

Statement of Work

1. Program Purpose

The purpose of Health and Human Services Commission's ("HHSC") Early Childhood Intervention ("ECI") services program is to ensure that all eligible children between birth and 36 months, who have developmental delays or disabilities, and their families receive quality early intervention services, resources, and support needed to reach their developmental goals.

2. Subrecipient Requirements

- 2.1 Comply with this Contract, including all Subrecipient requirements outlined in this Contract.
- 2.2 Comply with all state and federal statutes and regulations, HHSC rules, policies, procedures, and guidelines governing the ECI program. These include, but are not limited to, 26 Texas Administrative Code ("TAC") part 1, chapter 350 and 1 TAC part 15, chapter 392, subchapter B. The rules in Titles 1 and 26 of TAC, as they relate to the ECI program, may be modified, revised, and moved within their existing titles or into Title 26 of TAC during the term of the Contract. In the event of such modifications or moves, Subrecipient must comply with said rules.
- 2.3 Administer this Contract, including development of internal policies, procedures, and guidelines, to ensure that all terms, conditions, and specifications of this Contract are met.
- 2.4 Must serve all eligible children between birth and 36 months whose families consent to services.
- 2.5 Must collect local funds, which when combined with ECI contract funds, are sufficient to successfully perform the requirements of this Contract. Local funds include public and private insurance, philanthropy, funds from local governments, etc.
- 2.6 Provide the information developed by HHSC relevant to velocardiofacial syndrome ("VCFS"), **Exhibit H, VCFS Information Sheet**, to parents of a child who is known by Subrecipient to have at least two of the conditions listed in Texas Human Resources Code § 117.076(b).
- 2.7 Ensure that complete and accurate data is entered into the Texas Kids Intervention Data System ("TKIDS") by the established due dates. Ensure there are adequate internal controls, security, and oversight for the approval and submission of such data. Subrecipients must comply with HHSC rules, policies, contract requirements, and applicable instruction manuals regarding the collection and submission of complete and accurate data.
- 2.8 Comply with all requirements under the Texas Grant Management Standards ("TxGMS"), which is available online at <https://comptroller.texas.gov/purchasing/docs/grant-management-reader.pdf>. In its sole discretion, the Texas Comptroller of Public Accounts

may revise TxGMS. Subrecipient is always responsible for complying with the TxGMS, including any revisions to the standards during the Contract term.

- 2.9 Make a good faith effort to collect revenue for services provided to families, to include billing insurance, submitting appeals for denied claims, and collecting family fees as part of the Family Cost Share system, as allowable per the Contract.
- 2.10 Ensure that for each funding source approved in Subrecipient's budget as locally collected federal, state, local, or private funds:
 - A. the source is verifiable from Subrecipient's records;
 - B. funding from the source is not included as a contribution for any other program;
 - C. program costs are necessary and reasonable for proper and efficient accomplishment of program objectives and contract requirements;
 - D. program costs are allowable and allocable under the applicable cost principles; and
 - E. these funds are not paid by the Federal Government under any other award.
- 2.11 Maintain adequate staff to provide services throughout the term of this Contract. Subrecipient must notify HHSC within 30 days if a staffing shortage is negatively impacting Subrecipient's ability to provide services. Adequate staffing includes employing or subcontracting with the necessary number of positions for all services as described in section 5.3. of this Contract.
- 2.12 Ensure that personnel paid from the funds received as a result of this Contract are qualified to perform the required services, including having and maintaining licensure in good standing as required by their occupation as defined in 26 TAC Chapter 350 Subchapter C.
- 2.13 Ensure program directors receive all training to perform their duties successfully. HHSC may require specific training for program directors based on the performance of the Subrecipient or the program's needs. Documentation supporting the completion of the training must be kept in the program director's personnel file. Supporting documentation could be certificates of completion, post quizzes with a passing score, or a document completed by the program director which includes a summary of the book, webinar, etc., and a brief description of how they will utilize the information.
- 2.14 Complete a Federal Bureau of Investigations (**FBI**) and State of Texas fingerprint-based criminal background check and maintain documentation demonstrating compliance with 26 TAC part 1, chapter 350 subchapter C §350.310. Provide, upon the request of HHSC, an electronic or hardcopy screenshot of either the confirmation screen or receipt of completed fingerprint-based background checks.
- 2.15 Comply with all state and local requirements regarding fire and safety inspections and make necessary corrections indicated in such inspections.
- 2.16 Obtain and maintain liability insurance for their program and staff for the contract's duration. Liability insurance must comply with all federal, state, and HHSC policies and

guidelines.

- 2.17 Meet requirements listed in **Exhibit I HHSC ECI Graphics Manual** for all printed and electronic materials used by the Subrecipient's ECI program for marketing, public awareness, child find, promotion, public education, program correspondence, and forms related to the ECI program. The Subrecipient must ensure that its ECI program uses "**ECI**" as part of its program name.
- 2.18 Assist with the transfer of families and children to other appropriate ECI programs if the program is not approved for funding in a subsequent contract period, the designated service area is changed, or the contract is terminated. In the event of termination or non-renewal, the Subrecipient must continue and successfully perform all contractual responsibilities until the effective date of contract termination. HHSC reserves all available rights and remedies following termination or non-renewal.
- 2.19 The Subrecipient must assist interested parents in enrolling their eligible children in Medicaid, Children's Health Insurance Program ("**CHIP**"), and other applicable medical assistance programs as required by 26 TAC §350.1425.
- 2.20 Enroll as a Texas Medicaid provider for applicable program services funded in **Section 5 of Exhibit D, Statement of Work** to this contract. Subrecipients must comply with all applicable federal, state, and local laws and regulations about the services provided and all requirements specific to the Texas Medicaid Program. Subrecipient must make and document a good-faith effort to enter into provider agreements with all Medicaid Managed Care Plans and CHIP Managed Care Plans that serve the Subrecipient's designated service area. The provider agreements must be complete and active with any required updates as needed. Subrecipient must complete all paperwork and necessary enrollment documents to be reimbursed for the Medicaid and CHIP services provided by Subrecipient's staff.

Subrecipient must ensure that all therapists providing Medicaid services for ECI children are enrolled correctly with the Texas Medicaid Program and must bill Medicaid for services provided to Medicaid eligible children. If requested by HHSC, Subrecipient must submit to HHSC, in a format specified by HHSC, the Texas Provider Identifier ("**TPI**") and National Provider Identifier ("**NPI**") number for each direct service staff.

Subrecipient must also make and document a good faith effort to enroll as a provider with private insurance companies serving ECI families in the Subrecipient's designated service area.

- 2.21 Enroll with the 2-1-1 Texas Area Information Center for the corresponding region for the Subrecipient's designated service area and update the 2-1-1 Texas Area Information Center within 30 calendar days of any changes to the Subrecipient's information.
- 2.22 Utilize phone lines and fax machines that have electronic or cloud-based storage for all lines in which referrals are received. Programs must ensure they can receive voicemails and faxes even when utilities are down due to unforeseen circumstances.

- 2.23 Obtain and utilize an Electronic Health Records system that complies with HHSC Data Use Agreements, Health Insurance Portability and Accountability Act (“**HIPAA**”), and Family Educational Rights and Privacy Act (“**FERPA**”).
- 2.24 Participate in the Texas Medicaid Administrative Claiming (“**MAC**”) program through a Medicaid Administrative Claiming Program contract with HHSC and meet all participation requirements, if recognized by the State of Texas as a governmental entity or as directed by HHSC. This includes participation in the Random Moment Time Study and completion and submission of MAC financial information for the last federal quarter in which the Subrecipient provided services under this contract should this contract be terminated or not renewed.
- 2.25 Follow the guidance in **Exhibit J, Memorandum of Understanding (“MOU”)** that HHSC entered into with the Department of Family and Protective Services (“**DFPS**”) to comply with the requirements of the Child Abuse Prevention and Treatment Act (“**CAPTA**”), 42 United States Code (“**USC**”). § 5106a(b)(2)(B)(xxi), and 20 USC. § 1437. Subrecipients must accept referrals of children under age three who are involved in substantiated cases of child abuse or neglect unless Subrecipient consults with HHSC and explains in writing why it should not follow that guidance or take those actions.
- 2.26 Develop, implement, and maintain program management systems including, but not limited to:
- A. Accurate, auditable, and complete records of service access and service delivery;
 - B. Oversight of Subrecipient’s compliance with all applicable laws, policies, and regulations;
 - C. Oversight of the Subrecipient’s required performance standards and measures;
 - D. Systems to ensure the effective and efficient use of resources to deliver services to children and their families;
 - E. Oversight for accepting referrals and initiating pre-enrollment processes; and
 - F. Ensuring referrals are transferred to the appropriate Subrecipient within two business days if the family resides in another ECI Subrecipient’s designated service area.
- 2.27 Develop and implement a process for the tracking and reporting of consumer inquiries and complaints that includes submitting **Exhibit K, ECI Agency Monthly Contact Report (“AMCR”)** to HHSC by the 3rd day of each month. If there is a change of greater than five percent from the previous period, the Subrecipient must also submit a monthly and quarterly trend analysis to HHSC that addresses shifts in the volume of contacts received that is related to consumer inquiries or complaints. All processes must satisfy the requirements of HHSC policies.
- 2.28 Agree to permit on-site monitoring visits and desk reviews, as deemed necessary by HHSC to review all financial, programmatic, or other records and management control systems relevant to the provision of goods and services under this Contract. The Subrecipient shall include this requirement in any subcontract associated with this agreement.

- 2.29 Notify HHSC within two business days if the Subrecipient is not in compliance with the provisions of this Contract. A false statement regarding the Subrecipient's compliance with the terms of this Contract may be treated as a material breach of this Contract and may be grounds for HHSC to terminate the Contract.

Subrecipient must also notify HHSC at least 60 calendar days before the intended effective date of any change in Texas Identification Number issued by the Texas Comptroller of Public Accounts or legal entity status, such as a change in ownership or control, name, or legal status with the Texas Secretary of State.

- 2.30 To the extent allowed by law, save and hold harmless HHSC, its employees, and the state of Texas, from all liability, of any nature, including costs and expenses for, or on account of, any claims, audit exceptions, demands, suits, or damages of any character whatsoever resulting from injuries or damages sustained by the persons or property, resulting in whole, or in part from the performance, or omission of any employee, agent, or representative of Subrecipient. Subrecipient also agrees to indemnify and hold harmless HHSC, its employees, and the state of Texas from any liability or negligence attributable, or that might be attributable, to HHSC, its employees, or the state of Texas resulting wholly or partially from the performance by Subrecipient, or Subrecipient's agents or employees, of the Contract. Subrecipient accepts liability for the performance of its personnel providing services under this Contract.

3. Service Area(s)

The children served under this Contract must reside in Texas within the service area(s) approved by HHSC. The Subrecipient must adhere to the following provisions regarding service area:

- A. Approval for Service Expansion: Subrecipients may provide services to clients outside their designated service area upon notifying HHSC, provided the children reside in counties or zip codes not covered by an existing ECI Subrecipient.
- B. Expansion Approval: The Subrecipient may expand its service area(s) to include portions of or the entire area(s) served by another Subrecipient, subject to HHSC's prior written approval, in certain situations, such as if the other Subrecipient's contract is ending or to ensure continuity of services for families. With HHSC's prior written approval, Subrecipient may serve individual families outside its designated service area, when it benefits the family and ensures continuity of services.
- C. Changes in Service Area: All requests for changes in service area assignments must be approved in writing by HHSC before implementation. If approved, the updated ECI Program Service Area Form will replace the old version upon execution by the Subrecipient and HHSC.
- D. Joint Service Area Agreement: Subrecipients sharing counties or zip codes must jointly develop a service area agreement, which must be approved in writing by HHSC in accordance with 1 TAC pt. 15, Ch. 392, sub ch. B, § 392.107(f).
- E. Negotiation of Geographic Boundaries: HHSC reserves the right to negotiate geographic boundaries for ECI services to ensure effective coverage and service delivery.

4. Eligible Population

ECI eligibility is determined by applicable law as outlined in 26 TAC pt. 1, Ch. 350, subch. H. The Subrecipient must use the Battelle Developmental Inventory-3rd Edition or the Developmental Assessment of Young Children Second Edition to conduct the evaluation to determine initial and continuing eligibility based on developmental delay. The Subrecipient must serve all eligible children between birth and 36 months whose families consent to services, even if the number served will be higher than the contractually required number of children to be served.

The contractually required number of children to be served is <XXX>. This represents the Subrecipient's projected annual average number of enrolled children who receive a program provided ECI service during each month. The Contract amount and Contract number of children to be served may be adjusted based on actual number served. Failure to meet or exceed the contractually required number of children may result in adverse actions.

HHSC, in its sole discretion, may approve changes to the contractually required number of children served upon Subrecipient's written request. The Subrecipient's written request must include a detailed explanation that supports the need for modification to the contractually required number of children served. Subrecipient must seek HHSC's written approval prior to making any changes to the contractually required number of children served.

5. ECI Services

- 5.1 Subrecipient must provide services to address the development of the whole child in the context of the family, and in the context of natural learning activities, to strengthen the capacity of the family to meet the unique needs of their child. ECI services must be delivered in accordance with Individual with Disabilities Education Act ("IDEA") Part C and 26 TAC pt. 1, Ch. 350.

Subrecipient must comply with the requirements of 20 United States Code ("USC"). § 1436(d) and 34 Code of Federal Regulations ("CFR"). § 303.344 regarding development of an Individualized Family Service Plan ("IFSP") for each child enrolled by the Subrecipient. In addition, the IFSP must include other elements as required by HHSC.

The Subrecipient must provide all services identified in the IFSP as necessary for the child and family. The Subrecipient must begin services within 28 days from the date of the caregiver's signature on the IFSP. If, at any time, the Subrecipient has not provided a service due to any reason not influenced by the family or a natural disaster, including staff shortages, staff illnesses, car problems, etc., the Subrecipient must provide compensatory services. Compensatory services are services identified in the IFSP as necessary for the child, but not provided per the IFSP.

If a Subrecipient service delivery area is permanently being expanded pursuant to **Section 3 of Exhibit D, Statement of Work** to this Contract, then the Subrecipient, by the date set by the HHSC approval notice, must review all IFSPs for enrolled children within the

Subrecipient's new service area and provide any needed compensatory services identified by the IFSP teams.

5.2 IFSP Service Designations

A. Program Provided services:

Services provided by qualified Subrecipient staff or subcontractors or by the local education agency.

B. Program arranged services:

When the Subrecipient does not have the necessary personnel to deliver "Program Provided" services, the Subrecipient must ensure service delivery through "program arranged services." To qualify as "program arranged services," the Subrecipient must locate an external service provider willing to provide the service. The external service provider must complete the required ECI training; be a member of the IFSP team and sign the IFSP; and provide progress notes. Program arranged services may not be billed to ECI.

C. Not Part C services:

If the services are provided by an external service provider who does not meet the requirements for "program arranged services", the services are considered "not Part C." The Service Coordinator for the family must liaise with the external service provider and document any communication about the child's progress. The subrecipient must invite the external service provider to IFSP meetings.

D. Parent choice services:

At times, a parent or caregiver may opt to seek an external provider for a service identified on the IFSP. This is considered "parent choice" and must be noted on the IFSP. The Service Coordinator for the family must liaise with the external service provider and document any communication about the child's progress. The subrecipient must invite the external service provider to IFSP meetings.

5.3 Subrecipient must provide the array of ECI services identified and defined in 34 CFR. § 303.13 and 26 TAC pt. 1, Ch. 350 in accordance with the IFSP through qualified service providers. Additional requirements are listed below. These services include, but are not limited to:

5.3.1 Assistive Technology Services and Devices

a. Assistive technology services are defined in 34 CFR. § 303.13(b)(1).

b. Assistive technology services may be provided as a distinct service planned on the IFSP by a Licensed Occupational Therapist ("OT"), a Licensed Physical Therapist ("PT"), or a Licensed Speech-Language Pathology ("SLP") according to the requirements of their profession, or as an activity or strategy for an IFSP outcome by the OT, PT or SLP or other staff as determined by the IFSP team.

c. Purchase of assistive technology devices or equipment is allowable when the

need is clearly stated in the child's IFSP and recommended by the child's Physician, Registered Nurse, OT, PT, SLP, or other qualified professional, including Auditory Impairment Teachers, Audiologists, and Teachers of the Visually Impaired.

- d. The Subrecipient must ensure documentation justifies that the purchase is necessary for implementation of the goals and strategies in the IFSP. Only assistive technology that cannot be obtained through a third-party source will be reimbursed by ECI program funds.

5.3.2 Audiology Services

- a. Audiology Services are defined in 34 CFR § 303.13(b)(2).
- b. The Subrecipient must ensure audiology services planned on the IFSP are provided by either:
 - i. A Licensed Audiologist licensed by the Texas State Board of Examiners for SLP and Audiology (including only those activities in the definition and within the scope of license); or
 - ii. A Teacher of the Deaf and Hard of Hearing certified by the Texas State Board of Education (including only those activities within the scope of the certification).

5.3.3 Behavioral Intervention

- a. Behavioral intervention is defined in 26 TAC §350.1105(3).
- b. The Subrecipient must ensure behavioral intervention services are provided by individuals with:
 - i. Knowledge of child development;
 - ii. Knowledge of developmentally appropriate behavior; and
 - iii. Skills to utilize behavior analysis techniques and intervention in ways that help achieve the desired behavior change.
- c. The Subrecipient must ensure behavioral intervention services are provided according to a structured plan supervised by one of the following:
 - i. Licensed Behavior Analyst (“**LBA**”); or
 - ii. One of the following who is trained in Positive Behavior Supports or Applied Behavior Analysis:
 - 1. Licensed Psychologist (“**LP**”) licensed by the Texas State Board of Examiners of Psychologists;
 - 2. Licensed Psychological Associate (“**LPA**”) licensed by the Texas State

- Board of Examiners of Psychologists;
 - 3. Licensed Professional Counselor (“**LPC**”) licensed by the Texas State Board of Examiners of Professional Counselors;
 - 4. Licensed Clinical Social Worker (“**LCSW**”) licensed by the Texas State Board of Social Work Examiners;
 - 5. Licensed Marriage and Family Therapist (“**LMFT**”) licensed by the Texas State Board of Examiners of Marriage and Family Therapists; or
 - 6. Certified Autism Specialist.
- d. The team and the parent may specify a provider with the requisite knowledge, skills and training.

5.3.4 Counseling

- a. Counseling as defined in 34 CFR §303.13(b)(3) and 26 TAC §350.1105(4) may be provided through:
 - i. Direct one-to-one intervention with the ECI enrolled child and their parent or routine caregiver; or
 - ii. Direct group intervention with ECI enrolled children and their parents or routine caregivers.
- b. Counseling services do not include, and ECI program funds may not be used for, behavioral health services to adults, siblings or other family members related to problems outside of the parent-child relationship. Examples include substance use, domestic violence, specific mental health diagnoses, and marital issues. These services may be provided through referral to other community service delivery systems.
- c. The Subrecipient must ensure counseling services are provided by the following professionals within scope of their state licensure:
 - i. A LCSW licensed by the Texas State Board of Social Work Examiners;
 - ii. A LPC licensed by the Texas State Board of Examiners of Professional Counselors;
 - iii. A LMFT licensed by the Texas State Board of Examiners of Marriage and Family Therapists; or
 - iv. An LP licensed by the Texas State Board of Examiners of Psychologists.

5.3.5 Early Identification, Screening & Assessment

Subrecipients must complete comprehensive evaluations of children and assessments of family concerns, priorities, and resources as required in 34 CFR § 303.321 and 26 TAC Chapter 350 Subchapter H.

5.3.6 Family Education and Training

- a. Activities defined in 34 CFR § 303.13(b)(3) and 26 TAC §350.1105(5) designed to improve the knowledge and skills of parents and other family members in matters related to growth, development, and learning of their child.
- b. The Subrecipient may provide family education and training through:
 - i. Direct one-to-one service to the parent or routine caregiver (or the child and their parent or routine caregiver);
 - ii. Direct group service to children and their parents or routine caregivers; or
 - iii. Direct group training to parents or routine caregivers without their children present.
- c. The Subrecipient must ensure family education and training are provided by direct service staff with the requisite knowledge, training or skills in the information being provided.

5.3.7 Health Services

- a. Health Services are defined in 34 CFR §303.16.
- b. The subrecipient must ensure health services are provided by health professionals acting within the scope of their license and with appropriate training.

5.3.8 Medical Services

- a. Medical Services are defined in 34 CFR §303.13(b)(5).
- b. The subrecipient must ensure medical services are provided by professionals acting within their license for eligibility determination, which cannot be obtained through a third-party source.

5.3.9 Nursing Services

- a. Nursing services are defined in 34 CFR. § 303.13(b)(6).
- b. The ECI Subrecipient must ensure nursing services are provided by:
 - i. A Registered Nurse licensed by the Texas Board of Nursing; or
 - ii. A Vocational Nurse licensed by the Texas Board of Nursing.

5.3.10 Nutrition

- a. Nutrition services are defined in 34 CFR §303.13(b)(7).

- b. The Subrecipient must ensure nutrition services as are provided by a Dietitian licensed by the Texas Department of Licensing and Regulation and include:
 - i. Conducting individual assessments/evaluations for nutritional history and dietary intake, body measurements, biochemical and clinical variables;
 - ii. Addressing feeding skills and feeding problems, as well as food habits and food preferences; and
 - iii. Involving the development and monitoring of appropriate plans to address the nutritional needs of an enrolled child and making referrals to appropriate community resources to carry out nutrition goals.

5.3.11 Occupational Therapy

- a. Occupational therapy (“OT”) is defined in 34 CFR. § 303.13(b)(8) and may be provided through:
 - i. Direct one-to-one intervention with the child and their parent or routine caregiver; or
 - ii. Direct group intervention with children and their parents or routine caregivers.
- b. The Subrecipient must ensure OT is provided by an:
 - i. OT licensed by the Texas Board of Occupational Therapy Examiners; or
 - ii. OT Assistant licensed by the Texas Board of Occupational Therapy Examiners, working under the direction of a Licensed OT.

5.3.12 Physical Therapy

- a. Physical therapy is defined in 34 CFR. §303.13(b)(9) and may be provided through:
 - i. Direct one-to-one intervention with the child and their parent or routine caregiver; or
 - ii. Direct group intervention with children and their parents or routine caregivers.
- b. The Subrecipient must ensure physical therapy is provided by a:
 - i. Licensed Physical Therapist (“PT”) licensed by the Texas State Board of Physical Therapy Examiners; or
 - ii. PT Assistant licensed by the Texas State Board of Physical Therapy Examiners, working under the direction of a Licensed PT.

5.3.13 Psychological Services

- a. Psychological services are defined in 34 CFR §303.13(b)(10) and may be provided through:
 - i. Direct one-to-one intervention with the child and their parent or routine caregiver; or
 - ii. Direct group intervention with children and their parents or routine caregivers.
- b. The Subrecipient must ensure psychological services are provided by:
 - i. An LP authorized to practice by the Texas State Board of Examiners of Psychologists; or
 - ii. An LP Associate licensed by the Texas State Board of Examiners of Psychologists, working under the direction of an LP.

5.3.14 Service Coordination/Case Management

- a. Service coordination/case management is defined in 34 CFR § 303.13(b)(11) and must meet the requirements of 34 CFR § 303.34.
- b. Service Coordination/Case Management may be provided through:
 - i. Face-to-face interaction with the parent or routine caregiver;
 - ii. Telephone calls with the parent or routine caregiver; or
 - iii. Collateral contacts with other ECI or community service providers.
- c. The Subrecipient must ensure providers of Service Coordination/Case Management are knowledgeable in:
 - i. The needs of infants and toddlers with disabilities and their families;
 - ii. Part C of the Individuals with Disabilities Education Act;
 - iii. The scope of ECI services available under the ECI program and the medical assistance program; and
 - iv. Other state and community resources and supports necessary to coordinate care.
- d. The Subrecipient must ensure providers of Service Coordination/Case Management complete the required case management training and comply with requirements for continuing education.
- e. Subrecipient must ensure service coordinators who are in the process of completing their Individualized Professional Development Plan (“IPDP”) receive at least four hours of supervision per month from a qualified supervisor. Supervisors of service coordinators must meet the qualifications listed in 26 TAC pt. 1, Ch. 350, subch. C, § 350.315(d).

5.3.15 Social Work

- a. Social work services are defined in 34 CFR §303.13(b)(13).
- b. The Subrecipient must ensure social work services are provided by:
 - i. A Licensed Baccalaureate Social Worker (“**LBSW**”) licensed by the Texas State Board of Social Work Examiners;
 - ii. A Licensed Master Social Worker (“**LMSW**”) licensed by the Texas State Board of Social Work Examiners; or
 - iii. A Licensed Clinical Social Worker (“**LCSW**”) licensed by the Texas State Board of Social Work Examiners.

5.3.16 Specialized Skills Training (“SST”)

- a. SST is defined in 26 TAC pt. 1, § 350.501(a)(4) and includes the provision of special instruction as defined in 34 CFR §303.13(b)(14).
- b. SST may be provided through:
 - i. Direct one to one intervention with the child and their parent or routine caregiver; or
 - ii. Direct group intervention with children and their parents or routine caregivers.
- c. The Subrecipient must ensure providers of SST are knowledgeable in:
 - i. Implementing strategies across developmental domains; and
 - ii. Basic behavior intervention strategies (including rewards and consequences).
- d. The Subrecipient must ensure providers of SST have knowledge and training in the domain in which the child has an identified developmental need.
- e. The Subrecipient must ensure SST is provided by an Early Intervention Specialist (“**EIS**”).
- f. Subrecipient must ensure an EIS who is in the process of completing their IPDP receives at least four hours of supervision per month from a qualified supervisor. Supervisors of EISs must meet the qualifications listed in 26 TAC pt. 1, Ch. 350, subch. C, § 350.313(c).

5.3.17 Speech-Language Pathology

- a. Speech-language pathology is defined in 34 CFR §303.13(b)(15) and can include sign language and cued language services as defined in 34 CFR

§303.13(b)(12).

- b. Speech-language pathology may be provided through:
 - i. Direct one-to-one intervention with the child and their parent or routine caregiver; or
 - ii. Direct group intervention with children and their parents or routine caregivers.
- c. The Subrecipient must ensure speech-language pathology is provided by:
 - i. A SLP licensed by the Texas State Board of Examiners for Speech-Language Pathology and Audiology;
 - ii. An Intern in Speech-Language Pathology licensed by the Texas State Board of Examiners for Speech-Language Pathology and Audiology; or
 - iii. A Licensed Assistant in Speech-Language Pathology (“SLPA”) licensed by the Texas State Board of Examiners for Speech-Language Pathology and Audiology, working under the direction of a licensed SLP.

5.3.18 Vision Services

- a. Vision services are defined in 34 CFR §303.13(b)(17).
- b. The Subrecipient must coordinate with the Local Education Agency to ensure vision services are provided by a Teacher of the Visually Impaired certified by the Texas State Board of Education.
- c. The Subrecipient must provide orientation and mobility services by an Orientation and Mobility Specialist certified by the Academy for Certification of Vision Rehabilitation and Education Professionals.

5.3.19 Telehealth Services

- a. Subrecipient may use telehealth services as defined in Texas Government Code § 531.001(7) (using the meaning assigned by Texas Occupations Code § 111.001, as provided through Texas Medicaid).
- b. The Subrecipient must comply with the following:
 - i. Families must give written consent that they agree to receive services via telehealth;
 - ii. Telehealth services must comply with all Texas Medicaid requirements for telehealth, as well as the licensure/practice act requirements for each provider; and
 - iii. Technology used to provide telehealth services must be compliant with the

Family Educational Rights and Privacy Act of 1974 (“**FERPA**”) and the Health Insurance Portability and Accountability Act (“**HIPAA**”).

5.3.20 Transportation

- a. Transportation services are defined in 34 CFR §303.13(b)(16).

- 5.4 In addition to the requirements noted above, the Subrecipient must ensure all service providers are knowledgeable in child development and developmentally appropriate behavior.

6. Program General Requirements

- 6.1 The Subrecipient must establish adequate internal controls and security to ensure the collection and data entry/submission of complete and accurate data in compliance with the TKIDS User Manual.
- 6.2 The Subrecipient must report all required consumer, services, and provider information to HHSC through TKIDS.
- 6.3 The Subrecipient must submit data in accordance with data standards and reporting requirements established in the TKIDS User Manual by the 20th day of the following month. HHSC may make changes to the data standards or requirements during the current Contract period when necessary.

6.4 Contract Performance Metrics:

The performance metrics listed below include both federal indicators as required by the Office of Special Education Programs (OSEP) and performance metrics required by HHSC. HHSC may take one or more of the following actions in response to a Subrecipient’s failure to meet the targets: provide technical assistance, require a corrective action plan or improvement plan, revise Contract terms and/or provisions, withhold or reduce payments, or apply additional adverse actions.

The calculation methodologies described below are based on data obtained from TKIDS, except where noted.

6.5.1 Average Number Enrolled

- a. Definition: The projected annual average number of enrolled children who receive a program provided ECI service during each month.
- b. Calculation Methodology: The total number of children enrolled monthly who received at least one program provided ECI service is divided by 12 at the end of each fiscal year.

- c. Performance Target: The annual average number of children served should be equal to or more than in number listed in Exhibit D, Section 4.

6.5.2 Timely Submission of TKIDS Data

- a. Definition: The proportion of Program Provided service hours for PT, OT, SLP, and SST entered into TKIDS by the 20th day of the month following the month of service to the total number of Program Provided service hours for PT, OT, SLP, and SST entered into TKIDS for the same month.
- a. Calculation methodology: The number of a Program Provided service hours for PT, OT, SLP, and SST entered into TKIDS by the 20th day of the month following the month of service divided by the total number of Program Provided services for PT, OT, SLP, and SST entered into TKIDS for the same month times 100.
- b. Performance target: 100% of data entered by the due date for PT, OT, SLP, and SST.

6.5.3 Average Hours Delivered

- a. Definition: The proportion of Program Provided service hours to children served during the month.
- b. Calculation methodology: The total number of hours of Program Provided services divided by the number of children served during the month.
- c. Performance target: The minimum yearly average of Program Provided services per child per month must equal or exceed **2.74 hours**.

6.5.4 Family Outcomes Survey Response Rate

- a. Definition: The proportion of completed family outcomes surveys to the total number of family outcome surveys sent to families served by the Subrecipient.
- b. Calculation Methodology: The number of family outcomes surveys completed divided by the number of family outcome surveys sent to families served by the subrecipient times 100.
- c. Performance Target: At least 45% of families sampled shall complete the family outcomes survey annually.

6.5.5 Therapies Utilization

- a. Definition: The proportion of the total delivered Program Provided service hours of all therapies (PT, OT and SLP) to the total number of delivered

Program Provided” service hours for SST and all therapies combined.

- b. Calculation methodology: The total delivered Program Provided service hours of therapies (PT, OT and SLP) divided by the total number of delivered Program Provided service hours for SST and all therapies combined times 100.
- c. Performance target: At least **40%** of the total delivered Program Provided service hours must be therapy hours.
Note: Services must be provided based on the needs of the children served, and it is expected that therapy hours may exceed the target.

6.5.6 Financial Reports Requirement

- a. Definition: The proportion of required reports, as indicated in **Sections 7.1 to 7.4 of Exhibit D-1, ECI Payment for Services** to this Contract, submitted on time.
- b. Calculation methodology: Number of reports submitted by the due date divided by the total number of required reports times 100.
- c. Performance target: 100% of reports submitted by the due date.

6.5.7 Federal Indicators

HHSC uses the indicators identified by OSEP for IDEA Part C services. The targets, definitions, and methodology are defined in Texas’ most recent Annual Performance Report available at <https://www.hhs.texas.gov/providers/assistive-services-providers/early-childhood-intervention-programs/eci-data-reports>.

Compliance Indicators

- a. Indicator 1 – Timely Services
 - i. Timely is defined as within 28 days of the date the caregiver signed the IFSP.
- b. Indicator 7 – 45-Day Timeline
- c. Indicator 8 – Early Childhood Transition:
 - i. 8A – IFSPs with transition steps and services;
 - ii. 8B – Notification to local education agency (“LEA”), if child is potentially eligible for Part B; and
 - iii. 8C – Transition conference, if child is potentially eligible for Part B.

Results Indicators

- d. Indicator 2 – Services in Natural Environments
- e. Indicator 3 – Early Childhood Outcomes
 - i. 3A – Positive social–emotional skills (including social relationships);
 - ii. 3B – Acquisition and use of knowledge and skills (including early language/communication); an improved positive social–emotional skills (including social relationships)
 - iii. 3C – Use of appropriate behaviors to meet their needs.
- f. Indicator 4 - Family Involvement
 - i. 4A – ECI has helped the family know their rights;
 - ii. 4B – ECI has helped the family effectively communicate their children’s needs; and
 - iii. 4C – ECI has helped the family help their children develop and learn.
- g. Indicator 5 – Child Find (Birth to One)
- h. Indicator 6 – Child Find (Birth to Three)

7. Business Days of Operation

Subrecipient must, at a minimum, have staff available to process referrals and meet the service delivery needs of families between the regular business hours of 8:00 a.m. and 5:00 p.m., Monday through Friday. Subrecipient must demonstrate the capacity to provide services for 52 weeks each year. Each year Subrecipient may select up to ten days from the official state or federal holidays to close business and must provide the list to their assigned performance specialist annually.

Subrecipient must have written policies and procedures for determining how and when to meet family requests for services outside of regular business hours in accordance with 26 TAC §350.1104(f). The Subrecipient must ensure services provided outside those hours are delivered in accordance with the Subrecipient’s written policies and procedures.

8. Respite Services - Scope of Work.

As required by 26 TAC pt. 1, Ch. 350, subch. K, § 350.1108, the Subrecipient must develop and implement a process for administering the state funded reimbursement of respite services that are not directly related to IFSP goals for families of children enrolled in the Subrecipient’s ECI services program. Subrecipient may request reimbursement for applicable indirect charges within the total respite contract amount.

If Subrecipient determines it will not expend all its respite funds for services provided to families within its designated service area during the contract term, it may, upon providing written notification to HHSC, collaborate with other ECI Subrecipients in accordance with 26 TAC pt. 1,

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Exhibit D

Ch. 350, subch. K, § 350.1108(c)(1) to reimburse families for respite services in areas outside of their designated service area.

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EXAMPLE