This manual is designed to serve as a resource & reference guide and as a training supplement to ensure quality service delivery for ECI children and their families, in accordance with state and federal guidelines.
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Welcome to Early Childhood Intervention (ECI) of North Central Texas. We are pleased to recognize you as part of the ECI team and look forward to a mutually successful relationship with you.

Definitions

In this Provider Manual,

1. **Provider** - refers to any professional who has been approved to provide services to ECI children and their families, under a contractual agreement.

2. **Part C** - refers to Part C of the Individuals with Disabilities Education Act (IDEA); more information: [https://sites.ed.gov/idea/statute-chapter-33/subchapter-IV/part-C](https://sites.ed.gov/idea/statute-chapter-33/subchapter-IV/part-C)

3. **Covered individual, client, infant, baby, toddler and family** are all terms to be considered interchangeable.

4. A list of [ECI definitions](https://sites.ed.gov/idea/statute-chapter-33/subchapter-IV/part-C) is available, as established by the Texas Administrative Code (TAC) §108.103.

5. **ACTION** = actions you are required to perform to complete the application process

6. **TRAINING** = training required to be completed before you can begin delivering ECI services

The information contained in this manual applies as of the date it was published, and may be modified by ECI at any time.

**Federal and State Statutes, Rules, and Regulations**

The ECI program is governed by and is compliant with the following statutes, rules, and regulations:

**Statutes**
- United States Code, Title 20, Chapter 33, *Individuals with Disabilities Education Act (IDEA)*
- Human Resources Code, Chapter 73, *Interagency Council on Early Childhood Intervention Services*
- United States Code, Title 20, Section 1232(g), *Family Educational Rights and Privacy Act of 1974 (FERPA)*

**Regulations**
- Code of Federal Regulations, Title 34, Part 99, *Family Educational Rights and Privacy*
- Code of Federal Regulations, Title 34, Part 303, *Early Intervention Program for Infants and Toddlers with Disabilities*

**Rules**
- Texas Administrative Code, Title 40, Chapter 108, *Division for Early Childhood Intervention Services*
- Texas Administrative Code, Title 40, Chapter 101, *Subchapter E, Appeals and Hearing Procedures*
- Texas Administrative Code, Title 1, Part 15, Chapter 355, Subchapter J, Division 22, *Reimbursement Methodology For the Early Childhood Intervention Program*
CI of North Central Texas is a program within the Early Childhood Services Division of My Health My Resources of Tarrant County (MHMR Tarrant) www.MHMRtarrant.org and is an affiliate of the Texas Early Childhood Intervention under the Texas Health and Human Services (HHS) https://hhs.texas.gov/

Organizational Chart
### ECI Contact Information

Central Administration  
3880 Hulen Street, Suite 400  
Fort Worth, Texas 76107  
817-569-5300

<table>
<thead>
<tr>
<th>Title</th>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Childhood Services (ECS) Chief</td>
<td>Laura Kender</td>
<td>817-569-5301</td>
</tr>
<tr>
<td>Senior Director - Clinical</td>
<td>Meghan Glovier</td>
<td>817-569-5303</td>
</tr>
<tr>
<td>Senior Director - Finance</td>
<td>Candace Andrade</td>
<td>817-569-5311</td>
</tr>
<tr>
<td>Senior Director - Special Projects / Public Awareness / Training</td>
<td>Debbie Lindsey</td>
<td>817-569-5307</td>
</tr>
<tr>
<td>Senior Director - Resource Development</td>
<td>Marnie Stone</td>
<td>682-249-9825</td>
</tr>
<tr>
<td>Senior Director - Compliance &amp; EHR</td>
<td>Sarah Nagle</td>
<td>817-343-4871</td>
</tr>
<tr>
<td>Senior Program Director</td>
<td>Anisha Philips</td>
<td>817-718-4823</td>
</tr>
<tr>
<td>Program Director - Central Division</td>
<td>Margie Jones</td>
<td>817-569-5117</td>
</tr>
<tr>
<td>Program Director - North Division</td>
<td>Maxine Maxfield</td>
<td>682-225-7347</td>
</tr>
<tr>
<td>Program Director - East Division</td>
<td>Veshia Bowen</td>
<td>214-949-2867</td>
</tr>
<tr>
<td>Program Director - South Division</td>
<td>Stephanie Shipman</td>
<td>817-944-2717</td>
</tr>
<tr>
<td>Program Director - West Division</td>
<td>Molly Wheeler</td>
<td>682-478-7786</td>
</tr>
</tbody>
</table>

In addition, each division has 4 Team Coordinators, who are assigned children based upon their zip code. The children who the Provider will serve will be listed on a caseload list.

**Referral Line**  
1-888-754-0524 (toll free) or 817-446-8000  
817-569-4492 fax
CI of North Central Texas provides services in the following 12 counties:

1. Cooke County
2. Denton County
3. Ellis County
4. Erath County
5. Hood County
6. Johnson County
7. Navarro County
8. Palo Pinto County
9. Parker County
10. Somervell County
11. Tarrant County
12. Wise County
Publications and videos have been produced to help educate and inform families and professionals about ECI’s service delivery system and parental rights (procedural safeguards).

Publications
ECI publications listed below are available on MHMR Tarrant’s website.

- **How’s Your Baby?**
- **Beyond ECI: Transition Handbook**
- **Paying for ECI Services**
- **What Healthcare Professionals Need to Know About ECI**
- **Parent Handbook**

**ACTION**
Read the [Parent Handbook](#), which explains ECI services from the parent’s perspective and their legal rights in accordance with the Family Educational Rights and Privacy Act (FERPA).

**Video**
A video about the local Early Childhood Intervention program is available on YouTube at [https://www.youtube.com/watch?v=sc6RjbxBzJM](https://www.youtube.com/watch?v=sc6RjbxBzJM)
SERVICE GUIDELINES

It is the provider’s responsibility to render services to ECI children and their families in accordance with the terms of the contract and this Provider Manual. The provider is required to render services in the same manner, adhering to the same standards, and within the same time availability as offered to all other children and families. There is no guarantee that any ECI family will utilize any particular provider.

Age of Children
ECI services are provided for children ages birth to 36 months. Services may not be provided to a child on or after their third (3rd) birthday.

Toys
ECI philosophy dictates use of the families’ toys. Providers must NOT bring toys into the family’s home.

Transportation
Provider may NEVER transport an ECI client or family member in their personal vehicle.

Equipment
Provider is responsible for any and all equipment and supplies needed to carry out the treatment/services whether, in the child’s home, or in other settings; including testing tools.

Provider is responsible for first discussing with the Service Coordinator any recommendations for equipment.

Case Transfers
Provider is expected to fully cooperate with cases that transfer to another provider.

Subpoenas
If Provider receives a subpoena for a client’s records or a subpoena by attorney summons to testify in court or by deposition, Provider must contact their assigned Program Director immediately.

No records may be released without a subpoena or a Release of Information (ROI), unless it is a Child Protective Service (CPS) investigation, and in this instance, the Provider must notify their Program Director immediately of any requests or subpoena. Coordination of a subpoena is handled through MHMR of Tarrant County’s Client Records Department by contacting:

Annette Ervin, Client Records
MHMR Tarrant, RU #1044
3840 Hulen Street
Fort Worth, TX 76107
817-569-4417
Annette.Ervin@mhmrtc.org
SERVICE DELIVERY

The primary contact person for any ECI child and family is the ECI Service Coordinator. The ECI Service Coordinator is responsible for the overall coordination of services to the child. All issues regarding a child must be brought to the attention of the ECI Service Coordinator for assistance in resolution.

ECI of North Central Texas recognizes that a team effort is needed to successfully provide services to ECI families. For this reason, the Provider is seen as a valuable member of the team, having insight into successes or problems as they occur. Providers are encouraged to ask questions of the ECI Service Coordinator as Individualized Family Service Plans (IFSPs) and other plans are developed to ensure those specific areas most important to the child and family are addressed at that time.

It is expected that regular communication will occur between the Provider, family, ECI Service Coordinator, and other team members, as indicated to ensure roles and responsibilities are tailored to meet the child and family’s needs.

Activities to Achieve Child & Family Outcomes

Any Provider that delivers services will be expected to address specific written outcomes and procedures/activities, in conjunction with the ECI child, family and other team members. Specific procedures/activities will need to be written as part of the IFSP. The minimum requirements for an IFSP team are the ECI service coordinator, the ECI parent or legal guardian and a second discipline. Second disciplines include:

- Infant Mental Health Specialist: LPC, LCSW, or LMFT
- Physical Therapist
- Occupational Therapist
- Speech Therapist
- Registered Nurse
- Registered Dietitian
- Early Intervention Specialist

For children with Auditory and/or Visual Impairments (AI/VI), the AI or VI teacher from the Independent School District (ISD) is required to participate.

Coaching

ECI uses a coaching approach, which allows the parent/caregiver to feel confident and competent. Coaching provides support, suggestions for improvement, and encouragement in parents’ ability to:

- Reflect on interactions with the child;
- Develop a plan for future interactions; and
- Support the child in all areas of development.

Visits

- Provider must ensure that all visits assigned to them are completed, as stated in the child’s IFSP.
• Any requests to change frequency or duration of service must be directed to the appropriate Service Coordinator immediately. Changes cannot occur until an IFSP revision has been completed.

• Progress notes must be completed at each therapy visit; a copy must be left with the parent/caregiver.

No Shows or Cancellations
Any “no show”, client cancellation, or cancellation by Provider must be documented on a progress note and on a Service Activity Log (SAL).

Outside Referrals
In accordance with ECI best practices, Provider may not make a medical referral/recommendation for the family to see an outside company that are medical or that would require authorization by the family’s primary care physician (PCP), managed care organization (MCO), or private insurance case manager. Examples are:
• Private therapy
• Diagnostic testing
• Audiological testing
• Ophthalmology testing

If a family requests a recommendation for a private therapy company, Provider will refer the family to their PCP, MCO, or private insurance case manager and notify the Service Coordinator. A list of referral sources should not be given to the family.

Interpretation / Translation
Provider must make reasonable effort to provide appropriate interpretation or translation services in the child's native language or other communication assistance necessary for a parent or child with limited English proficiency or with communication impairments to participate in early childhood services. Interpretation, translation, and communication assistance is provided at no cost to the family (TAC Title 40, Part 2, Chapter 108, Subchapter B, Rule §108.203).

The ECI program has contractual agreements with interpretation companies, which ECI staff and Providers may utilize for interpretation, translation, and sign language assistance. To make arrangements for the appropriate interpretation source prior to meeting with the family, Provider should contact the child's assigned Team Coordinator for instructions.
COMMUNICABLE DISEASES

Provider
Any Provider who routinely performs any job duty in proximity to any child served must practice universal precautions to safeguard others against infectious and communicable diseases. Before Provider begins service delivery, evidence of a negative TB test must be given.

ACTION
Provide proof of negative TB test lab results.
(as required in the Provider Application for an Individual packet)

Child
With written parental consent, for identified children with infectious diseases (e.g., HIV, AIDS, CMV, Hepatitis B), the Service Coordinator will communicate with the physician responsible for medical care and must involve the physician in programmatic decisions about treatment. Communication with the physician must occur prior to assessment and on an ongoing basis as needed. The Service Coordinator will communicate status with Provider.

Contact the appropriate Team Coordinator immediately if a communicable disease is suspected.

Notifiable Conditions
The following table lists notifiable conditions in Texas. In addition to these conditions, any outbreaks, exotic diseases, and unusual group expressions of disease must be reported. Children with notifiable conditions must be reported to the Team Coordinator by name, age, sex, race/ethnicity, date of birth, address, telephone number, disease, date of onset, method of diagnosis, and name, address, and telephone number of physician.

The Notifiable Conditions indicates when to report each condition. Cases or suspected cases of illness considered being public health emergencies, outbreaks, exotic diseases, and unusual group expressions of disease must be reported to the local health department or DSHS immediately. Other diseases for which there must be a quick public health response must be reported within one working day. All other conditions must be reported to the local health department or DSHS within one week. Provider will coordinate reporting with appropriate Team Coordinator.

Most notifiable conditions, or other illnesses that may be of public health significance, should be reported directly to the local or health service regions. Paper reporting forms can be obtained by calling your local or health service region or by download from here (by using either the EPI-1 or EPI-2 form). If needed, cases may be reported to the Department of State Health Services at 1-800-252-8239. After hours, this number will reach physician / epidemiologist-on-call. Contact information for your local or regional health department can be found at: http://www.dshs.state.tx.us/idcu/investigation/conditions/contacts/.
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<td>Acquired immune deficiency syndrome (AIDS)</td>
<td>Within 1 week</td>
<td>Legionellosis</td>
<td>Within 1 week</td>
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<td>Acmeiosis</td>
<td>Within 1 week</td>
<td>Leishmaniasis</td>
<td>Within 1 week</td>
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<td>Amoebic meningitis and encephalitis</td>
<td>Within 1 week</td>
<td>Listeriosis</td>
<td>Within 1 week</td>
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<td>Anaplasmosis</td>
<td>Within 1 week</td>
<td>Lyme disease</td>
<td>Within 1 week</td>
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<td>Anthrax</td>
<td>Cell Immediately</td>
<td>Malaria</td>
<td>Within 1 week</td>
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<tr>
<td>Arboviral infections</td>
<td>Within 1 week</td>
<td>Measles (rubella)</td>
<td>Call Immediately</td>
</tr>
<tr>
<td>Asbestosis</td>
<td>Within 1 week</td>
<td>Meningococcal infection, invasive (Neisseria meningitidis)</td>
<td>Call Immediately</td>
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<td>Ascaris</td>
<td>Within 1 week</td>
<td>Multidrug-resistant Acinetobacter (MDR-A)</td>
<td>Within 1 week</td>
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<td>Babesiosis</td>
<td>Within 1 week</td>
<td>Mumps</td>
<td>Within 1 week</td>
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<td>Botulism (adult and infant)</td>
<td>Call Immediately</td>
<td>Paragonimiasis</td>
<td>Within 1 week</td>
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<td>Brucellosis</td>
<td>Within 1 work day</td>
<td>Pertussis</td>
<td>Within 1 work day</td>
</tr>
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<td>Campylobacteriosis</td>
<td>Within 1 week</td>
<td>Pesticide poisoning, acute occupational</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>*Cancer</td>
<td>See rules</td>
<td>Plague (Yersinia pestis)</td>
<td>Call Immediately</td>
</tr>
<tr>
<td>Carbapenem-resistant Enterobacteriaceae (CRE)</td>
<td>Within 1 work day</td>
<td>Poliomyelitis, acute paralytic</td>
<td>Call Immediately</td>
</tr>
<tr>
<td>Chickenpox</td>
<td>Within 1 week</td>
<td>Poliovirus infection, non-paralytic</td>
<td>Within 1 work day</td>
</tr>
<tr>
<td>Cholangitis</td>
<td>Within 1 week</td>
<td>Pneumonia</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>*Cholera</td>
<td>Within 1 week</td>
<td>Pseudomonas aeruginosa</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>*Contaminated water supply</td>
<td>Within 1 week</td>
<td>Rabies (human)</td>
<td>Call Immediately</td>
</tr>
<tr>
<td>*Controlled substance overdose</td>
<td>Call Immediately</td>
<td>Salmonellosis, including typhoid fever</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Coronavirus, novel</td>
<td>Call Immediately</td>
<td>Shiga toxin-producing Escherichia coli</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Cryptosporidiosis</td>
<td>Within 1 week</td>
<td>Shigellosis</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Cyclosporiasis</td>
<td>Within 1 week</td>
<td>*Staphylococcus aureus</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Cysticercosis</td>
<td>Within 1 week</td>
<td>Smallpox</td>
<td>Call Immediately</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>Call Immediately</td>
<td>*Streptococcal disease (groups A, B, C, D)</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>*Drowning/hang drowning</td>
<td>Within 10 work days</td>
<td>Spotted fever group rickettsioses</td>
<td>Within 10 work days</td>
</tr>
<tr>
<td>Echovirus</td>
<td>Within 1 week</td>
<td>Streptococcal disease</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Ehrlichiosis</td>
<td>Within 1 week</td>
<td>*Syphilis – primary and secondary stages</td>
<td>1, 18 Within 1 work day</td>
</tr>
<tr>
<td>Fascioliasis</td>
<td>Within 1 week</td>
<td>*Syphilis – all other stages</td>
<td>1, 18 Within 1 week</td>
</tr>
<tr>
<td>*Gonorrhea</td>
<td>Within 1 week</td>
<td>Toxoplasmosis and undifferentiated Toxoplasmosis</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Haemophilus influenzae, invasive</td>
<td>Within 1 week</td>
<td>Tetanus</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Hansen’s disease (leprosy)</td>
<td>Within 1 week</td>
<td>*Traumatic brain injury</td>
<td>Within 10 work days</td>
</tr>
<tr>
<td>Hantavirus infection</td>
<td>Within 1 week</td>
<td>Tuberculosis</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Hemolytic uremic syndrome (HUS)</td>
<td>Within 1 week</td>
<td>Trichinosis</td>
<td>Within 1 week</td>
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<tr>
<td>Hepatitis A</td>
<td>Within 1 work day</td>
<td>Typhoid fever</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>*Hepatitis B, C, and E (acute)</td>
<td>Within 1 week</td>
<td>*Tuberculosis infection</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>*Hepatitis B infection identified perinatally or at delivery (mother)</td>
<td>Within 1 week</td>
<td>Typhus</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>Hepatitis B, perinatal (HBsAg &lt; 24 months old) (child)</td>
<td>Within 1 work day</td>
<td>Vancomycin-resistant Staphylococcus aureus (VISA)</td>
<td>Call Immediately</td>
</tr>
<tr>
<td>Hookworm (anisocerciasis)</td>
<td>Within 1 week</td>
<td>Vancomycin-resistant Staphylococcus aureus (VRS)</td>
<td>Call Immediately</td>
</tr>
<tr>
<td>Human immunodeficiency virus (HIV), acute infection</td>
<td>Within 1 work day</td>
<td>Vibrio infection, including cholera</td>
<td>Within 1 work day</td>
</tr>
<tr>
<td>Human immunodeficiency virus (HIV), non-acute infection</td>
<td>Within 1 work day</td>
<td>Viral hemorrhagic fever (including Ebola)</td>
<td>Call Immediately</td>
</tr>
<tr>
<td>Influenza-associated pediatric mortality</td>
<td>Within 1 work day</td>
<td>Yellow fever</td>
<td>Call Immediately</td>
</tr>
<tr>
<td>*Influenza, novel</td>
<td>Call Immediately</td>
<td>Yersinia</td>
<td>Within 1 week</td>
</tr>
</tbody>
</table>

*Footnotes continued on next page.*
Texas Notifiable Conditions (continued)

Texas Notifiable Conditions Footnotes

1 Please refer to specific rules and regulations for HIV/STD reporting and who to report to at:
   http://www.dshs.texas.gov/hivstd/healthcare/reporting.shtm.

2 Reporting forms are available at http://www.dshs.texas.gov/idcu/investigation/forms/ and investigation forms at
   http://www.dshs.texas.gov/idcu/investigation/. Call as indicated for immediately reportable conditions.

3 Lab samples of the following must be sent to the Department of State Health Services, Laboratory Services Section, 1100 West 49th Street,
   Austin, Texas 78756-3199 or other public health laboratory as designated by the Department of State Health Services: Bacillus anthracis
   isolates, Clostridium botulinum isolates, Brucella species isolates, Corynebacterium diphtheriae isolates, Haemophilus influenzae isolates
   from normally sterile sites in children under five years old, Listeria monocytogenes isolates, Neisseria meningitidis isolates from normally
   sterile sites or purpuric lesions, Yersinia pestis isolates, Salmonella species isolates (also requested - specimens positive for Salmonella
   by culture-independent diagnostic testing (CIDT) methods), Shiga toxin-producing Escherichia coli (all E.coli O157:H7 isolates and any E.coli
   isolates or specimens in which Shiga toxin activity has been demonstrated), Staphylococcus aureus with a vancomycin MIC greater than 2
   µg/mL (VISA and VRSA), Streptococcus pneumoniae isolates from normally sterile sites in children under five years old, Mycobacterium
   tuberculosis complex isolates, Francisella tularensis isolates, and Vibrio species isolates (also requested - specimens positive for Vibrio by
   culture-independent diagnostic testing (CIDT) methods). Pure cultures (or specimens) should be submitted as they become available
   accompanied by a current department Specimen Submission Form. See the Texas Administrative Code (TAC) Chapter 97: §97.3(a)(4),
   §97.4(a)(6), and §97.5(a)(2)(C). Call 512-776-7598 for specimen submission information.

4 Arboviral infections including, but not limited to, those caused by California serogroup virus, chikungunya virus, dengue virus,
   Eastern equine encephalitis (EEE) virus, St. Louis encephalitis (SLE) virus, Western equine encephalitis (WEE) virus, West Nile
   (WN) virus, and Zika virus.

5 For asbestos reporting information see http://www.dshs.texas.gov/epitox/Asbestosis-and-Silicosis-Surveillance/.


7 Report suspected botulism immediately by phone to 888-963-7111.

8 For pesticide reporting information see http://www.dshs.texas.gov/epitox/Pesticide-Exposure/#reporting.

9 For more information on cancer reporting rules and requirements go to http://www.dshs.texas.gov/tcr/reporting.shtm.

10 See additional CRE reporting information at http://www.dshs.texas.gov/IDCU/health/antibiotic_resistance/Reporting-CRE.doc.

11 For purposes of surveillance, CJD notification also includes Kuru, Gerstmann-Sträussler-Scheinker (GSS) disease, fatal familial
   insomnia (FFI), sporadic fatal insomnia (sFI), Variably Protease-Sensitive Prionopathy (VPSPr), and any novel prion disease
   affecting humans.

12 Call your local health department for a copy of the Varicella Reporting Form with their fax number. The Varicella (Chickenpox) Reporting
   Form should be used instead of an Epi-1 or Epi-2 morbidity report.

13 Applicable for governmental entities. Not applicable to private facilities. (TAC §96.201) Initial reporting forms for Contaminated Sharps at
   http://www.dhs.texas.gov/idcu/infection_control/bloodborne_pathogens/reporting/.

14 To report controlled substance overdose, contact local poison center at 1-800-222-1222. For instructions, see
   https://www.dshs.texas.gov/epidemiology/epipoison.shtm.

15 Novel coronavirus causing severe acute respiratory disease includes Middle East Respiratory Syndrome (MERS) and Severe Acute
   Respiratory Syndrome (SARS).

16 For silicosis reporting information see http://www.dshs.texas.gov/epitox/Asbestosis-and-Silicosis-Surveillance/.

17 Please refer to specific rules and regulations for injury reporting and who to report to at http://www.dhs.texas.gov/injury/rules.shtm.

18 Laboratories should report syphilis test results within 3 work days of the testing outcome.

19 Reportable tuberculosis disease includes the following: suspected tuberculosis disease pending final laboratory results; positive
   nucleic acid amplification tests; clinically or laboratory-confirmed tuberculosis disease; and all Mycobacterium tuberculosis (M. tb)
   complex including M. tuberculosis, M. bovis, M. africanum, M. canetti, M. microti, M. caprae, and M. pinnipedii. See rules and reporting information at

20 TB infection is determined by a positive result from an FDA-approved Interferon-Gamma Release Assay (IGRA) test such as T-
   SpotTb or QuantiFERON® - TB GOLD In-Tube Test or a tuberculin skin test, and a normal chest radiograph with no presenting

21 Any person suspected of having HIV should be reported, including HIV exposed infants.

22 For lead reporting information see http://www.dhs.texas.gov/lead/default.shtm.
INCIDENT REPORTING

Critical Incidents
Providers are required to contact the appropriate Team Coordinator immediately with information regarding the occurrence of any of the following critical incidents and to contact each child’s ECI Service Coordinator to report occurrences of the following:

- Suspected Abuse, Neglect or Exploitation *See last section below
- Client Death - Suicide/Homicide
- News Media Coverage Likely
- Homicide Attempt
- Homicide Threat With Plan
- Perpetrator of Homicide
- Missing Person (police report filed)
- Catastrophic Events (i.e. bomb threats, explosions, major fire, etc.)
- Litigation Threat

If unable to reach Team Coordinator, Provider may call a Program Director or Senior Director to complete an incident report.

Non-Critical Incidents
Providers are required to contact their Team Coordinator and Service Coordinator with information regarding the occurrence of any of the following critical incidents as soon as possible, upon learning of the incident.

- Client Death - Medical Reasons
- Suicide Attempts
- Hospitalizations
- Physical Aggression (forceful or hostile actions with intent to harm self/others)
- Auto Accident involving a covered individual
- DNR (Do Not Resuscitate)
- Infectious Diseases

Suspected Abuse, Neglect or Exploitation for more info, see Training Section - pages 34-35

*Immediately upon witnessing or becoming aware of possible abuse, neglect or exploitation, Provider is responsible for reporting the incident to the Texas Department of Family and Protective Services (DFPS) by calling their hotline at 1-800-252-5400 or submitting a report via their internet reporting site: www.txabusehotline.org.

Provider must also notify the ECS Chief or the Clinical Director.

Any Provider having cause to believe that a child’s physical or mental health or welfare has been or may be adversely affected by abuse or neglect, must report this in accordance with state law to the Texas Department of Family and Protective Services (DFPS) and/or a local or state law enforcement agency. Failure to report suspected abuse or neglect is a Class B misdemeanor.
FAMILY COMPLAINTS

Parent Handbook
Serving as the family and child’s Service Coordinator, ECI of North Central Texas staff members are required to provide each family with the ECI Parent Handbook (a publication, pursuant to Texas Administrative Code (TAC) Title 40, Part 2, Chapter 108, Subchapter B). The handbook explains ways to resolve a disagreement related to ECI service provision.

If the family mentions a concern or complaint, the Provider may inquire if the family still has their copy of the Parent Handbook, which was issued to them during their first ECI visit.

If the family is unable to locate their originally-issued Parent Handbook, Provider will provide a second Parent Handbook and make note of giving the handbook in a progress note. In addition, Provider may offer the family the web link to the Parent Handbook:


Local Contact
Most disagreements may be resolved at the local level without a formal complaint. Provider will direct the family to the appropriate personnel (listed below) to help resolve any issues or concerns:

<table>
<thead>
<tr>
<th>Contact Name:</th>
<th>Contact Info</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ECI Service Coordinator</td>
<td>info provided to family during the first ECI visit</td>
</tr>
<tr>
<td>2. ECI Program Director</td>
<td>written on the inside cover of the Parent Handbook, or see the ECI Contact Information (page 3 of this Provider Manual)</td>
</tr>
<tr>
<td>3. ECI Clinical Director, Meghan Glovier</td>
<td>817-569-5303 - <a href="mailto:Meghan.Glovier@mhmrtc.org">Meghan.Glovier@mhmrtc.org</a></td>
</tr>
<tr>
<td>4. ECI Chief, Laura Kender</td>
<td>817-569-5301 - <a href="mailto:Laura.Kender@mhmrtc.org">Laura.Kender@mhmrtc.org</a></td>
</tr>
<tr>
<td>5. MHMR Tarrant’s Client Rights Officer</td>
<td>817-569-4367 - <a href="mailto:Paul.Duncan@mhmrtc.org">Paul.Duncan@mhmrtc.org</a></td>
</tr>
</tbody>
</table>

State Contact
If disagreements are not able to be resolved at the local level, the family has the right to file a complaint with the Texas Health and Human Services (HHS) at the state level. In such instances, Provider will inform the family of the directions described in the Parent Handbook (page 13-14) on filing a complaint and inform the family that they may call the HHS Office of Ombudsman at 1-877-787-8999 to speak with someone at the HHS state office.

A complaint may also be filed online: https://hhs.texas.gov/services/disability/early-childhood-intervention-services/eci-how-file-a-complaint
HOME VISIT SAFETY

While delivering services at a family’s home, Provider should take necessary safety precautions to protect yourself and be prepared in any situation. The tips below provide general guidelines for situations that may arise while out in the community.

Before Going to the Home

1) Contact the people you plan to visit and obtain as much information as possible, such as: the meeting location, their full name, their address, and phone.
2) If possible, attempt to verify that the information is correct.
3) Check the home visit address to determine if it is a potentially dangerous location, by visiting crime reporting websites, such as www.crimereports.com, http://spotcrime.com/, or www.mylocalcrime.com.
4) Before your visit, ask questions about pets, children, potential visitors or risk factors, such as: drug/chemical abuse, domestic violence, criminal involvement, or mental illness.
5) If needed for safety, Provider may request to have an ECI staff attend the visit with you. If a 2-person team is not feasible:
   a. Ensure someone always knows of the date, time, and location of your home visits, or
   b. Notify someone of your arrival time, the address, phone numbers, and approximate length of visit.
   c. Arrange for someone to call you on your mobile phone near the end of your visit to confirm that you are okay.
   d. Establish a predetermined duress “code word” or “phrase” to use in an emergency to alert others you are in danger and should call 9-1-1.

Personal Safety

1) If you carry bags, keep your car keys and mobile phone on you. In an emergency, you’ll have those readily available, where you can flee or barricade yourself in another room and use your phone.
2) Survey the premises for exits and ways out in an emergency. Also think about fire escape routes.
3) If the person you are visiting locks the front door (particularly deadlocks), ask them to please leave the key in the lock.
4) Be wary of trip hazards that are both external and internal to the home, such as: steps, lifted floor coverings, electrical wires, or clutter.
5) If there are dogs or other pets that concern you, ask the family to put the animals in a locked kennel or room.
6) Limit the amount of cash you carry.
7) Avoid carrying credit cards.
8) Don’t wear expensive jewelry.
9) Don’t carry a purse.
10) Carry essential identification only.
11) Dress conservatively.
Travel Safety

1) Keep car doors locked at all times.
2) Don’t park in the driveway; you could get blocked in. If not possible, consider reverse parking, so you can drive away quickly.
3) In a cul-de-sac, park in the direction of the cul-de-sac exit.
4) Avoid parking next to vans or trucks.
5) Avoid parking in isolated areas.
6) Park in well-lit areas.
7) Hide your purse, bags, packages and valuables, so they are not visible.
8) Approach your car with keys in-hand.
9) Check the car interior before entering.
10) Lock your car doors as soon as you get in.

Aggressive or Dangerous Activity

1) Never enter a house if there is yelling, screaming, breaking glass, or sounds that cause concern coming from within; instead, call the police (9-1-1).
2) Don’t enter a home with someone who is under the influence of alcohol or drugs.
3) Don’t enter a home with someone who is inappropriately dressed.
4) If an aggressive incident occurs, remain as calm as possible, speaking slowly and calmly.
5) Stay out of types of rooms where weapons might be stored, such as the knives in the kitchen.
6) Try to keep a barrier between you and the aggressor, such as a table.
7) Don’t stand face-to-face to the aggressor; this makes you vulnerable to attack.
8) Try to move slowly toward an exit, or consider a room you can barricade yourself in and use your cell phone to call the police (9-1-1).
9) Don’t walk backwards, as you risk tripping over something unseen.
10) Even if it is only the threat of assault, call the police (9-1-1) at the earliest opportunity, and report the incident to a Senior Director or the Chief of ECS.
11) You must inform the police if firearms are produced or implied.
**DRESS CODE**

ECI providers are expected to be suitably attired and groomed during working hours or when representing the ECI program. These standards are established as guidelines for a professional appearance while providing services with dignity, maturity and respect.

**Preferred Attire**

Preferred attire is ECI shirt with casual pants or scrub pants. ECI clothing may be purchased online through the MHMR Tarrant Company Store.

**Appropriate & Inappropriate Attire**

<table>
<thead>
<tr>
<th>Category</th>
<th>Appropriate Attire</th>
<th>Inappropriate / DO NOT WEAR</th>
</tr>
</thead>
</table>
| Shirts        | ✓ Business casual shirt  
✓ ECI shirt  
✓ Holiday t-shirt or sweatshirt (be respectful of families religious and cultural beliefs)  
✓ Sleeveless shirt | × Worn out or sloppy shirt  
× Sweat shirts  
× Tank tops  
× T-shirt with any advertising or logo (other than ECI)  
× College, school or sports team t-shirts, jerseys or athletic wear  
× Spaghetti straps  
× Low cut shirts that expose or reveal cleavage  
× Short shirts (if midriff shows when the arms are raised) |
| Pants         | ✓ Business casual pants, jeans or khakis  
✓ Scrub pants  
✓ Walking shorts (knee length; no more than 2" above the knee) | × Worn out or sloppy pants/jeans (not frayed; no holes)  
× Exercise or sweat pants  
× Low-ride pants/jeans  
× Short shorts  
× Bib overalls |
| Dresses/Skirts| ✓ Business casual dress or skirt (knee length; no more than 2” above the knee)  
✓ Short dresses or skirts above the knee are permissible if worn with tights or leggings |                                                                                           |
| Shoes         | ✓ Clean shoes, boots, sandals or tennis shoes  
✓ NOTE: Ask permission before taking off shoes in the home or child care center. If shoes are removed, socks or booties must be worn. | × Dirty shoes  
× Flip flops (beach)  
× Crocs |
| General       | ✓ All items of attire should be clean and nice in appearance  
✓ Be respectful of families’ religious and cultural beliefs  
✓ Be respectful of people (especially babies) who might be allergic or are intolerant to smells and fragrances  
✓ Good hygiene  
✓ Well-kept hair  
✓ ECI badge | × Tight fitting clothes  
× Clothing that reveals too much cleavage, back, chest, stomach or underwear  
× No sheer or see-through clothing  
× Abundant accessories  
× Caps  
× Excessive make-up  
× Inappropriate tattoos or piercings that would be considered unprofessional or considered a distraction (tattoos may be covered)  
× Perfume, cologne, aftershave or scented lotions |
A child is eligible for ECI services if he or she is under 36 months of age and has a:

- **Medically Diagnosed Condition** - a child who has a medically diagnosed condition that has a high probability of resulting in developmental delay qualifies for ECI. The diagnosis must be on the list of qualifying medical diagnoses (found at [https://hhs.texas.gov/node/2146](https://hhs.texas.gov/node/2146) under the “Diagnoses List” section), and medical records must be provided to confirm the diagnosis.

- **Auditory or Visual Impairment** - a child who has an auditory or visual impairment as defined by the Texas Education Agency rule at [19 TAC Section 89.1040](https://hhs.texas.gov/node/2146) qualifies for ECI. This determination is made by a team led by certified staff from the local independent school district.

- **Developmental Delay** - a child who has a developmental delay of at least 25% which affects functioning in one or more areas of development, including cognition, communication, gross or fine motor, social-emotional and adaptive/self-help.

Continuing eligibility is based on the same factors mentioned above, except the 25% delay, lessens to a 15% delay.

Rules for eligibility for ECI services are found in the Texas Administrative Code (TAC) under [Title 40, Part 2, Chapter 108, Subchapter H](https://hhs.texas.gov/node/2146).
SERVICE DESCRIPTIONS

Services are provided utilizing a coaching approach with the parent/caregiver as the primary interventionists. Services are delivered primarily in the child’s home or child care. Services are provided to accommodate the parent/caregiver's schedule and evening visits may be considered an option.

Providers shall provide the ECI services identified below, as assigned, in accordance with the Individualized Family Service Plan (IFSP) through qualified service providers. To provide ECI services, the Provider must be knowledgeable in child development and developmentally appropriate behavior, as well as possess the requisite education, demonstrated competence and/or experience identified below.

Provider 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 IDEA Part C and 40 Texas Administrative Code (TAC) §§108.101-107, as outlined in the HHS/ECI contract.

ECI provides a wide array of services:
- Audiology/Hearing
- Assistive Technology
- Behavioral Intervention
- Service Coordination/Case Management
- Counseling
- Family Education & Training
- Health Services
- Infant Massage
- Nursing
- Nutrition and Feeding
- Occupational Therapy
- Physical Therapy
- Social Work
- Specialized Skills Training
- Speech & Language Therapy
- Transition to Services after Age 3
- Translation/Interpretation
- Vision

Primary services delivered by contract providers are:

1. Occupational Therapy
   a. Occupational therapy 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. Occupational therapy must be provided by an:
      i. Occupational Therapist (OT) licensed by the Texas Board of Occupational Therapy Examiners; or
      ii. Occupational Therapy Assistant (OTA) licensed by the Texas Board of Occupational Therapy Examiners, working under the direction of a Licensed Occupational Therapist.

2. Physical Therapy
   a. Physical therapy 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. Physical therapy must be provided by a:
   i. Licensed Physical Therapist (LPT) licensed by the Texas State Board of Physical Therapy Examiners; or
   ii. Physical Therapy Assistant (PTA) licensed by the Texas State Board of Physical Therapy Examiners, working under the direction of a Licensed Physical Therapist.

3. Speech-Language Pathology
   a. 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.
   b. Speech-language pathology must be provided by a:
      i. Speech-Language Pathologist (SLP) licensed by the Texas State Board of Examiners for Speech-Language Pathology and Audiology;
      ii. Intern in Speech-Language Pathology (SLPI) licensed by the Texas State Board of Examiners for Speech-Language Pathology and Audiology; or
      iii. 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 Speech-Language Pathologist.

4. Behavior Intervention
   a. Behavior Intervention services are delivered through a structured plan to strengthen developmental skills while specifically addressing severely challenging behaviors as determined by the IFSP team. A behavior plan is developed by the IFSP team (that includes the plan supervisor) to:
      i. identify goals;
      ii. conduct a functional assessment to determine the motivation for the behavior;
      iii. develop a hypothesis;
      iv. design support plans; and
      v. implement, monitor, and evaluate outcomes.
   b. Behavioral intervention is provided through direct one-to-one intervention with the child combined with direct intervention with the child and the parent or routine caregiver.
   c. Behavioral intervention must be 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.
   d. Behavioral intervention must be provided according to a structured plan supervised by one of the following:
      i. Board Certified Behavior Analyst (BCBA)
      ii. One of the following who is trained in Positive Behavior Supports or Applied Behavior Analysis (ABA):
         - Licensed Psychologist (LP) licensed by the Texas State Board of Examiners of Psychologists
         - Licensed Psychological Associate (LPA) licensed by the Texas State Board of Examiners of Psychologists
         - Licensed Professional Counselor (LPC) licensed by the Texas State Board of Examiners of Professional Counselors
- Licensed Clinical Social Worker (LCSW) licensed by the Texas State Board of Social Work Examiners
- Licensed Marriage and Family Therapist (LMFT) licensed by the Texas State Board of Examiners of Marriage and Family Therapists

e. The team and the parent may specify a provider who has the requisite knowledge, skills and training.

4. Specialized Skills Training (SST)
   a. Specialized Skills Training 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. Providers of Specialized Skills Training must be knowledgeable in:
      i. implementing strategies across developmental domains; and
      ii. basic behavior intervention strategies (including rewards and consequences).
   c. Providers of Specialized Skills Training must have knowledge and training in the domain in which the child has an identified developmental need.
The Provider must comply with all applicable federal, state, and local laws, rules and regulations.

**Documentation**

The Provider must document the service delivered in the child's record. Documentation must include:

- Date, time, duration, and place of the service;
- Nature of the service;
- Names of recipients;
- Original (wet) signature of the service provider; and
- Description of family involvement in the service.

The Provider is responsible for accuracy in all documentation. Documenting must avoid indiscriminately copying, pasting, or cloning from another progress note, discharge summary, or communication.

**Timelines**

Reimbursements may not be made or may be delayed if the following timelines are not met. Errors or inaccuracies in documentation and reports will also delay payment.

a. **Weekly paperwork is due by 9am on Monday** for all previous week’s services provided.

   *Exception: At the end of each month, paperwork is due on the 3rd day after the last day of the month.*

   1) **Payment Log/Invoice**
   2) **Progress Notes**
   3) **Service Activity Log (SAL)**

   ✓ SAL entries must correspond to the respective progress note and IFSP.
   ✓ Corrections must be completed within twenty-four (24) hours.
   ✓ Error rates could jeopardize service provision.

   *ECI forms will be explained during the training process.*

b. **Submit Payment Log/Invoice, Progress Notes, and SALs via email to:**

   ECI4Contractors@mhmrtc.org

   *NOTE: Payment logs or invoices must match the times and duration exactly as indicated on the progress notes and SALs*

c. **Other documentation** is due to the appropriate ECI staff member, as instructed by the Team Coordinator or Program Director.

   - **IFSP signature sheets** must be signed by the **third business day** following the month’s end.
• **Letters of Medical Necessity** or other paperwork that is required by Medicaid or insurance companies is due **within three (3) working days** after requested by an ECI Billing Specialist.

**Verification**

Provider must maintain records necessary to verify services delivered and billed to ECI. Progress notes must be completed for all services rendered. These notes must reflect the service that took place and the individual’s progress or lack of progress towards the anticipated service outcome.

Provider must additionally maintain records including the following:

- Names of all covered individuals seen by Provider
- Evidence of licensure, certification or accreditation, as required
- Evidence of insurance coverage
- Evidence of required training
- If covered individuals are paid by Provider, evidence of compliance with Department of Labor (DOL) regulations regarding salaries and pay
PRE-REQUISITES

Credentialing
Before providing ECI services, each Provider must be credentialed through MHMRTC by submitting a completed credentialing application to:

Julia King, Senior Director of Contracts
MHMR of Tarrant County
Credentialing Dept. RU #1012
3840 Hulen Street
Fort Worth, TX 76107
817-569-4151
Julia.King@mhmrtc.org

ACTION
Complete & submit the Credentialing Application, which is located on MHMRTC’s website: http://www.mhmrtarrant.org/ Jobs/Credentialing (instructions also available).

Billing
♦ TPI Number
Each provider is required to obtain a Medicaid Texas Provider Identifier (TPI) number by completing a Texas Medicaid Healthcare Partnership (TMHP) Application. Since this state document changes frequently, please obtain the most recent version by contacting:

Kelly Creamier, Program Specialist
ECI of North Central Texas
ECI Administration RU #3100
3880 Hulen Street, Suite 400
Fort Worth, TX 76107
817-569-5315
Kelly.Creamier@mhmrtc.org

ACTION
Contact Kelly to obtain the correct form, complete the TMHP Application, and then submit to Kelly.

♦ NPI Number
Each provider is required to have a National Provider Identifier (NPI) number. If a NPI # has not previously been obtained, Provider should contact:

Krystal Parker, Enrollment Specialist
MHMR of Tarrant County
Client Billing RU #1024
3840 Hulen Street
Fort Worth, TX 76107
Krystal.Parker@mhmrtc.org

MHMRTC will bill Medicaid, Children's Health Insurance Program (CHIP), or other MCOs that have current contracts with ECI, and private insurance for services provided to ECI children by Provider. Throughout the year, if ECI of North Central Texas contracts with other insurance panels, Provider, its employees and agents, may be asked to fill out additional provider packets, i.e. credentialing for that specific contract.
**Fingerprint-Based Background Check**

Anyone working under ECI must be cleared initially by a federal fingerprint-based criminal background check prior to that person’s direct contact with children or families (Texas Administrative Code (TAC), Title 40, §108.310)

The background check consists of fingerprint-based searches of state and FBI Criminal History Record Information databases and name index searches of computerized databases. These databases contain criminal arrest and conviction information.

The Health and Safety Code 250.007(c) requires that results of criminal background records may not be released to another organization; therefore, fingerprint checks must be performed for each organization the Provider works with (e.g. past employers, licensing boards, school district, or hospital).

♦ **Steps**

**ACTION** Follow these steps:

1. **Schedule an Appointment** - at one of the IdentoGO locations by going online or call toll-free at (888) 467-2080. When making an appointment the ORI# for MHMR Tarrant TX921710Z must be provided (found on the FAST form - see #2 below).


3. **Go to Fingerprinting Appointment:**
   - Take the completed FAST form
   - Bring a valid state-issued identification card or driver’s license
   - Smile - a photograph will be taken
   - Pay an on-site fee of $9.95* (Note: Effective January 1, 2019, the rate will increase to $13.25)

   *ECI pays a $45 fee for each fingerprinting session and will also reimburse you for the on-site fee that is required to be paid at the time of the appointment. Bring the original receipt to your ECI Program Director or designee for reimbursement.

Federal fingerprint-based background checks are required only once. Subsequent background checks will be conducted annually through the Texas Department of Public Safety.

**DPS Background Checks**

In Texas, criminal history checks are run by the Department of Public Safety (DPS). Provider must sign a Computerized Criminal History (CCH) Verification form to acknowledge that they are aware that a background check will be performed each year, following the initial fingerprint-based background check. The form is found here: [Credentialing](http://www.mhmrtc.org/Portals/0/PDF/Jobs/FASTPASS_fingerprintForm_2015.pdf?ver=2015-12-30-123534-000)

**ACTION** Complete the DPS Form, which is included in the Provider Application for an Individual packet.
SANCTIONS, APPEALS & TERMINATION

ECI of North Central Texas will take punitive action against Provider for any acts that pose a hazard to ECI children and families or potentially violate service guidelines.

Sanctions
Sanctions will be imposed if:

- Provider does not maintain quality services in compliance with state and federal standards and ECI philosophy, policies/standards, and procedures.
- Provider does not submit documentation (e.g. invoices, SALs, progress notes) that is accurate within the timeframe outlined in this Provider Manual. Late or inaccurate documentation affects ECI’s ability to render payment. These practices are unacceptable and jeopardize Provider’s status as a preferred vendor.
- Provider engages in behavior that is classified as a conflict of interest, including, but not limited to, soliciting families to change to Provider’s contract for services or to purchase equipment directly from the Provider.

Sanctions may include, but are not limited to:

- Immediate termination of contract;
- Withholding of new referrals;
- Withholding of outstanding payments, in whole or in part;
- Request for recoupment of funds paid to Provider for services;
- Fines, charge backs or offsets against future payments; or
- Suspension of contract and referral of existing ECI clients, pending appeal.

Appeals
If Provider wishes to appeal a sanction decision, Provider must notify the Director of Contracts Management/Provider Relations in writing within seven (7) days of receipt of a Notice of Default or Notice of Termination of the request for appeal. If Provider has additional information, not taken into consideration at the time the sanction was imposed, documentation must be submitted with the request for appeal. Correspondence must be sent to:

Kevin McClean, Director of Contracts Management/Provider Relations
MHMR of Tarrant County, RU#1012
3840 Hulen Street
Fort Worth, TX 76107
817-569-4456
Kevin.McClean@mhmrtc.org

Termination
Notice of Default or Notice of Termination will be sent by certified mail to the Provider. If the contract is terminated, Provider is expected to cooperate with ECI in the transfer of clients to other providers.
# TRAINING

Provider must complete required training before working directly with ECI children and families and must demonstrate the ability to provide quality and billable services.

## Training Matrix

<table>
<thead>
<tr>
<th>#</th>
<th>Course</th>
<th>Requirements</th>
<th>Source / Details</th>
<th>Frequency</th>
</tr>
</thead>
</table>
| 1 | CPR / First Aid / Seizures (CPR-ECI) | a. Class must cover first-aid, including emergency care of seizures and cardiopulmonary resuscitation for children and infants  
b. Course must include live demonstration  
TAC 40, Part 2, Chapter 108, Subchapter C 309 (b)(2) & (c) - Min. Requirements | MHMRTC Training Dept. (6 hours) in a classroom setting  
-or-  
An outside CPR / First Aid course will be accepted with a copy of the current certification/CPR card | every 2 years |
| 2 | Infection Prevention Part 1 and Part 2 | Must sign attestation that course was read and understood  
TAC 40, Part 2, Chapter 108, Subchapter C 309 (b)(3) - Min. Requirements | Course is included in this Training section (see pages 29 & 30)  
Self-paced | Annually |
| 3 | Procedural Safeguards for Confidentiality  
- FERPA  
- HIPAA | Must sign attestation that course was read and understood  
TAC 40, Part 2, Chapter 108, Subchapter C 309 (b) - Min. Requirements;  
Subchapter B 108.235 - Safeguards; and  
Subchapter C 319 - Code of Ethics | Course is included in this Training section (see pages 31 to 33)  
Self-paced | Annually |
| 4 | Client Rights, Abuse, and Neglect | Must sign attestation that course was read and understood | Course is included in this Training section (see pages 34 & 35)  
Self-paced | Annually |

## Making it Work (MIW)

<table>
<thead>
<tr>
<th>Step</th>
<th>Requirements</th>
<th>Source / Details</th>
<th>Frequency</th>
</tr>
</thead>
</table>
| 1 | Sign attestation that each section was read and understood; and  
Submit certificates along with individual application  
TAC 40, Part 2, Chapter 108, Subchapter C 309 (b)(1) - Min. Requirements | All links needed are provided in this Training section (see page 35)  
All sections are self-paced  
Estimated time to complete:  
- Licensed staff = 4.5 hours  
- Non-Licensed = 12 hours  
The self-assessment will be graded by ECI's Training Director  
IPDP will be developed by ECI's Senior Director, utilizing the form for "Licensed Practitioners of the Healing Arts (LPHA) & other providers" | Once |
<p>| 2 | Complete the Staff Self-Assessment form |  |  |
| 3 | Contractor will review and sign the IPDP |  |  |</p>
<table>
<thead>
<tr>
<th>#</th>
<th>Course</th>
<th>Requirements</th>
<th>Source / Details</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>Videos / Observation - Service Delivery Visit</td>
<td>d. Watch all 6 of the “Just Being Kids” videos, and</td>
<td>Link to the videos is provided in this Training section (see page 38 &amp; 39)</td>
<td>Once</td>
</tr>
<tr>
<td></td>
<td></td>
<td>e. Complete an observation form and progress note for each of the 6 videos</td>
<td>The “Observation” form is provided in the Provider Application for an Individual (pages 7 &amp; 8). Complete the observation form for each of the 6 videos. The observation requires a progress note to be completed. The “Intervention Progress Note” form is located in the Provider Application for an Individual (page 9).</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Self-paced</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Coaching</td>
<td>Read the coaching material</td>
<td>(See pages 40-45)</td>
<td>Once</td>
</tr>
<tr>
<td>17</td>
<td>Demonstration of Service Delivery</td>
<td>The first in-home service delivered by Provider will be observed by an ECI staff member.</td>
<td>ECI’s Senior Director, or designee, as described in this Training section (see page 46)</td>
<td>Once</td>
</tr>
<tr>
<td>18</td>
<td>Forms</td>
<td>Instruction is given regarding the use of ECI forms.</td>
<td>ECI's Senior Director, or designee, as described in this Training section (see page 46)</td>
<td>Once</td>
</tr>
</tbody>
</table>
1. CPR / First Aid / Seizures

Provider will complete a Cardiopulmonary Resuscitation (CPR) class that includes First Aid and emergency care of Seizures. The class must include a live demonstration.

Currently Certified
If Provider has already completed this type of CPR training, make a copy of your current CPR card to submit along with the Provider Application for an Individual packet.

Not Certified
If Provider has NOT completed this type of CPR training:

1) **Register for a CPR class through MHMRTC’s Training Department** by contacting Training.Requests@mhmrtc.org or 817-569-4342.

   This 6-hour instruction is offered at **NO COST** to Provider (paid by ECI) and is taught in a classroom setting. Certification will be awarded after successful completion of the class.

2) **Take a CPR / First Aid / Seizures class at another facility of your choice** (no reimbursement).
2. Infection Prevention

Read and study the following Infection Prevention training.

This training will provide information and procedures that will promote the health and safety of Provider, ECI clients, and family members and reduce the possibility of disease transmission during service delivery. These actions are good basic hygiene, which should be observed with every client regardless of diagnosis.

**Hand Washing**

Hand washing techniques are designed to prevent cross-contamination:

- Hands and other skin surfaces should be washed with soap and warm water immediately and thoroughly:
  - a) before and after client contact,
  - b) if contaminated with body substances,
  - c) before and after gloves are worn, and
  - d) before preparing or eating food.
- Use soap, warm water, and friction for hand washing.
- Lather and scrub for 15-30 seconds.
- Rinse well.
- Dry hands on a paper towel.
- Use paper towels to turn off faucets.
- If facilities are not available in the home, use a waterless hand washing product immediately, such as: Purell or other anti-bacterial solution.

**Disposable Gloves**

The use of disposable gloves (latex or vinyl) is important to prevent transmission of any infection.

- Gloves are to be worn by the Provider when direct contact is anticipated with:
  - a) non-intact skin (openings in the skin) caused by various reasons, such as: cuts, abrasions, dermatitis, chapped skin, surgery, ports, tubes
  - b) bodily substance, such as: blood, urine, pus, feces, saliva, drainage of any kind
- Remove gloves by pulling down over the hands, so that the soiled surface is inside.
- Dispose of gloves immediately.
- Gloves should not be washed or disinfected for re-use.

**Toy Washing**

The use of toys and equipment found in the home environment should always be the first priority. This is to limit exposure to germs and to encourage families to utilize toys available to the child.

If impracticable to use items from the child’s home, the toy must be sterilized if used by another person prior to the therapy session, by using one of these sterilization methods:

- Use of a dishwasher is recommended
• Submerge toy in a mixture of 1 tablespoon liquid household bleach to 1 gallon of water (neither hot nor cold); rinse thoroughly under running water; and air dry.

• Use of Clorox Disinfecting Wipes (or similar non-toxic wipes) are acceptable; however, the toy should also be rinsed with water after cleaning it with the wipe, because ingredients in these cleaning wipes should not be ingested, and small children have a habit of putting everything in their mouths.

ACTION

After completion, you may check ✓ affirmative in the Attestation section of the Provider Application for an Individual (page 6) that you have read and understand this Infection Prevention training.
3. Procedural Safeguards for Confidentiality

Read and study the following ECI Procedural Safeguards for Confidentiality training.

FERPA Training
(Family Educational Rights and Privacy Act of 1974)
- For Contract Employees -

Section 1 - Child & Parent Rights
The child’s and parent’s rights begin immediately when the ECI program receives the referral or is otherwise contacted about the child or family. The parent has the right to:

- Expect confidentiality of Personally Identifiable Information (PII) (such as: name, address, social security number, personal characteristics or other information that would make it possible to identify of trace the child, parent, or family member);
- Review and inspect their child’s records;
- Request information in their child’s record be corrected, if incorrect or violates the child/family’s privacy; and
- Report concerns to HHS/ECI.

Section 2 - Maintaining Confidentiality
1. Custody/Guardianship - ECI may presume that the parents have authority to inspect their child’s records, unless advised that the parent does not have the authority. If there is a question re: guardianship, ECI will request court papers to determine which parent has the authority to make decisions.

2. FERPA - ECI must ensure that FERPA (Family Educational Rights and Privacy Act of 1974) and IDEA (Individuals with Disabilities Education Act) requirements for confidentiality are met.
   a) Parental Rights to Child/Family Records
      The parent has the right to receive a description of what PII is maintained, the types of information sought, the methods used in gathering information, and how the information will be used.
   b) ECI’s Responsibility
      ECI employees and contractors must protect the confidentiality of PII at the collection, storage, disclosure, and destruction stages.
   c) Disputed Records
      A parent who believes that information in the child’s record is inaccurate, misleading, or violates the privacy or other rights, may request that the record be amended.
   d) Changes to Records
      - Paper Note: Any changes to any information documented in a child’s record must be lined through with a single line, initialed, and dated by the individual making the changes. The use of correction fluid or any other method to make a correction is not allowed.
      - Draft Electronic Record: Any changes or corrections made to any note MUST be done by the ECI staff or contractor themselves and cannot be done for them by any person.
      - Completed Electronic Record: The completed note may not be changed by the staff/contractor. Only the Team Coordinator (supervisor) can make a correction to a final note.
e) **Release of Information With Consent**  
With written parental consent, their child’s record may be released to a designated party. Documentation will be maintained in the child’s record of all disclosures of confidential information made. Unless authorized to do so under FERPA, Section 99.31, informed written consent must be obtained before PII is disclosed to another other than officials, employees, or subcontractors of ECI-contracted agencies and public school child-find personnel.

f) **Release of Information Without Consent**  
In some circumstances, PII may be shared without parental consent. The ECI staff/contractor is responsible for following policy and procedures in these circumstances. This may include:

- Compliance with judicial orders;
- Health or safety emergencies (i.e. child protective situations); and
- Other reasons allowed by law.

g) **Release of Information to School Districts**  
When a child is making a transition from ECI to a public school setting, informed parental consent must be obtained before confidential records are released to a school district. If the parent refused consent, confidential records must not be intermingled with public school records, including records relating to special education. This consent is not required for PII that must be shared with school district child-find personnel, when the child is between 27-33 months of age.

h) **Exchange of Information with Other Agencies**  
Exchange of information with entities outside ECI may occur only for legitimate reasons. The parent must provide prior written consent to release their child’s records. If ECI staff/contractor is requested to release or disclose information to another entity, ensure the MHMR Tarrant Consent for Release of Information form is current or completed and signed by the parent.

i) **Records Retention**  
ECI must retain records for five (5) years after the child exits the ECI program. The parent is provided written notice. The parent is provided written notice during both the pre-enrollment and exit processes that the child’s records will be destroyed five (5) years after the child

### Section 3 - Written Notice & Informed Consent

1. **Written Notice** - The family must be given adequate notice to participate in assessments, evaluations, and the planning and development of early intervention services. Prior written notice must be provided before the following events:

   - Child’s Evaluation
   - Scheduling IFSP
   - Initiating/Changing Child’s Eligibility Status
   - Initiating/Changing ECI services
   - Proposing to discontinue ECI services

2. **Consent** - ECI staff/contractors must ensure that the parent is fully informed and has agreed in writing to all activities before the child participates. Written parental consent must be obtained before any of these following events:

   - Screening, Assessment, or Evaluation
   - Services on the IFSP
   - Changes to Services on the IFSP
   - Releasing PII or exchanging PII with other entities
• Billing of private insurance

Section 4 - Appointment of Surrogate Parent

After reasonable efforts are taken, ECI ensures that all rights of an eligible child are protected if:

• No parent can be identified;
• Unable to discover the whereabouts of a parent; or
• The child is a ward of the state, under the laws of Texas

ECI will ensure the child’s rights are protected by assigning a surrogate parent to represent the child’s interests in matters pertaining to assessment, evaluation, IFSP development, and early intervention services.

HIPAA Training
(Health Insurance Portability and Accountability Act of 1996)
For Contract Employees

HIPAA Privacy and Security Rules
The Privacy Rule under HIPAA is a Federal Law that requires health care providers to protect privacy of medical records and identifies certain rights of persons served to control use and disclosure of and access their medical records. To protect client electronic protected health information (PHI) under the HIPAA Security Rule, follow these guidelines:

1. **Password Protection:** Ensure your password is unique, not easily guessed, and do not share it with anyone;

2. **Physical Security:** Keep your computer screen tilted away from public areas, keep laptops/portable devices locked up when not in use; log off the computer when you go away from your work area; make sure doors and desks are locked, as appropriate.

3. **Destruction of PHI:** Turn in any data storage method (CD, thumb drive) for destruction to your supervisor- these files will be sent to the I.T. Department for proper destruction. Never take a computer or disk from MHMRTC for use elsewhere until it has been cleared by the I.T. Department that the devise contains no PHI or other confidential data.

4. **E-Mail Use:** Do not send PHI to sources outside the internal MHMRTC email system without encryption.

5. **How to Report Privacy/Security Violations:** Report to a Senior Director or Chief of ECS. All violations should be reported to the Privacy/Security Officer at 817-569-4382.

**ACTION**
After completion, you may check ✓ affirmative in the Attestation section of the Provider Application for an Individual (page 6) that you have read and understand this Procedural Safeguards for Confidentiality training.
4. Client Rights, Abuse, and Neglect

Read and study the following Client Rights, Abuse, and Neglect training.

Mandatory child abuse and neglect reporting laws were passed in the Child Abuse Prevention and Treatment Act (CAPTA). Professionals have a responsibility under federal and state laws to report any potential abuse, neglect or exploitation of children. The Child Protective Services (CPS) operates under the Texas Department of Family and Protective Services (DFPS).

The following guidelines should assist when faced with those instances.

**Suspected Abuse, Neglect or Exploitation**

If Provider suspects that a child is being abused, neglected, or exploited, the following guidelines should be followed:

1) In emergency or life-threatening situations, call 9-1-1 immediately.
2) If suspected abuse, neglect or exploitation, Provide must make a report within 48-hours from the time they first suspect.
3) In all instances, Provider should also consult with the Senior Program Director, Team Coordinator, Clinical Director, or Chief for further assistance development of an action plan.
4) In general, it is recommended to discuss with the family ahead of time about making a CPS report. However, for safety reasons or flight risks, the Provider may choose not to inform the family at the time of the visit.
5) Provider may identify risk factors regarding the family’s inability to do what is needed or to choose not to do what is needed. If so, Provider may need to:
   - Speak with family’s about the Provider’s concerns;
   - Develop and get an agreement on a plan;
   - Talk to them about what the Provider expects; and
   - Call CPS if situations/conditions do not change or if the plan is not followed.
6) The Provider must document the event in a brief progress note.
7) Provider must inform an appropriate ECI team member, such as the Program Director, Team Coordinator, and Service Coordinator, so that an Incident Report can be documented.

**Minor Child Left Alone**

If it seems a minor child has been left alone at home unattended, discovered through a phone call or when arriving for a home visit, these guidelines must be followed:

1) Do Not Leave! Call the non-emergency telephone number for the local police department (e.g. Fort Worth Police Department is 817-335-4222), unless there is a medical emergency, and then call 9-1-1. Call 9-1-1 if it is a medical or other emergency situation.
2) Notify the ECI Program Director immediately to report the situation and develop an action plan. The Program Director will instruct the Provider to attempt to contact the parent or caregiver, in most situations.
3) Call Child Protective Services at 1-800-252-5400 (toll-free 24 hours a day/7 days a week). Providers need to make the report, even if a police officer indicates they will be notifying Child Protective Services.
4) Call the foster agency if a foster child is involved.
5) The Provider may need to be available by a phone, as the police, CPS, foster agency, and/or Risk Management will do follow-up calls for additional information.

6) Wait until an appropriate adult arrives before you leave.

7) Write a progress note detailing the events.

8) Provider will inform an appropriate ECI team member, such as the Program Director, Team Coordinator, and Service Coordinator, so that an Incident Report can be documented.

9) Discuss the next steps with the ECI Program Director and/or Clinical Director.

**Making a Report**

A person making a report to DFPS in good faith is immune from civil or criminal liability. The name of the person making the report is kept confidential by the department; however, the name can be released in certain circumstances, such as: order of the court, or request of law enforcement if they are conducting a criminal investigation.

Any person who fails to report abuse, neglect, or exploitation is liable for a Class B misdemeanor.

- **Abuse Hotline:** 1-800-252-5400 toll-free 24 hours a day, 7 days a week
- **Online:** www.txabusehotline.org
- **More info:** http://www.dfps.state.tx.us/Contact_Us/report_abuse.asp

**ACTIONS**

After completion, you may check ✓ affirmative on the Attestation section of the Provider Application for an Individual (page 6) that you have read and understand this Client Rights, Abuse and Neglect training.
5. - 14. Making It Work

New providers are required to take the state’s ECI orientation training, called Making it Work (MIW). Through this self-passed study, you’ll understand the basic “nuts and bolts” of the ECI process. This training is located on their website under “Training and Technical Assistance”:


Licensed Therapists take the Making It Work for Therapists course:


Early Intervention Specialist and other non-licensed contractors will take standard Making It Work course:


Step 1 - Print your certificates after completing each section:

♦ Section 1 - Introduction
♦ Section 2 - Referral & Initial Contact
♦ Section 3 - Evaluation & Assessment
♦ Section 4 - Individualized Family Services Plan (IFSP)
♦ Section 5 - Service Delivery
♦ Section 6 - Case Management
♦ Section 7 - Transition

Step 2

♦ Self-Assessment

ACTION

Go to http://admin.abc.signup.com/files/%7B07D0901F-86B6-4CD0-B7A2-908BF5F49EB0%7D_59/AllStaffSelfAssessment.pdf - and complete the Self-Assessment form.

ACTION

Submit the certificates and self-assessment form to ECI’s Training Department Director:

Debbie Lindsey, Senior Director
ECI Training Department RU#3100
3800 Hulen Street, Suite 295
Fort Worth, Texas 76107
817-692-4834 cell - 817-569-4492 fax
Debra.Lindsey@mhmrtc.org
Step 3

- **Individualized Professional Development Plan (IPDP)**

  After the Self-Assessment is graded, the Provider’s IPDP will be developed by ECI’s Training Department Director (or designee) to identify any specific training requirements or supplementary activities.
15. Videos / Observation of Service Delivery Visit

View all 6 of the “Just Being Kids” videos, located at http://www.cde.state.co.us/resultsmatter/rmvideoseries_justbeingkids

To the answer questions on the Observation form (described below), refer to the outcomes listed below that correspond to each video.

**Outcomes**

**Blake’s Story:**
- Blake will be able to stay engaged on a shopping trip by helping mom locate needed groceries, instead of pulling things off the shelf and throwing them in the floor at least 1 time per week for 1 month.

**Evan’s Story:**
- Evan will be able to feed himself with a spoon during snack time and mealtimes by getting half of the food in his mouth at each meal 3 times per week.
- During play time Evan will be able to use 5 or more meaningful words to request toys or activities at least one time daily for 2 weeks.

**Jacob’s Story:**
- During playtime Jacob will be able to sit with minimal support for 5 minutes to play with a toy or do another enjoyable activity at least 3 times per week.

**Janella’s Story**
- During playtime and bedtime, Janella will be able to communicate her choices to her parents or other caregivers at least 5 times a day for 2 weeks.

**Jenni’s Story**
- During family outings, Jenni will be able to walk from the house to the car at least 3 times a day for 2 weeks.
- During playtime, Jenni will participate in a family activity for 5 minutes at least 3 times a day for 2 weeks.

**Nolan’s Story**
- During bath time, Nolan will be able to sit in the bathtub for at least 10 minutes without crying and play with his toys once a day for 2 weeks.

**ACTION**

1. Locate the “Observation” form that is located in the Provider Application for an Individual packet (pages 7 & 8) and the “Intervention Progress Note” form (page 9).

2. Complete an Observation form and progress note (as described in the observation form) for each of the 6 videos you watched; and then
3. Submit the completed forms along with your Provider Application for an Individual, or you may submit (by print & deliver - or scan & e-mail) the 6 observation forms and 6 progress notes to ECI’s Training Department Director.

Debbie Lindsey, Senior Director
ECI Training Department RU#3100
3800 Hulen Street, Suite 295
Fort Worth, Texas 76107
817-692-4834 cell
817-569-4492 fax
Debra.Lindsey@mhmrtc.org
16. Coaching

Evidence-based definition of coaching:
An adult learning strategy in which the coach promotes the learner's (coachee's) ability to reflect on his or her actions as a means to determine the effectiveness of an action or practice and develop a plan for refinement and use of the action in immediate and future situations.

- Dunst, Trivette, & Cutspec, 2002

Coaching is an effective strategy for supporting the learning of parents of young children and teachers in early childhood programs
- Hendrickson, Gardner, Kaiser, & Riley, 1993; Kohler et al., 1995; Marchant & Young, 2001; Miller, 1994; Peterson, Luze, Eshbaugh, Jeon, & Kantz, 2007; Shanley & Niec, 2010

10 Key Elements of Coaching

#1 Consistent With Principles of Adult Learning
In order for the learner to gain knowledge of an area he/she must develop an understanding of how the knowledge may be used in both specific times and generic times.

- Bransford, Brown, & Cocking, 2000

#2 Capacity Building
Building the knowledge, skills, and abilities of the coachee without the ongoing support of the coach

- Wilson, Holbert, & Sexton, 2006

#3 Non-Directive
Not telling people what to do, but giving them a chance to examine what they are doing in light of their intentions.

- Whitmore, 2002; Goldsmith, 2000

#4 Goal Oriented
Coaching in an interaction style used to achieve outcomes that are identified by the coachee and are related to desired knowledge.

- Ives, 2008; Reiss, 2007

#5 Solution Focused
Determine the present and creating the future rather than on analyzing the past.

- Ives, 2008

#6 Performance-Based
Developing people on purpose, improving the coachee’s performance, applying knowledge gained, and demonstrating of skills resulting from coaching

- Doyle, 1999; Flaherty, 1999; Kinlaw, 1999; Reiss, 2007

#7 Reflective
Looking back in order to look forward, it is a means of reaching a deeper understanding of what a person already knows. As a result, the person’s confidence is enhanced, causing him or her to continue to do what works, to try new possibilities, and to evaluate the effectiveness of all these actions.

- Jackson, 2004; Daniels, 2002; Showers & Joyce, 1996
#8 Collaborative
It is a partnership and reciprocal process in which both coach and coachee bring knowledge and abilities to the relationship. Coaching cannot be a hierarchical relationship in which the coachee implements actions due to directives.

- Hanft et al., 2004

#9 Context-Driven
It is a relationship that is built on achievement of goals related to functional activities, beginning with the current concern by the coachee.

#10 As Hands-On As It Needs To Be
The role of the coach may need to be more hands-on. The coach may assist in identifying possible options, external resources, and share information to build deeper knowledge of the topic. Over time, feedback by the coach becomes more affirmative and less informational.

- Berg & Karlsen, 2007; Ives, 2008

5 Coaching Characteristics

1. Joint Planning
2. Observation
3. Action/Practice
4. Reflection
5. Feedback
### At-a-Glance Coaching

#### Capacity-Building Process
Practitioners support
- Parents’ strengths and abilities to achieve desired results
- Parents to recognize and use current and new abilities to achieve preferred outcomes
- Parents to identify opportunities and embrace responsibility for actively working toward their desired outcomes

#### Relational Helpgiving
Practices and characteristics that promote positive relationships with parents.
- Trust
- Respect
- Empathy
- Caring

*Sources for Effective Helpgiving (Dunst & Trivette, 2009, Trivette & Dunst, 2007)*

#### Participatory Helpgiving
Practices and characteristics that promote active participation on the part of parents (choice & action).
- Parents
  - Develop their own goals
  - Develop their own plans with support
  - Implement the plans with support
  - Evaluate the effectiveness of their actions
  - Develop new plans as needed
  - Recognize the results of their actions (self-attribute)

---

### Previous Plan
- At the beginning of the visit, review the previous plan related to what the person was going to do between coaching conversations
- Ask the parent/teacher to reflect on the success or lack thereof regarding the previous plan
- After a thorough review of the previous plan and actions taken by the parent/teacher, move to observations and actions related to the activity/routine or topic planned for the current visit

### Observation
- Observe the parent/teacher and child engaged in the typical activity setting or routine occurring during the time of your visit as it relates to the parent/teacher priorities
- If necessary, intentionally model how to support the child’s participation within the current activity or routine while parent/teacher observes
  - Explain what will be modeled and why
  - Give the parent/teacher something to observe/do
  - Conduct the model
  - Reflect on the model with parent/teacher
  - Invite the parent/teacher to try
  - Reflect on/debrief parent/teacher return demonstration
  - Plan how the parent/teacher will do this when coach is not present

### Action/Practice
- Ask the parent/teacher to demonstrate what worked or did not work from the previous plan during the current visit if appropriate
- Provide opportunities within the present activity settings or routines for the parent/teacher to demonstrate/practice new knowledge, skills, and/or strategies based on discussion/reflection and/or your modeling
- Use verbal prompting or direct teaching when necessary to support parent/teacher success in promoting child participation within the activity setting/routine
- Identify how the parent/teacher will continue to use the newly learned knowledge, skills, and/or strategies in the current and future activities/routines

*Sources for Coaching (Rush & Shelden, 2011)*

Shelden & Rush, LLC (2014)
Reflection
- Ask awareness questions to find out what the parent/teacher already knows and/or is doing within the activity/routine from the previous joint plan and in the current activity setting/routine serving as the context for the visit
- Ask analysis questions to assist the parent/teacher to think more deeply about child participation and parent responsiveness in past, current, and new or future activities and routines to promote self-attribution
- Ask alternatives questions to generate new ideas
- Ask action questions to support the parent/teacher to create a new joint plan
- Avoid yes/no questions except when asking permission or avoiding making an assumption

Feedback
- Provide affirmative feedback to acknowledge what the parent/teacher is sharing with you and demonstrate you are listening and understand
- Provide positive evaluative feedback to let the parent/teacher know when you agree or need to reinforce the parent/teacher’s thought or idea
- Follow evaluative feedback with an explanation of why you agree or what you are reinforcing (i.e., informative feedback)
- Provide informative feedback to share necessary information or provide ideas after the parent/teacher has the opportunity to reflect
- Follow informative feedback with an analysis question for the parent/teacher to assess the information and/or idea and plan how it might work in the present and future
- Provide directive feedback only in situations of clear, present, imminent danger

New Joint Planning
- Assist the parent/teacher to develop a new joint plan throughout and/or at the conclusion of the visit
- Develop a two-part plan with the parent/teacher
  - What the parent/teacher will be doing to support child participation within and across specific activity settings/routines
  - What activity setting(s)/routine(s) will serve as the context for the next visit and when it would be necessary for you to return and be part of that activity/routine
- Use the new joint plan to start your next conversation

Self-Assessment
- What did the parent/teacher learn and/or change as a result of this conversation?
- How did this interaction build the other person’s knowledge and skills for the current and future situations?
- How did this interaction compare to others with this parent/teacher?
- What will I do similarly in future coaching interactions?
- What will I do differently in future coaching interactions?

Your Plan
- What is my plan related to the continued use of coaching practices in terms of what I want to continue to improve or do differently?
- What additional supports do I need?
- When should I revisit my plan?

Shelden & Rush, LLC (2014)
Coaching Misperceptions

✖ Coaching only works with certain families.
✖ Coaching is only useful for certain children.
✖ Coaching is a watered down approach.
✖ Coaching doesn’t allow the therapist to touch the child.
✖ Coaching is not a billable service.
✖ Some parents want to be told what to do, not coached.
✖ Coaching implies a hierarchical relationship between the practitioner and parent.
✖ Coaching is a technique to get people to do what you want them to do.
✖ Coaching does not allow a practitioner to share expertise with the parent or caregiver.
✖ Coaching is the same as consultation.

Ways to Build Your Coaching Knowledge

- Role playing
- Someone observing you
- You observing someone
- Roadmaps (include in this Provider Manual)
- At-A-Glance Coaching Questions (included in this Coaching training section)

Coaching Roadmaps

Books by M’Lisa Shelden, PT Ph.D. and Dathan Rush, Ed.D. CCC-SLP
At-a-Glance
Reflective Coaching Questions

**Awareness**
- What do you know?
- What have you tried?

Tell me about that.
Tell me more.
What else do you know/did you try?

**Alternatives**
- What ideas do you have?
- What do you need to know?
- What do you need to find out?
- What could you do/don’t do?
- What can/will you do differently?

What else could you do?
What are other options/ideas?
What is missing?

**Action**
- What is your plan/decision?
- What do you plan to do?
- What is your first step?

What is your back-up plan?
When will you do this?
What supports will you need?
When do you think we should revisit this plan?

Why?
What are the advantages and disadvantages of that idea?
What is or will be the most or least helpful?

**Analysis**
- How (well) did/does that work?
- How (well) do you think that will work?
- How did you know to do that?
- How did/does that compare to what you want to happen?
- What would the ideal situation look like?
- How will you know?
- Why do you think that happened?
- What have you done in a similar situation?
- What do you think you could have done differently?
- What could/should happen?
- What do you think about that?
- What did you do to make that happen?
- What are your thoughts (do you think) about what I have shared?

**Tips for Reflective Coaching Questions**
- Ask only one reflective question at a time.
- Be comfortable with silence while waiting for the person to think about his/her response.
- Avoid asking “grand tour” questions to revisit the previous joint plan (i.e., “How are things going?”).
- An awareness, analysis, or alternatives question always precedes informative feedback.
- An analysis question always follows informative feedback (i.e., “What are your thoughts about that idea?” “How would that work for you?”).
- A self-attribution question is “What did you do to make that happen/cause that progress?”
- A yes/no question should only be used to ask permission or not make an assumption (i.e., “Would you like to try it?”).
- When you ask a reflective question and the person says, “I don’t know,”
  - rephrase the question to ensure he/she understands, or
  - provide affirmative feedback about an observation you made in the past that confirms he/she knows, or
  - provide informative feedback, and then ask the person an analysis question.
- When a person says, “Just tell me,”
  - assure the person that you have some ideas to share;
  - ask the person a few awareness questions to ensure that the information/idea you have matches the needs/priorities; and
  - provide informative feedback, and then ask the person an analysis question.
- Avoid asking questions with the answer embedded (i.e., “I wonder what would happen if…” “What would you think about…” “How about you try…”).
- Avoid asking questions to get the person you are coaching to agree with what you are thinking (i.e., coaxing).

17. Demonstration of Service Delivery
Provider's first ECI in-home service delivered will be observed by an ECI staff member.

**ACTION**

After all individual application requirements are cleared and all trainings (#1-16 listed above) have been completed, the **ECI Senior Program Director** will contact you to schedule a clinical demonstration during your first in-home visit:

Anisha Philips, Senior Program Director
MHMR Tarrant / ECI RU#3100
3880 Hulen Street, Suite 400
Fort Worth, TX 76107
817-718-4823 cell
817-569-5348 fax
Anisha.Philips@mhmrtc.org

18. Forms
ECI’s Senior Program Director or designee will provide instruction regarding the proper use and completion of ECI forms. If at any time you have questions about a form, your assigned Program Director, Team Coordinator, or Records Manager can assist.
NEXT STEPS

ACTION

Fill out the Provider Application for an Individual form, which contains an Attestation section (page 6) that affirms you understood this Provider Manual and the trainings specified within. Submit to the Chief of ECI, as directed in the application.

If you have already submitted your Provider Application for an Individual but did not finish the trainings or Attestation section (page 6), submit the Attestation page to ECI's Training Department Director:

Debbie Lindsey, Senior Director
ECI Training Department RU#3100
3800 Hulen Street, Suite 295
Fort Worth, Texas  76107
817-692-4834 cell
817-569-4492 fax
Debra.Lindsey@mhmrtc.org