



**CARING FOR FAMILIES
SINCE 1942**



PARENT HANDBOOK



Montlake Clinic

1850 Boyer Ave. E.
Seattle, WA 98112

(206) 325-8477

www.boyercc.org | info@boyercc.org

Magnuson Park Clinic

7821 62nd Ave NE
Seattle, WA 98115



BOYER CHILDREN'S CLINIC PARENT HANDBOOK

TABLE OF CONTENTS

INTRODUCTION

| | |
|---------------------------------------|---|
| History of Boyer Children's Clinic | 1 |
| Organization Statements | 2 |
| Directions to Boyer Children's Clinic | 3 |
| Staff Roster | 4 |

PROGRAM INFORMATION

| | |
|---------------------------------------|----|
| Referral Questions | 4 |
| Nurse Coordinator Services | 5 |
| Family Services | 5 |
| Family Resources Coordination | 6 |
| Medical Consultation | 6 |
| Therapy Services | 7 |
| Educational Services | 8 |
| Parent Toddler Playgroups | 9 |
| Individual Family Service Plan (IFSP) | 10 |
| Interpreters and Transportation | 12 |
| Transitions | 13 |
| Termination of Services | 13 |

RESOURCES FOR PARENTS

| | |
|-----------------------------------|----|
| General Information for Parents | 14 |
| If You Have a Question or Problem | 15 |
| Grievance Policy | 16 |
| Your Child's Records | 19 |

FINANCES

| | |
|--------------------------------|----|
| Funding Resources | 20 |
| Fundraising and Support | 20 |
| Policy for Payment of Services | 22 |
| Fees for Service | 23 |

EMERGENCY

| | |
|--|----|
| Emergency Procedures, including Snow Closure | 23 |
| Guidelines to Handling Illness in Children | 24 |

PROTECTIVE INTERVENTION

| | |
|--|----|
| Policy & Procedures on Protective Intervention | 25 |
|--|----|

CONFIDENTIALITY

| | |
|----------------------------------|----|
| Family Confidentiality Agreement | 25 |
|----------------------------------|----|

HISTORY OF BOYER CHILDREN'S CLINIC

The agency was formed by a group of doctors, parents and volunteers, who began services in a one-room office in 1942. Enrollment swelled to 100 children, requiring a larger facility. Women volunteers formed Auxiliary units and incorporated as the Spastic Aid Council, Inc. in 1947 and operated the Spastic Children's Clinic and Preschool. A down payment was made on the existing building at 1850 Boyer Avenue East, then owned by the Presbyterian Church. The Kiwanis stepped forward and performed the first of many generous deeds by providing \$7,000 of the \$8,000 purchase price. Several renovations were made over the years in order to make the facility suitable to the special needs of children with cerebral palsy.

The women's volunteer groups grew dramatically in the fifties and sixties. At one time there were more than 900 women in the Spastic Auxiliary Units. They supported the agency through fund-raising events and initially provided administrative supervision. The Auxiliary was the chief support for Boyer until 1968 when the agency joined United Way and changed to a community Board of Directors. The agency had to seek other means for community support when Auxiliary groups dwindled as more women joined the work force.

In 1972, the Spastic Children's Clinic and Preschool was renamed Children's Clinic and Preschool. Later, in 1986, the agency was reincorporated as Boyer Children's Clinic.

Throughout its history, Boyer staff, Board, parents and volunteers have played active roles in establishing services in the community for children with cerebral palsy and other neuromuscular disorders. Boyer promoted acceptance of children with cerebral palsy into the public schools in the fifties. It has provided trained staff in outlying areas through its professional education program which began in the late sixties. Boyer was one of two programs (the other a hospital) upon which the state modeled its Neuromuscular Center Program. In the late seventies, Boyer trained doctors to identify infants at an early age so they could receive the benefits of early intervention.

Since 1968, Boyer Children's Clinic has had a major impact on the treatment of children with cerebral palsy in the United States. In that year, Boyer became a leading training center for the NeuroDevelopmental Treatment Method (NDT), a standard therapy method for children with cerebral palsy. More than 1,700 doctors, nurses, teachers, physical, occupational and speech therapists have come from 46 states, 6 Canadian provinces, Mexico, South Africa, Sweden, Puerto Rico, Belgium, India and New Zealand, to be trained in the NDT method. In the Northwest alone, students have come from 66 separate cities in Washington, 14 in Oregon, 5 in Alaska, 5 in Idaho, and 17 in British Columbia.

In August of 1991, the original building at 1850 Boyer Avenue East was demolished and a new building was constructed. During the year of construction, the program continued at a temporary site. In September 1992, the new facility was opened and an Open House was held in April 1993.

In 2015, a \$1.1 million Capital Campaign was publicly launched to support the opening of a second clinic. Boyer had been operating at capacity for quite some time, and the expansion deemed necessary to meet the ever-growing needs of the community. In July of 2016, the Campaign was completed, and Boyer Magnuson Park welcomed its first clients.

ORGANIZATION STATEMENTS

Mission Statement

Boyer Children's Clinic improves the quality of life of children with neuromuscular disorders or other developmental delays by providing the best solutions for each child and family.

Vision

Each child in the Greater Seattle area will have the opportunity to reach his/her full developmental potential, and each family will have the skills and support to parent its child.

Core Values

- 1) Promote independence and physical, cognitive, behavioral, communication, emotional and social growth in children.
- 2) Deliver services in a culturally sensitive, family-centered manner.
- 3) Provide services to children and their families regardless of their ability to pay.
- 4) Cultivate and support exceptional staff who develop and delivers the highest quality services in a team environment.
- 5) Foster ongoing working relationships with key health, business, civic and educational partners.

- 6) Encourage and support diversity in all phases of the agency's operations.

Message to the Boyer Community

Boyer Children's Clinic has a rich 75 year history of providing Early Intervention services to the Seattle community and surrounding Puget Sound area. We serve families regardless of their immigration status, their ability to pay, their race, sexual orientation or religion. The diversity of our clients is in large part what makes us so strongly supportive of the children and families we serve. We want to assure the Boyer community that children and families will continue to receive the highest quality education, therapy, medical and family support services regardless of their nationality, race or religion.

We reaffirm our continued and unwavering commitment to create and foster an inclusive, diverse, and welcoming community. Boyer is proud to embrace these core values and grateful that we can walk together with our many community partners to ensure that every child has the opportunity to reach his/her full developmental potential.

DIRECTIONS TO BOYER CHILDREN'S CLINIC

Boyer Children's Clinic-Montlake: 1850 Boyer Avenue East, Seattle, WA 98112

Coming from North Seattle:

1. Drive on I-5 South to exit 168B (Bellevue, Kirkland) and on to 520 East.
2. Take the 1st exit, Montlake Boulevard.
3. Turn right off the exit onto Montlake Boulevard (within a few blocks the street name changes to 23rd Avenue).
4. At the third light turn right onto Boyer Avenue East.

Coming from South Seattle:

1. Drive on I-5 North to exit 168B (Bellevue, Kirkland) and on to 520 East.
2. Take the 1st exit, Montlake Boulevard.
3. Turn right off the exit onto Mountlake Boulevard (within a few blocks the street name changes to 23rd Avenue).
4. At the third light turn right onto Boyer Avenue East.

Coming from the Eastside:

1. Drive on 520 West and proceed west over the Evergreen Point Bridge. Please note, there is a toll charged to cross the 520 Bridge.
2. Take the Lake Washington Boulevard Exit.
3. At the stop sign, turn left onto Montlake Boulevard (within a few blocks the street name changes to 23rd Avenue).
4. At the third light turn right onto Boyer Avenue East.

Boyer Children's Clinic-Magnuson Park: 7821 62nd Ave NE, Seattle, WA 98115

Coming from North Seattle:

1. Drive on I-5 South to exit 172 and take the ramp right for N 85th St.
2. Bear left onto NE 80th St.
3. Bear left onto WA-522/Lake City Way NE.
4. Turn right onto NE 95th St.
5. Bear right onto Sand Point Way NE.
6. Turn left onto NE 74th St.
7. Take an immediate left onto 62nd Ave NE.
8. Continue past The Mountaineers building and drive under the bridge.
9. Continue past the Arena Sports building. Boyer Children's Clinic is on the 2nd floor of the building to your left.

Bus Information

Call King County Department of Transportation Metro Transit at (206) 553-3000 for bus service information.

Bus routes #43 and #48 have stops along 24th Avenue near the Montlake Boulevard East intersection.

Parking

Curbside parking is available on streets around the building.

For drop-offs or pick-ups, 15-minute parking is allowed in the semi-circular driveway in front of the building's main entrance.

Off of Howe Street is the entrance to the parking garage beneath the building. There are spaces designated for disabled parking.

Building Access

From the parking garage, please use the elevator to the first floor lobby.

The main entrance is at the front of the building on Boyer Avenue East. Introduce yourself to the front desk staff, then take the elevator to the 2nd floor. For your use as a waiting room, there is a Family Room to your immediate right as you exit the elevator.

BOYER CHILDREN'S CLINIC LEADERSHIP TEAM

- Michael K. Stewart Executive Director
- Tammy Helgeson Chief Financial Officer
- Ellen Kuo Director of Development
- Gay Naganuma Burton Program Director/Physical Therapist
- Denise Swanson Education Dept. Coordinator
- Jennifer Thies Family Support Services Dept. Coordinator
- Emily Myers, M.D. Medical Director
- Beth McCarthy Therapy Dept. Coordinator/Physical Therapist

REFERRAL QUESTIONS

WHO IS SERVED AT BOYER CHILDREN'S CLINIC?

Boyer Children's Clinic primarily serves children from birth to three years of age. Most of these children demonstrate delays in their development, which may include: stiff or floppy muscle tone, difficulty moving their arms and legs in a coordinated manner, difficulty eating and drinking, delayed development of speech and communication, and/or delays in learning and processing information. The children may be diagnosed with cerebral palsy or other neuromuscular conditions, genetic disorders or development delay. Boyer also serves children who are typically developing and participate in our Toddler Groups.

HOW ARE CHILDREN REFERRED?

A family member, nurse, physician, therapist or an individual from any other community resource can refer a child. The Intake Coordinator evaluates all possible new referrals to determine whether our program is appropriate for the child. If not, the child is referred to the appropriate facility.

WHAT HAPPENS AFTER A CHILD IS REFERRED?

An initial intake assessment is scheduled for each new child. Based on the results of this assessment, plans for the child's program are made with the parents. A Family Resources Coordinator is assigned to each child and family to coordinate the child's program and to assist the parents with any questions or problems that may develop. Within 45 days of a child being referred to Boyer, a parent conference is held to develop a written plan for an individualized program (See section regarding Individual Family Service Plan).

NURSE COORDINATOR SERVICES

Health Care – Assurance that all children have primary and coordinated medical care in the community, and when indicated, dental, vision, hearing, and special medical care.

Acute Health Problems – Assistance in dealing with acute problems such as injuries, seizures, sudden illness.

Ongoing Health Problems – Consultation for special concerns such as constipation, nutrition, and weight management, including referral as indicated.

FAMILY SERVICES

The following services are available to children and families by the Social Worker:

- Evaluation of child's social and emotional behavior, including child's behavior within the family, child's social interaction with peers, and child's participation in the community/neighborhood.
- Support around any concerns parents have about their child's behavior (tantrums, sleeping problems, aggression, immaturity, fears).
- Assistance to parents in dealing with family concerns (i.e., adjust to having a child with a developmental delay, coping as a single parent, enhancing family relationships, improving family communication, issues for siblings of a child with developmental delays).
- Individual sessions, parent groups, Father's Evenings, Moms to Moms support group, and couples workshops.
- Evening appointments for working parents can be scheduled. Services may be provided at the clinic or in the child's home.

FAMILY RESOURCES COORDINATION

Services available to families by the Family Resources Coordinator:

- Assistance to the family and child in gaining access to the Part C Early Intervention services and other resources identified in the Individual Family Service Plan (IFSP).
- Interpreters for meetings and Early Interventions services are provided at no cost to the family.
- Coordination of evaluations/assessments.
- Information and referral to outside community resources (i.e., interpreters, financial assistance, SSI, childcare, community-based preschool, transportation).
- Facilitation of the development and review of the IFSP.
- Information to families regarding advocacy and parent support services.
- Facilitation of the transition plan to preschool services.

MEDICAL CONSULTATION

Medical consultation is available at Boyer Children's Clinic for continuity of the medical, therapy and educational programs. It is not intended to replace primary health care with the child's own primary care provider.

Medical Staff

Emily Myers, M.D. - Medical Director

Assistant Professor, Developmental and Behavioral Pediatrics, Seattle Children's Hospital
Many new children are initially seen by the medical director for diagnosis and evaluation of program needs. If the child's medical management is provided by another developmental pediatrician, a specialty clinic at Seattle Children's Hospital, or the UW Center for Human Development and Disability, the child's chart may be reviewed in lieu of an in-person medical evaluation. Children can be seen at any other time at the parent's request. Appointments with Dr. Myers will be billed to your child's medical insurance or medical coupon if applicable. If you are interested in an appointment with Dr. Myers, please talk to your child's team.

Dr. Myers is a developmental pediatrician who graduated from the University Of Washington School Of Medicine and completed her Pediatric Residency at the University of Chicago. She is an Assistant Professor at the University of Washington and is affiliated with Seattle Children's Hospital (Developmental Medicine) and the SCH Autism Center. Her clinical interests include: children with behavior, speech, social interaction or school performance difficulties

Ophthalmology Consultation

A vision-screening clinic is available, as needed, generally one time per year. Children who are determined to have eye problems are referred on for a complete examination in the community.

THERAPY SERVICES

The Therapy Department provides physical, occupational and speech-language therapy for children who have a delay or a disorder in the development of movement, communication and/or eating. Our approach to motor therapy is based primarily on neuro-developmental treatment principles as well as other accepted therapy interventions such as sensory integration. Speech-language therapy incorporates normal developmental processes as well as strategies for alternative communication. Therapy services are provided in settings that are meaningful to the child and family such as home, daycare or preschool. Parents and other caregivers are taught activities they can do with the child to encourage emerging skills.

The primary aim of physical and occupational therapy is to assist the child's development of motor control for functional skills important to their daily lives. This may include helping the child develop balance for sitting, or coordination and strength for crawling and walking. Therapists help the child develop the ability to reach with accuracy and manipulate toys and objects in order to play, self-feed, and engage in other self-care skills such as dressing and toileting. In general, physical therapists focus on the development of the child's large muscles, which are used for gross motor skills such as rolling, sitting and walking. Occupational therapists look at the precise movements of the small muscles, which are used for fine motor skills such as turning pages of a book or eating with a spoon. Some children feel confused or over-stimulated by all the sensory experiences in their environment, such as touch, sound and movement. Therapists help these children organize, understand and respond to sensory information from their environment. The roles of the occupational and physical therapist may overlap as the functional motor skills of the whole child are addressed.

Speech and language therapy is available for children who need assistance in the area of communication development. These children may have difficulty with sound production (speech), understanding and using words (language), or with skills considered prerequisite to speech and language, such as problem-solving and social skills. Both receptive (what the child understands) and expressive (what the child is able to communicate to someone else) skills are addressed in therapy. Alternative methods of communication such as manual signs or pictures may be used with children who are not yet ready to generate spoken words. Speech-language pathologists, occupational therapists and physical therapists may also provide therapy to improve a child's ability to eat and drink orally.

EDUCATIONAL SERVICES

At Boyer Children's Clinic we believe that:

- Every child is capable of learning.
- Parents and the community are the most essential partners in the lifelong learning process.
- Learning is accomplished through functional integrated play.
- A warm and accepting classroom environment promotes self-esteem, cooperation and respect for diversity.

Boyer Children's Clinic's education program provides special instruction services for developmentally delayed children from birth to three years of age. The primary purpose of these educational services is to help each child maximize their growth in all areas of development and to minimize the effects of the disability. Home, community or parent toddler playgroups are available services.

A variety of parent toddler playgroups exist. Year round groups for 10 to 18 month olds are offered for an hour weekly. Children 18 months to 3 years have an option of two hours a day and two days a week, depending on the family. The playgroup staff strive to create an environment that takes into account the child's developmental abilities with special attention to each child's individual needs.

Parents have an active role in their child's educational program. The playgroups provide a place where families can learn new activities and techniques, share concerns and observations about their child, and learn more about their child's abilities in a group setting. Skills a child and family have learned at home or in an individual therapy setting can be generalized to the more challenging group setting. Toys and learning materials are selected or adapted to challenge a child's thinking abilities and social skills without overtaxing physical abilities to promote successful, independent exploration while meeting each child at their ability.

In the summer, a special program is offered for 3 to 5 year olds as a tuition-based group. This program promotes independence and social skills while working on each child's abilities to maintain their skills for following a routine and maintaining structure in their young lives.

PARENT TODDLER PLAYGROUPS

The parent toddler playgroups at Boyer Children's Clinic are "inclusive." These inclusive groups are held in classrooms/teaching spaces and provide a safe, caring environment and a creative, fun atmosphere, where children of differing abilities can grow and learn together. These groups are a setting where children with developmental delays and children who are typically developing play and learn together. It offers the best of both worlds for both groups of children. Parents of children with developmental delays participate in the playgroups in order to carry-over educational and therapeutic techniques helping their children generalize new skills to multiple settings. Parents of children who are typically developing can choose to participate, at any time.

The parent toddler playgroups include group and individual developmental activities including motor, manipulative, sensory, listening, problem-solving and social activities. The emphasis is on developing a respect for diversity of abilities and promoting self-esteem through the encouragement of each child's strengths.

Each playgroup has a daily schedule* that includes:

Structured play, around a selected theme

Sensory play and/or art activity

Music/Circle time

Snack

Gross motor play

Free play or story time

**The amount of time spent on each activity varies with the time spent in playgroup*

A playgroup roadmap is available to parents for a more thorough explanation of group activities. During group, children learn social skills such as sharing, turn-taking, requesting and inviting others to play. There is time to practice feeding, toileting and hygiene skills each day. Communication and language are stressed throughout each playgroup session. The playgroups provide a safe and reinforcing place to practice skills learned in therapies. Therapies can often be done in cooperation with the playgroup. Our goal is to have each child experience success in a variety of ways, thus building their confidence in their own ability to grow and learn.

Parents are asked to provide their child with the following items each day:

1. A snack: fruit, crackers, sandwich, something your child enjoys or needs to practice eating.
2. A drink.
3. Diapers.
4. A change of clothes.
5. A notebook for exchanging information with the teacher and/or therapists. (optional)
6. Please put your child's name on his/her bag, snack containers and clothing items.
7. Classrooms are a nut free zone. Please do not bring any kind of nut into the rooms/playgroups. Please wash your hands and brush your teeth after eating or touching nuts.

Note: Bibs, bowls, cups and utensils are provided by the playgroup.

INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

In order to develop an Individual Family Service Plan, a meeting will take place between parents, any support persons the parents wish to include and team members, which may include your child's teacher, therapists and the Family Resources Coordinator. This meeting must occur within 45 days after the child has been referred to Boyer Children's Clinic and the family indicates a desire to pursue services from Boyer Children's Clinic. The IFSP is a document generated by parents, the Family Resources Coordinator and team members to address a child's individual developmental needs, as well as those of the family.

The initial IFSP must be completed before a child can begin receiving services.

Changes in the program can be made at any time to accommodate you or your child's needs.

The following steps are a suggested outline for the IFSP process:

- 1. A developmental assessment is completed by the appropriate team members.**
 - a. Parent participation during the assessment provides us with valuable information about your child's abilities and delays in the developmental areas identified during the intake appointment. It also gives us the opportunity to discuss with the parents what we are doing during the assessment process.
 - b. You will be asked about your child's abilities with regard to:
 - Cognition
 - Communication (receptive & expressive language)
 - Social
 - Motor (gross & fine)
 - Adaptive (self-help)
 - c. Recent assessment information will be utilized and not duplicated.
- 2. You will have the opportunity to discuss with your Family Resources Coordinator:**
 - a. Your Family Cost Participation, including your responsibilities for deductible, co-insurance and co-pays, or a monthly fee payment.
 - b. Your Family Statement – an optional opportunity for you to share about your child's and your family's strengths and resources, your concerns about your child, and your family's priorities for your child's early intervention services.
- 3. A time and date are set for parents to meet with the child's team to develop the IFSP.**
 - a. Parents are invited to ask any family members, friends or other support persons to attend this meeting.
 - b. Prior to the meeting, parents may wish to:
 - write down any questions they would like to ask the team
 - think about family routines and daily activities that are challenging because of the child's delays
 - think of functional skills that they want their child to achieve
- 4. At the IFSP meeting, a written plan will be developed for the child and family. Parents will participate with the team in making decisions regarding outcomes and services. The Initial IFSP will include the following:**
 - a. Evaluation Results in the following areas of development

- cognitive skills
 - receptive and expressive language skills
 - gross and fine motor skills
 - social-emotional skills
 - adaptive (self-help) skills
 - physical health (including vision and hearing)
- b. Child Outcome Summary – a summary of your child’s functioning in the following areas:
 - Positive social-emotional skills
 - Acquisition and use of knowledge and skills
 - Use of appropriate behaviors to meet their needs
 - c. Family Statement
 - Child/Family Routines and Activities
 - d. Functional Outcomes
 - e. Early Intervention Services (to address the outcomes)
 - including the frequency, intensity and location of service delivery
 - funding sources for each service
5. **If parents and the team are unable to agree upon a program for the child, parents have the right to request mediation and/or an impartial hearing. The Parent's Right's Brochure provides additional information.**
 6. **The services and benefits that may be expected when receiving Early Intervention services include:**
 - a. Evaluation for eligibility at no cost to the family
 - b. Coaching from a therapist and/or educator on how to help their child
 - c. Support from a Family Resources Coordinator who advocates for you and your child and helps you to advocate for your child
 - d. Assistance with transition to Part B services or to community services at age three.
 7. **Expectations of the parents/family whose child is receiving Early Intervention services include:**
 - a. To participate in services
 - b. To carry over therapeutic intervention strategies as taught/modeled by the Early Intervention providers
 - c. To call Boyer to cancel if your child is sick or has another appointment or if you will be out of town and not available for Early Intervention services
 - d. To inform your FRC if there are changes to your insurance benefits
 8. **This plan will be reviewed with parents within six months or sooner if requested by the family.**
 9. **The IFSP must be reviewed every time there is a change to your child’s therapy or education services, including the frequency, intensity or location.**
 10. **A Transition Meeting must occur at least 3 months prior to the child’s third birthday. At this meeting a Transition Plan is written to identify the steps necessary to prepare for the changes in the child's program when the child turns three.**

INTERPRETERS AND TRANSPORTATION

Interpreters

To maximize the family's understanding and participation, interpreters are provided at all meetings and Early Intervention services, at no cost to the family. Notify your child's Family Resources Coordinator to request an interpreter. Please allow three days advance notice.

Transportation is provided by:

1. Family/Caregiver

2. **Medicaid Transportation** -- In partnership with the Department of Social and Health Services (DSHS), Hopelink* coordinates transportation to and from medical appointments for low income residents on Medicaid assistance. Child must be accompanied by a parent/guardian for transportation.

To qualify, customers must:

- Have a current Medical Assistance Identification Card.
- Have no other way to reach their medical appointment.
- Be going to a medical service covered by their Medicaid program.
- Have documentation from their primary care provider about the medical necessity of transportation to this appointment.

** When you need to cancel the Hopelink Transportation for your child, call Hopelink at (800) 595-2172 at least three hours ahead of the scheduled pick-up time. Boyer reserves the right to suspend transportation service if the family fails to cancel two scheduled rides. Transportation can be reinstated by contacting your Family Resources Coordinator.*

If a family does not meet the financial criteria, but has no other means of bringing their child to the agency programs, transportation assistance may be available through Part C monies.

Boyer Children's Clinic works with each request for transportation assistance individually, and attempts to help the family in any way possible.

Hopelink also offers public transit passes, gas cards, or mileage reimbursement for low-income families transporting their children to and from Medicaid-covered medical appointments. Please contact your Family Resources Coordinator for more information.

3. **School Districts** provide transportation for children over three years of age served at Boyer Children's Clinic under contract with that district.

TRANSITIONS

Early Intervention Services are offered in the child's natural environment. Babies generally receive therapy in the home. When a child is older, it may be helpful for the child and parent to participate in therapy in a more challenging setting out in the community. This creates an environment where the child learns to adapt to new situations and parents have an opportunity to meet other parents.

Around 18 months of age, if the child does not have a community-based group to participate in, it may be appropriate for the child to join one of the parent toddler playgroups provided by Boyer. The parent toddler playgroups provide the child and parent with an opportunity to participate in a group learning experience and allows for the practice of social, self-help, play, motor, and communication skills.

At age three years, children may be eligible for the special education programs offered by the local school district. The Family Resources Coordinator works with each family to facilitate this transition.

In order to communicate with your school district, the following are the contact phone numbers:

School District Contact Numbers (Preschool Referrals)

| | |
|------------------------|-----------------------|
| BELLEVUE | (425) 456-4149 |
| HIGHLINE | (206) 433-2125 |
| LAKE WASHINGTON | (425) 702-3201 |
| MERCER ISLAND | (206) 236-3330 |
| NORTHSHORE | (425) 408-5570 |
| RENTON | (425) 204-2300 |
| SEATTLE | (206) 252-0809 |
| SHORELINE | (206) 361-4254 |
| VASHON | (206) 463-2121 |

TERMINATION OF SERVICES

Children are discharged from Boyer Children's Clinic when they no longer qualify for services, usually because the child's skills are age appropriate or when the child turns three years old. Boyer Children's Clinic reserves the right to terminate services for a child and family because of poor attendance for services as defined in their Individual Family Service Plan (IFSP). A Program Attendance Agreement is completed at the time of each IFSP meeting. If a child misses appointments repeatedly, the child's team will review the specific circumstances and attempt to find an alternative service delivery model that is suitable for the needs of the family.

GENERAL INFORMATION FOR PARENTS

Communicating with Boyer Staff

1. Email

Boyer is committed to protecting the confidentiality of our clients. When sending emails to families that include a child's name, diagnosis, or any other sensitive information, our staff will send a secure message with the keyword “#confidential” in the subject line. In order to read the email, recipients will be prompted to log in with a Microsoft account or enter a “one-time passcode.” You will then be able to view and reply to the message via the secure message portal.

2. Phone

Please call the clinic main number (206) 325-8477 to speak with Boyer staff.

When calling after hours, please follow the prompts on the after-hours recording to leave a voicemail. Your message will be directed to the appropriate staff member. Include your name, your child's name, your phone number, and the reason for your call.

The after-hours recording also has an option that will direct you to a voicemail box specifically for appointment cancellations.

Diaper Changing

There are diaper changing areas in the lavatories located between the classrooms and in the large upstairs treatment room. Please use the “changing table paper” and throw away the paper after you have finished changing the diaper. Please use only these areas for changing and disposing of diapers.

Parent Information

Our Nurse Coordinators, Family Resources Coordinators, and Social Worker maintain current files on child development issues as well as on community resources such as child care, social service agencies, financial support services for families, and state programs. We are happy to research a specific topic for your family and to link you with an appropriate agency or service. Our frequent contact with other community agencies, including Children's Hospital, the Division of Developmental Disabilities, the Community Information Line and the Pediatric Referral Service, can help us locate the most appropriate service for your family.

Phone Calls

Please ask the Medical Secretary when you wish to make a phone call. We will make calls for parents to arrange transportation or call a taxi. Due to our limited phone system, families may use only the phone in the lobby. **Please keep personal calls to under five minutes and speak softly, as staff are working. Please do not use your cell phone in the classrooms.**

Nut-Free Zones

Due to existing and potential life-threatening food allergies, the classrooms and 2nd floor gym are designated as “Nut-Free Zones”. Please do not bring nuts or snacks that contain nut products.

Wireless Internet Available

If you have a laptop and want to access the internet while you are at Boyer, we have a wireless network available for your convenience. Boyer receptionists can provide you with the information to connect to Wi-Fi.

IF YOU HAVE A QUESTION OR PROBLEM

If you question a decision regarding your child’s program, please discuss it with the person responsible for that decision. A general rule of thumb is to talk to the staff member most directly involved or your child's Family Resource Coordinator. If there is a general problem and there is a question regarding whom to consult, the person with whom the parent is working most closely with will answer the question or direct it to someone who can offer the appropriate assistance. If further assistance is needed, the following staff members can be of help:

- Education.....Denise Swanson**
- Therapy.....Beth McCarthy**
- Medical.....Jennifer Thies or Emily Myers, M.D.**
- Family Services.....Jennifer Thies or Bill Scott**
- Billing.....Stephanie Krum**

If a problem or issue is not settled at this level, see Gay Naganuma Burton, Program Director.

If these efforts have been made and there is no satisfaction, refer to Michael Stewart, Executive Director.

If you feel the decision is a breach of your child’s rights or is a matter of agency policy, a written appeal should be made to the Board of Directors.

If you wish to consult an outside advocate, please contact the WA State Department of Early Learning, Early Support for Infants and Toddlers, at (360) 725-3500.

GRIEVANCE POLICY

If you disagree with an early intervention services contractor or early intervention services provider on the identification, evaluation, placement of your child, or provision of appropriate early intervention services to your child or family, you may request a timely resolution of your concerns.

The following is an overview of three formal procedures available to you for dispute resolution. These include mediation, an impartial due process hearing and an administrative complaint.

Mediation

Mediation provides an opportunity for you to resolve a disagreement in a non-adversarial way. It is voluntary and must be freely agreed to by both parties. Mediation must be completed in a timely manner following receipt by the state lead agency of a request for mediation and may not be used to deny or delay your rights to an impartial due process hearing or to deny any of your other rights under Part C. The mediation will be scheduled in a timely manner and held in a location that is convenient to both parties. A qualified and impartial mediator, who is trained in effective mediation techniques, will meet with both parties to help find a solution to the dispute in an informal, non-adversarial atmosphere. The state lead agency maintains a list of qualified mediators who are knowledgeable of the laws and regulations relating to the provision of early intervention services for infants and toddlers with disabilities and their families. The state lead agency is responsible for the cost of mediation.

Discussions that occur during the mediation process must be confidential and may not be used as evidence in any subsequent impartial due process hearings or civil proceedings. The parties to the mediation will be required to sign a confidentiality pledge prior to the beginning of the process. Both parties must sign the mediation agreement and both parties are given a copy of the written agreement at the end of the mediation process. If resolution is reached during mediation, the written agreement will be legally binding and enforceable in a state court of competent jurisdiction or in U.S. District Court. Mediation does not restrict you from requesting an impartial due process hearing at any time. You may simultaneously file a request for mediation and for an impartial due process hearing as described below.

Impartial Due Process Hearings

An impartial due process hearing is a formal procedure conducted by an impartial hearing officer and is an option for families seeking to file an individual child complaint. Families seeking an impartial due process hearing must submit their requests in writing directly to the state lead agency explaining their complaints. The impartial due process hearing must be completed, and a written decision made, within 30 calendar days of the receipt of the request. (Mediation, if attempted, must occur within the same 30 days.) Hearing officers are appointed to conduct due process hearings. Hearing officers must have knowledge about the provisions of Part C and the needs of and services available for eligible children and their families and perform the following duties:

- Listen to the presentation of relevant views about the complaint, examine all information relevant to the issues and seek to reach a timely resolution of the complaint.

- Provide a record of the proceedings at the cost of the state, including a written decision. Under Part C, you are given the rights listed below in any impartial due process hearing carried out under these procedures:
- To be accompanied and advised by counsel (at your expense) and by individuals with special knowledge or training about early intervention services for children eligible under Part C.
- To present evidence and confront, cross examine, and to compel the attendance of witnesses.
- To prohibit the introduction of any evidence at the proceedings that has not been disclosed to you at least five calendar days before the proceeding.
- To obtain a written or electronic verbatim (word by word) transcription of the proceeding.
- To obtain written findings of fact and decisions.

The impartial due process hearing described in these procedures must be carried out at a time and place that is reasonably convenient to you. No later than 30 calendar days after the state lead agency receives your complaint, the impartial due process proceeding must be completed and a written decision must be mailed to each of the parties. Any party not satisfied with the findings and decision of the impartial due process hearing has the right to bring a civil action in state or federal court. During the pendency (time period) of any proceeding involving a complaint, unless the early intervention services contractor or early intervention services provider and you otherwise agree, your child and family will continue to receive the appropriate early intervention services currently being provided. If the complaint involves an application for initial services, your child and family must be provided those services that are not in dispute.

Administrative Complaints

In addition to the mediation and due process hearing procedures listed above, an individual or organization including those from another state may file a written signed complaint against any public agency or private service provider, including any early intervention services contractor or provider, that is violating a requirement of the Part C program.

The complaint must include a statement that a requirement of Part C has been violated and a statement of the facts on which the complaint is based.

Administrative complaints must be filed and received by the state lead agency within one year of the alleged violation. Under certain circumstances, the period for filing the complaint may be longer:

- If the violation is still occurring for that child or other children; or
- If the person filing the complaint is requesting reimbursement or corrective action for a violation that occurred not more than three years prior to the date the complaint is received by the state lead agency.

Once the state lead agency has received the complaint, it has 60 calendar days (unless exceptional circumstances exist) to:

- Investigate the complaint, including conducting an independent, on-site investigation, if necessary;
- Make an independent determination as to whether or not a violation of a Part C requirement has occurred after reviewing all relevant information; and

- Issue a written decision to the complainant that addresses each allegation in the complaint and that contains the facts and conclusions as well as the reasons for the final decision.

The individual or organization filing the complaint has the opportunity to submit additional information, either orally or in writing, about the complaint. If the final decision indicates that appropriate services were not/are not being provided, the state lead agency must address:

- How to remediate the denial of those services including, as appropriate, the awarding of monetary reimbursement or other corrective action appropriate to the needs of the child and the child's family; and
- Appropriate future provision of services for all infants and toddlers with disabilities and their families.

The state lead agency must include procedures for effective implementation of the decision, if needed, including technical assistance activities, negotiations and corrective actions to achieve compliance.

If a written complaint is received that is also the subject of a due process hearing, or contains multiple issues, of which one or more are part of that hearing, the state lead agency must set aside any part of the complaint that is being addressed in the due process hearing until the conclusion of the hearing. However, any issue in the complaint that is not a part of the due process action must be resolved within the 60 calendar day timeline using the complaint procedure described in this document.

Complaints that have already been decided in an impartial due process hearing involving the same parties cannot be considered under this procedure. The state lead agency must notify the complainant that the hearing decision is binding.

A complaint alleging a public agency's or private service provider's (including an early intervention services contractor or early intervention services provider) failure to implement a due process decision must be resolved by the state lead agency.

Non-Retaliation Clause

You have the right to make complaints and/or grievances without any retaliation from your Early Intervention services provider. Any negative action by an Early Intervention services provider in response to your filing a complaint or grievance is considered retaliation. This is a violation of the Washington Administrative Code and of the King County Policies and Procedures. Examples of retaliation include being told that a service is no longer available, having money or medicines withheld from you, not having your telephone calls returned, misplacing of paperwork, and not being listened to.

YOUR CHILD'S RECORDS

Prior to entry into our program, an assessment will be done by the professional staff, unless an evaluation was recently completed by another agency or professional. The staff will then write a report regarding their assessment. You will receive a copy of that report. Each time the staff writes an updated report, copies will be given to you as well as the appropriate people and agencies that you list on our Authorization for Boyer Children's Clinic to Use or Disclose Protected Health Information form.

In addition, copies of the IFSP will be given to you whenever the IFSP is reviewed and updated. We send you a copy of our reports at the time they are written. Should you have any questions, corrections or additions regarding the information in the report, you have a right to contact the staff person who wrote the report. You may ask to have a correction of that report. Questions regarding the medical reports should be directed to the Lead Nurse Coordinator. You may ask for another copy of that report if you have lost your copy. Fees may be charged for excess copies. All records requests must be made in writing.

We keep a record of the services we provide your child.

We will not disclose your child's record to others unless you give us a written Authorization for Boyer Children's Clinic to Use or Disclose Protected Health Information form to do so or unless the law authorizes or compels us to do so. If you want information from your record of services provided at Boyer Children's Clinic, please contact the front desk and the appropriate person will get back to you.

If you need a copy of a report you have lost or have questions about information in your child's records, please tell whoever is at the reception desk. A staff person will be assigned to give you an explanation of the record if necessary. We will try to honor requests in 48 business hours when possible and never longer than 15 working days.

We keep a summary record of the services we provide your child. We will retain these records for at least seven years.

If you have questions about records from other facilities, you need to request them from that facility.

Up-to-date family emergency contact information is kept in a secure locked location. **If your emergency contact information changes, it is your responsibility to notify the care team at Boyer Children's Clinic immediately.** The ARC of King County and the Pediatric Referral Service can help us locate the most appropriate service for your family.

FUNDING RESOURCES FOR SERVICES AT BOYER CHILDREN'S CLINIC

The services of Boyer Children's Clinic are paid for by a variety of sources. Each funding source has detailed regulations as to eligibility and extent of coverage. The following list is a limited description of funding resources and in no way covers all the details of eligibility and resources available. There is help available at Boyer to assist families.

Medical Insurance

Many families have medical insurance, which may pay for physical, occupational and speech therapy and medical consultation. The amount paid will depend on the terms of the insurance policy. In some plans, particularly managed care, a referral may be necessary from the plan before Boyer can provide therapy services to your child. The plan may require both a referral from the primary care physician and from the administrative offices. It may be necessary to renew this referral periodically. Please contact your insurance company regarding the details of coverage for your specific plan. Your Family Resources Coordinator will provide you with a worksheet (Understanding Your Medical Insurance) with questions you can ask of your insurance company regarding the coverage offered by your particular plan.

Children With Special Health Care Needs

This service is provided through the state Department of Health. Eligibility is based on income, family size and the child's medical condition and is determined by the county health department. During the intake appointment, the Nurse Coordinator generally assists the family in making an initial application to Children With Special Health Care Needs.

Division of Developmental Disabilities (DDD)

This is a state DSHS (Department of Health and Human Services) program with funding available for children birth to three years of age who have delays in development. Family income is not considered for determining eligibility. Eligibility is based upon a delay of 25% or -1.5 standard deviation below the mean, in one area of development.

School Districts

School districts provide some funding to Boyer for early intervention services for children birth to three years of age. Currently, Boyer has contracts from the following school districts in King County: Seattle Public Schools, Mercer Island School District, Shoreline School District, Highline School District, Renton School District, and Vashon Island School District.

FUNDRAISING AND SUPPORT

For many families, the cost of caring for a child with developmental disabilities or delays can be overwhelming. In effort to remove unnecessary barriers to access during this critical time, Boyer has committed to providing care for all families who need us, regardless of financial circumstances. We are proud to share that, over the last five years, Boyer has provided over \$2.6 million in support through our Uncompensated Care Program.

If families are interested in becoming involved in our fundraising efforts, there are numerous ways to do so:

Make a Gift: Your contribution to Boyer, no matter the size, helps us reach our vision of enabling each child in our community to realize his or her full developmental potential. You can give today by sending a check, visiting the Boyer website at www.boyercc.org and clicking on the “Make a Donation” button, or by calling (206) 325-8477. You can make a pledge to Boyer Children’s Clinic in any amount and choose the method of payment that is easiest for you - monthly, quarterly, or semi-annually.

Attend our annual *Inspiring Journeys* Auction: The *Inspiring Journeys* Auction, held each fall in Seattle, is Boyer’s premier fundraising event: an elegant evening of fun and festivities, all to support Boyer and our mission. Watch for posted notices around the agency, check the web site (www.boyercc.org) or stop by the Development Office for more information on purchasing tickets for you and your friends.

Procure Auction Items: One of the best ways families can support Boyer is to participate in procuring auction items for the annual *Inspiring Journeys* auction. Year-round, Boyer staff and volunteers will be soliciting donations from local businesses, artists, venues and individuals. You can help by asking businesses close to you if they would consider donating items or experiences, relaying the impact the agency has had in your life. **There is no better speech or message than your sincere request as a person who has benefitted from Boyer services.** If you would like help in determining who to ask and what to say, you can visit the Development Office any time you are in the building or call the Development Director at (206) 325-8477.

Share Your Story: Allowing Boyer to tell others how the agency has positively impacted your child and family is an important way to help us recruit new support, and to say thank you to those who have already given. With your consent, Boyer might choose to include your story in a newsletter, in material at an event, in a thank you letter, as part of a display, or in a video or live presentation. Firsthand, personal stories of the children we serve and their families is the single best way we have of convincing people that their support is critical.

Workplace Giving Campaigns: Invite Boyer to speak at your employer’s workplace giving campaign events. You can invite us through your internal campaign coordinator. Most workplace giving programs offer the option of making a one-time gift or a payroll deduction each pay period.

You, a member of your family, or friends, may support the work we do by participating in workplace giving and make a gift to Boyer Children's Clinic.

Washington State employees: State employees can sign up for The Washington State Combined Fund Drive to participate. The Boyer number for the CFD is 315278.

Federal employees: The Combined Federal Campaign is available to Federal employees, which offers the opportunity to support Boyer Children's Clinic.

Matching Gifts: Does your employer have a Matching Gift Program? When you make a gift to Boyer Children’s Clinic, ask your employer, or in most cases the Human Resources Office, if they have a matching gift program. You may be able to double your contribution!

Gifts through Estate Planning or Wills: One of the easiest ways to give is to remember Boyer Children’s Clinic in your estate plan and will. A planned gift can maximize benefits to you and your family by conserving assets, sometimes using assets in creative ways, possibly increasing lifetime

income and often providing substantial savings in income, gift and estate taxes. Call us at (206) 325-8477 for more information.

Asset Giving (gifts of stock, mutual fund or appreciated securities): You can contribute appreciated stock and other appreciated securities directly to Boyer Children’s Clinic and possibly gain a great tax advantage.

Commemorative Gifts: Make a gift in tribute or in memory of someone near to you. Recognize commemorative moments such as a birth, wedding or anniversary, graduation, or retirement. Ask your friends to join you in marking special occasions with a gift to Boyer. We will acknowledge your gift with a card sent to the person in whose name the gift is made. In the case of memorial gifts, a card will be sent to the family.

Please note that participation in fundraising activities is completely voluntary; there is no expectation for parents/caregivers to participate in fundraising. Access to services and support is never impacted by a family’s activities with the Development Department.

POLICY FOR PAYMENT OF SERVICES

Boyer Children’s Clinic has maintained a policy of providing services to children with developmental delays and/or disabilities, regardless of their parent’s/guardian’s ability to pay.

Family Cost Participation

Part C of the Individuals with Disabilities Education Act (IDEA) is the federal law that governs and guides how Early Intervention (EI) services are provided. Funding for Part C (birth to three) services was designed to utilize Federal, State and local fund sources, including public and private insurance. Because there is not enough public funding to cover all EI costs, not all EI services are provided at public expense. Part C of IDEA permits Family Cost Participation for some EI services (such as physical, occupational and speech-language therapy). Family Cost Participation is necessary to ensure that all eligible children have access to EI services.

At the intake appointment, the family is provided with a copy of the “ESIT, Early Support for Infants and Toddlers, System of Payments and Fees Policy.” This document defines what services are provided at “public expense” and explains that families are expected to contribute financially to their child’s program, by giving access to public and private health insurance.

At your child’s IFSP meeting, you will be asked to complete the “ESIT Prior Written Notice, Consent to Access Public and/or Private Insurance, Income and Expense Verification Form.” The parents signature on this form will indicate whether the parent has chosen to either: 1) allow Boyer to bill Medicaid/Provider One or private insurance (in which case, parents will be responsible for deductible, co-pays and co-insurance) or 2) not allow Boyer to bill private insurance or Medicaid and then pay a Monthly Family Cost Participation Fee, as defined by ESIT (based on your adjusted income and family size).

If you are concerned about your ability to pay your deductible, co-pays and/or co-insurance, please discuss it immediately with your Family Resources Coordinator.

FEES FOR SERVICES

Boyer Children's Clinic has specific charges for the services it provides and the agency will assist parents/guardians in every possible manner to receive financial support for services from every known available resource.

The fee schedule below does not, in most cases, represent the direct cost to parents. Most families have resources available to them in the form of medical insurance or government programs.

| | | |
|-------------------------------|------------|---|
| Medical Consultation | per visit | \$325.00 depending on time and complexity |
| Occupational/Physical Therapy | 60 minutes | \$156.00 |
| Speech Therapy | per visit | \$133.00 |

Fees subject to change; some specific services may vary in charges. For questions on billing contact Stephanie Krum, Billing Specialist.

EMERGENCY PROCEDURES

Up-to-date family emergency information is kept in a secure locked location. **If your emergency Contact information changes, it is your responsibility to notify the office at Boyer Children's Clinic immediately.**

ACCIDENT

In case of an accident, staff will use their best judgment on the first aid procedure to be used, and the family will be notified. If the child needs to be taken to a hospital, whenever possible the child will be taken to the hospital designated by the family on the emergency consent form.

SNOW

If there is a question of school closure due to snow or similar bad weather, Boyer Children's Clinic will usually follow the directions given for Seattle Public Schools. Up-to-date information on the snow closure will be provided on the outgoing message of the Boyer answering machine as soon as possible. When possible, King5.com will post closure and delay information for Boyer Children's Clinic. If our program differs from that of the school district, parents will be notified by the staff as communications permit.

SEVERE WEATHER

If it is announced in advance that a severe weather situation is to occur which would hamper the operation of the agency, a decision will be made whether to close the agency. If it is during program operation, all parents or designated emergency contacts will be telephoned. If safe, the various transportation systems will be alerted to deliver the children to their homes or emergency addresses.

DISASTER

In the event of a disaster that would threaten the safe operation of the agency, staff will follow the directives of the appropriate emergency authority.

FIRE

In case of fire, all children will be taken from the building to a safe area away from the building. A count will be taken to ensure that all are accounted for. Any parents in the building should also go to the designated safe area to help receive children. Please refer to "Emergency Evacuation Routes" posted in the hallways of the building.

GUIDELINES TO HANDLING ILLNESS IN CHILDREN

It is common for children to develop or "catch" minor illnesses during childhood. Many of these illnesses are contagious - can be "passed on" to others, because they are caused by a virus or bacteria.

To prevent the spread of illness, please watch for the following symptoms and keep your child home to observe and treat:

1. Child acts differently from his/her normal self, is irritable, has no energy, wants to sleep more, has loss of appetite (**THESE ARE THE MOST IMPORTANT SIGNS**).
2. Sudden continual runny nose.
3. New persistent cough, sneezing.
4. Fever - above 100 degrees F (under the arm)
5. Sudden frequent vomiting
6. Sudden frequent bouts of diarrhea
7. New rash (especially if child has had contact with someone else with a rash)
8. Continual itching and scratching of the head and scalp
9. Any sore on the skin that itches, spreads or has drainage

If you have any questions about your child's health, call to discuss it with the Nurse Coordinator before bringing your child to Boyer or having a home visit appointment. For treatment suggestions or prolonged symptoms, contact your child's primary physician.

Prevention

1. Be sure immunizations are up-to-date
2. Dress children appropriately for the weather
3. Discourage children from putting fingers in their mouths and in other people's mouths
4. Discourage children from exchanging bites of food
5. Assist and teach children to always wash hands after using the toilet and before eating

If your child is ill at Boyer and is unable to participate in the program or possibly contagious to others, the parent or the child's caregiver may be asked to take the child home. The Nurse Coordinator will be consulted, if possible.

PLEASE UPDATE US WITH YOUR EMERGENCY PHONE NUMBER INFORMATION!

POLICY AND PROCEDURES ON PROTECTIVE INTERVENTION

All staff members are required by state law (see RCW 26.44) to report any physical, sexual, psychological or verbal abuse or neglect. The staff member who observes the suspected abuse, with assistance from the Social Worker, makes a report to Child Protective Services or a law enforcement agency. The report will also be documented in writing. If appropriate, the parents will be advised at the time of the report.

What is Child Abuse or Neglect?: Child abuse or neglect is defined by law as the injury, sexual abuse, sexual exploitation, negligent treatment, or maltreatment or abandonment of a child by any person under circumstances which indicate that the child's health, welfare, and safety is harmed. RCW 26.44.020(1) and WAC 388-15-009. "Negligent treatment or maltreatment" means:

- An act or failure to act or cumulative effects of a pattern of conduct, behavior, or inactions that shows a serious disregard of consequences and constitutes a clear and present danger to the child's health, welfare, or safety.
- Failure to provide adequate food, shelter, clothing, supervising, or health care necessary for a child's health, welfare or safety. Poverty and/or homelessness do not constitute negligent treatment or maltreatment in and of themselves.
- Actions, failures to act, or omission that results in injury to or that create a substantial risk of injury to the physical, emotional, and/or cognitive development of the child.

FAMILY CONFIDENTIALITY AGREEMENT

Information about your child and family is confidential and only shared with those you authorize and Boyer staff who need to know.

This means that information, including your last name, as well as personal and medical information about your child and family are not shared with other families. Boyer will not provide electronic copies of evaluations or progress reports/notes. If you wish to share information with others, you may do so. However, we ask that you not reveal anything you learn about other children and their families, including their names, without their permission.

We ask that if you need to have a confidential conversation, you ask the other party(s) to step to a private area with you.

Please share this need for confidentiality with any friends or family members who visit Boyer Children's Clinic with you.