use of the therapists' time.
- C. To decrease waiting period for clients requiring evaluations and therapy.
- D. To coordinate documentation of the Center's attempts to contact no-shows, for medical-legal reasons.
- E. To record and track on an on-going basis all "no shows" and unexcused absences; along with Social Services and the President communicate with clients relative to enforcement of policies.
- F. To generate "no show" reports periodically to distribute to management.

III. RESPONSIBILITY

The Scheduling Department, Director of Therapy Services and the Social Worker are responsible for all action steps. The Social Worker carries primary responsibility for family and contracting agency communication aspects. Director of Therapy Services and the President hold responsibility for overseeing and full enforcement of the policy.

The Scheduling Department and service providers are responsible for monitoring compliance to Center's attendance requirement. The Social Worker is assigned the primary responsibility of notification of discharge to affected families and advising contracting agencies, MH/MR, IU-13, charter school and others who the Center holds written agreement regarding Center actions. Director of Therapy Services and the President hold responsibility for oversight and enforcement of the policy.

IV. PROCEDURE

- A. The Center's cancellation policy will be thoroughly explained to all families. The process includes a parent/-guardian-signed confirmation that the policy was explained and understood. For Center-based clients, Social Worker will review policy and obtain parent/guardian signature during the intake process. (attachment A) Home-based families will receive a detail review of the policy by assigned case manager therapist and obtain parent/guardian signature during initial therapy session. (attachment B)
- B. Compliance to policy will be monitored by the Scheduling Department and assigned therapist.
- C. When a therapist incurs an event where either a no-show or there has been a trend toward excessive cancellations (more than two cancellations in a month or 50% of the sessions scheduled, therapists leave message for the Director of Therapy Services. The Director of Therapy Services will then issue a personal letter to the family, stating the number of sessions and possible consequences if absences continue. (See attachment)
- D. Client Scheduler would do the following for:
No-shows – issue warning letter reminding parent/guardian of policy and fee requirement to continue service (MH/MR, IU-13 clients are excluded from fee requirement). Should a second no-show event occur within a six-month time period, Client Scheduler would notify Social Worker to issue discharge letter. Fees for no-shows are: Evaluations - \$50.00 and Treatment Sessions - \$25.00.

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Frequent Cancellations –

- (1) If client cancels two (2) or more days within a month or 50% of the daily sessions scheduled, Client Scheduler will issue a warning letter to parent/guardian. Parent/guardian must contact Client Scheduler to determine if schedule needs adjustment.
- (2) Second Occurrence – If the client has a third cancellation without acceptable cause, the assigned time slot will be re-allocated to another child. A letter will be sent from Client Scheduler advising that child could be re-assigned to waiting list if Client Scheduler is contacted within 48 hours. Failure to contact Client Scheduler will result in automatic discharge "Due to Attendance."
- (3) Repetitive Event – should client incur a fourth cancellation event, they will automatically be assigned a discharge Due to Attendance notification.

F. Social Work

Is responsible for issuing all notifications regarding change in service status. Such notification includes advisement of MH/MR, IU-13 or other contract holders of Center's decision to elect to discontinue provision of service with involved client, highlighting that Center's communication clearly indicates that individual is being discharged from Center only and that referral source is still responsible for finding alternative for family.

G. Service Reinstatement/Continuance

The Center reserves the right to re-admit any child at its discretion after review of additional information that was not available at the time discharge for attendance decision was made. These rights are assigned to President, involved therapist or Social Worker, if special circumstances exist.

H. Clients previously discharged due to attendance are subject to an attendance policy where one No Show equals discharge (permanent). Social Services will have parent sign this attendance policy. Schedulers would inform Social Services if family no shows and Social Services would send discharge letter due to continued attendance problem. See Attachment.

I. On Hold Clients

Medical – A child may be placed on medical hold for a duration of three (3) months that child's day and time will be held for potential return. At the end of the 3 month cycle, the child will either resume therapy or be discharged from current time period.

Elective – Upon request of a parent/caregiver for child to be placed on hold due to school events, vacations, insurance issues or other extended leaves from therapy, the child's chart will remain open, but current day and time for treatment will not be held. At the end of the 3 month cycle, the family would contact the Center's Client Scheduler to reinstate services. If no contact is made from the family after 3 months, automatic discharge will occur.

V. DATE PREPARED: January 1991

VI. REVISED: 6/92, 2/93, 3/95, 10/95, 1/96, 9/30/98, 12/28/98, 3/2000, 6/2001, 2/8/2002, 3/2004, 1/2008, 4/8/2011, 5/11/2012

President

**Schreiber Pediatric Rehab Center
Center-Based Services
Attendance Policy**

Client Name _____

The Schreiber Pediatric Rehab Center believes that therapy provides the best results when it becomes a part of the family and child's daily routines and activities. We encourage regular participation in therapy sessions in order to benefit the child to his/her greatest capacity. In an effort to try and help support the many families that are on the waiting list for therapy, the Schreiber Pediatric Rehab Center has established a new policy regarding client attendance.

No Shows: No Shows are defined as missing your session. Calling after the session start time will also be considered a No Show. If you have a No Show, you will be charged a fee for the session (for those with Primary and Secondary Insurance Only). You will not be seen until your fee is paid. A second No Show will result in immediate discharge from services. If you were previously discharged due to attendance, one No Show will result in immediate discharge from services.

Illness: The Center understands that children become ill unexpectedly. However, please make every effort to notify the Center in advance of your child's therapy session if they are too ill to attend. **Parents should give 48 to 24 hours notice for any cancellation.**

Frequent Cancellations: Frequent cancellation is defined as missing two or more daily sessions or 50% of your sessions in a month. Frequent cancellations may also result in loss of time slot and potentially discharge from the Center due to accumulated attendance problems.

First Warning: A letter will be sent to let you know about the attendance problem.

Second Warning: Your child's time slot will be taken away. You must call in within 48 hours to the scheduling department to be placed on a wait list for services. If you do not call in, your child will be discharged from services. If you were previously discharged due to attendance, you will be discharged immediately.

Please note: If one of your therapists cancels a session, you are still expected to make any other scheduled sessions that day.

On Hold Status: The Center will be unable to hold a specific treatment day and time for elective extended absences; however, for medical purposes, a three (3) month "hold" time will be accepted.

It is important to communicate with the Center if your child will be missing a therapy session. We appreciate your understanding and cooperation with the Schreiber Pediatric Rehab Center's efforts to serve as many children possible in need of therapy.

Parent/Guardian Signature

Date

**Schreiber Pediatric Rehab Center
Natural Environment Services
"No Show" Attendance Policy Agreement**

Client Name _____

The Center has adopted the following policy to assist families and therapists in maximizing their desire to integrate Early Intervention services into the family and child's daily routine and activities. The relationship between a family and the Early Intervention professional working with child is critical in the provision of supports.

As part of the relationship, families are responsible to notify the Client Scheduler at Schreiber Center at least 24 to 48 hours if they are unable to keep their scheduled appointment. When an Early Intervention provider arrives at the agreed upon location to provide support service and the child, parent or caregiver are not available to receive support, this will be called a "No Show."

The First "No Show"

Following the first "No Show", the early intervention provider will notify the child's support coordinator or special education consultant to engage in a discussion. If the occurrence was due to an emergency, no further action will be taken. If the "no show" was not due to an emergency, the provider and support coordinator will discuss next steps which will include the provider's responsibility to contact the family to determine the next scheduled appointment.

The Second "No Show"

The child's support coordinator or special education consultant will be contacted following a second "No Show" which occurs within a two-month period or at anytime there are concerns about participation in the early intervention session. The support coordinator or special education consultant will contact the family regarding the recurrent absences to determine if changes need to be made to the IFSP or IEP and schedule a team meeting if necessary.

The Third "No Show"

After the third "No Show" within a two month period, the Center reserves the right to end support with the family. The provider will call the support coordinator or special education consultant to let them know that they will no longer be supporting the IFSP or IEP for this child. The support coordinator or special education consultant will contact the team to review the appropriateness of the current IFSP or IEP. A letter regarding the "no shows" will be sent out following the third "no show."

Parent/Guardian Signature

Date