



# **GRANTS PROVIDER MANUAL**

for

# **EARLY CHILDHOOD SERVICES**

**Rev July 24, 2017**

*This manual is designed to serve  
as a resource & reference guide and  
as a training supplement to ensure quality  
service delivery for HOPES families and their children,  
in accordance with state and federal guidelines.*

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# INTRODUCTION

**W**elcome to Early Childhood Services (ECS) of MHMR Tarrant. We are pleased to recognize you as part of the ECS team and look forward to a mutually successful relationship with you.

## Definitions

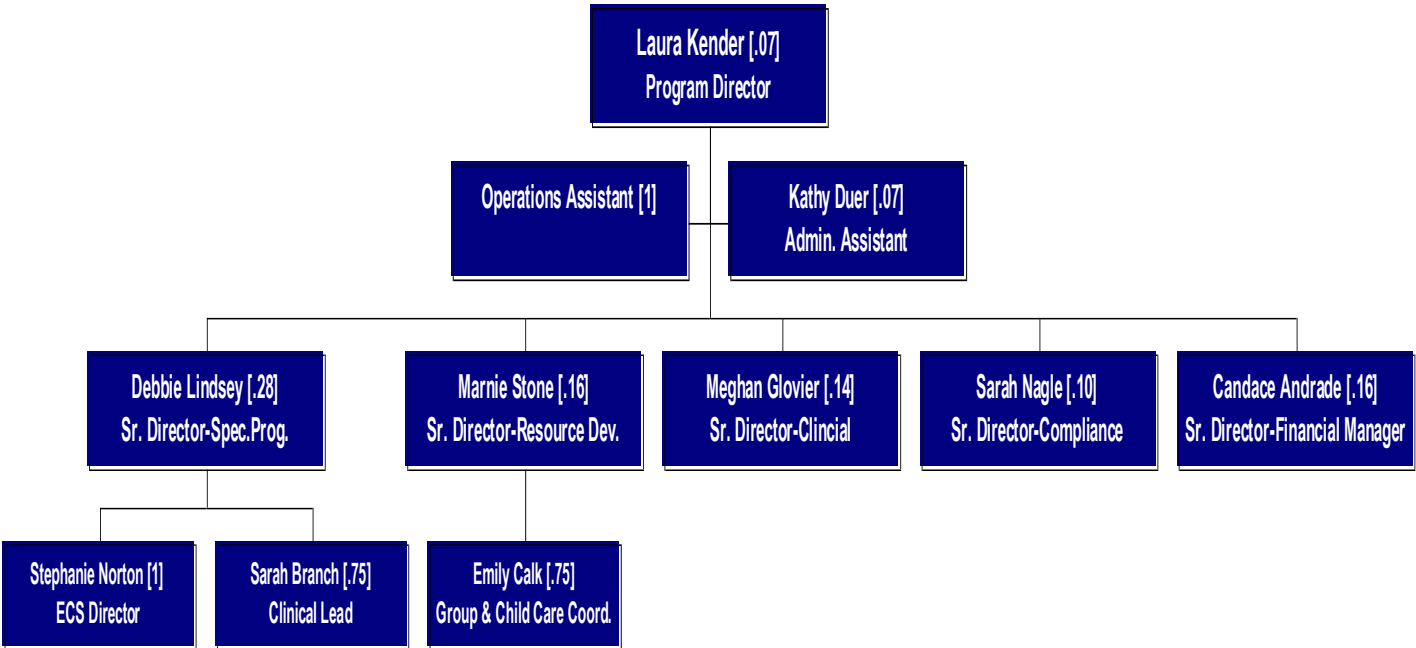
In this Provider Manual,

1. **Provider** refers to any professional who has been approved to provide services to ECS children and their families, under a contractual agreement.
2. The term **Provider** in this manual also refers to contractors and subcontractors of MHMR.
3. **Covered individual, client, infant, baby, toddler and family** are all terms to be considered interchangeable.
4. **ACTION** - actions you are required to perform to complete
5. **TRAINING** - training you are required before Provider can begin delivering services

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

# ORGANIZATIONAL STRUCTURE

**T**he grants Organizational Chart:



## ECS Contact Information

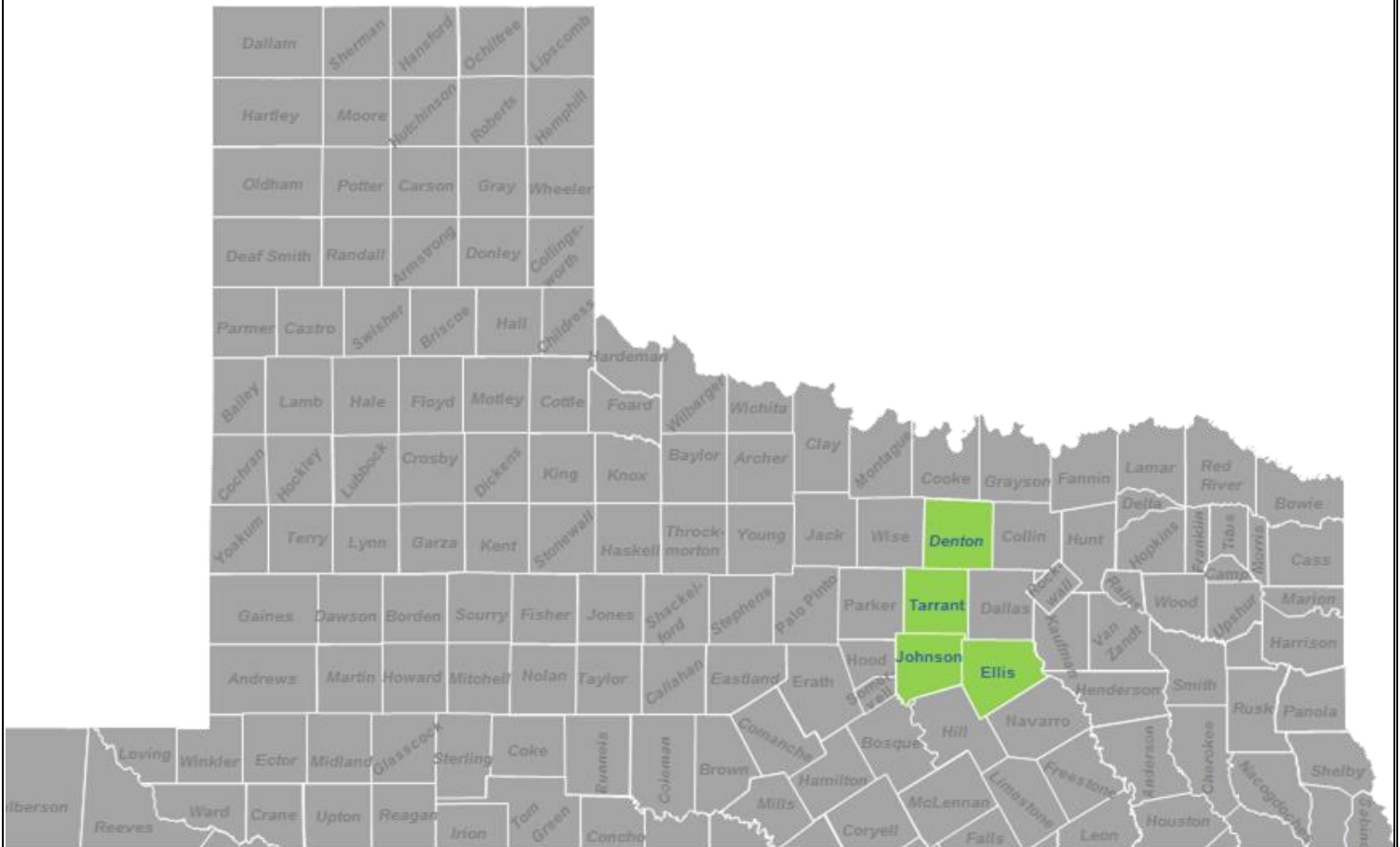
Central Administration  
3880 Hulen Street, Suite 400  
Fort Worth, Texas 76107  
817-569-5300

Title	Name	Phone
ECS Chief	Laura Kender	817-569-5301
Clinical - Senior Director	Meghan Glover	817-569-5303
Finance - Senior Director	Candace Andrade	817-569-5311
Special Projects / Public Awareness / Training - Senior Director	Debbie Lindsey	817-692-4834 cell
Resource Development - Senior Director	Marnie Stone	682-249-9825
Compliance - Senior Director	Sarah Nagle	817-343-4871
Director	Stephanie Norton	817-992-8962 cell
Clinical Lead	Sarah Branch	817-653-3579
Group and Child Care Coordinator	Emily Calk	682-429-5420

**Referral Line**  
**1-844-NTX-KIDS**  
**(1-844-689-5437)**  
**Website: [www.EarlyIsBestNorthTexas.org](http://www.EarlyIsBestNorthTexas.org)**

# SERVICE AREA

**G**rant services for HOPES are provided in 4 Texas counties: Denton, Ellis, Johnson and Tarrant. Project LAUNCH serves City of Fort Worth only.



# SERVICE GUIDELINES

It is the provider's responsibility to render services to ECS 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 ECS family will utilize any particular provider.



## Age of Children

ECS services under LAUNCH are provided for children aged birth through age 8 and under HOPES, birth to age 6.

## Toys

ECS philosophy dictates use of the families' toys for any coaching or teaching in the natural environment of home, school, or community setting. Any toys, props or supplies needed for a specific services or demonstration should be utilized from the families' home belongings. Providers can discuss with caregivers how a needed item or supply can be obtained or made at home by the family.

## Transportation

Provider may **never** transport an ECS 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 Family Support Coach any recommendations for equipment.

## 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 notify the ECS Director.

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 the Director immediately of any requests or subpoena. Coordination of a subpoena is handled through MHMR Client Records Department by contacting:

**Kathy Munn**, Client Records Director      or  
MHMR, RU #1044  
3840 Hulen Street  
Fort Worth, TX 76107  
817-569-4382  
[Kathleen.Munn@mhmtc.org](mailto:Kathleen.Munn@mhmtc.org)

**Annette Ervin**, Client Records  
MHMR, RU #1044  
3840 Hulen Street  
Fort Worth, TX 76107  
817-569-4417  
[Annette.Ervin@mhmtc.org](mailto:Annette.Ervin@mhmtc.org)

# SERVICE DELIVERY

**T**he primary contact person for any ECS child and family is the ECS Family Coach. The ECS Family Coach is responsible for the overall coordination of services to the child. All issues regarding a child must be brought to the attention of the ECS Family Coach for assistance in resolution.

ECS of MHMR Tarrant County recognizes that a team effort is needed to successfully provide services to ECS 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 ECS Family Coach as Plan of Care 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, ECS Family Coach, 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 ECS child, family and other team members. Specific procedures / activities will need to be written as part of the Plan of Care. Each family will be serviced by a team consisting of the ECS Family Support Coach, the parent or guardian and any applicable formal or informal supports.

## Coaching

ECS uses a coaching model, rather than the direct provision of services, which allows the parent/caregiver to feel confident and competent. Coaching provides support, suggestions for improvement, and encouragement in their 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 notify Family Support Coach of any cancellations or rescheduling of an appointment prior to occurrence.
- Any requests to change frequency or duration of service must be directed to the appropriate Family Support Coach immediately. Changes cannot occur until a Plan of Care revision has been completed.
- Progress notes must be completed by Provider within 48 hours of any type of contact with a client or caregiver.



## No Shows or Cancellations

Any “no show”, client cancellation, or cancellation by Provider must be documented on a progress note, sign in sheet or other documentation.

## Outside Referrals

In accordance with ECS best practices, Provider may not make a 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. No list of referral sources should 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.

The ECS program has contractual agreements with Language Line and Catholic Charities which ECS 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 Family Support Coach for instructions.

# CHILDHOOD ILLNESS TRAINING COMMUNICABLE DISEASES

## Provider

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

### ACTION

***Provider must maintain proof of TB test results and document on ECS Provider Attestation form.***

## Child

With written parental consent, for identified children with infectious diseases (e.g., HIV, AIDS, CMV, Hepatitis B), the Provider must 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.

Contact the ECS Director 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. All diseases shall be reported 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**.

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 ([Epi-2](#) for more detailed single case medical care provider reports or [Epi-1](#) for less detailed multiple reports). If needed, cases may be reported to the Department of State Health Services at **1-800-252-8239** or by calling **(512) 776-7111** after hours to reach the 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/>.



**Texas Notifiable Conditions**  
**24/7 Number of Immediately Reportable - 1-800-705-8868**



**Report confirmed and suspected cases.**

**Unless noted by \*, report to your local or regional health department using number above or find contact information at <http://www.dshs.state.tx.us/idcu/investigation/conditions/contacts/>**

<b>A – I</b>	<b>When to Report</b>	<b>L – Y</b>	<b>When to Report</b>
<b>*Acquired immune deficiency syndrome (AIDS)<sup>1, 2</sup></b>	Within 1 week	<b>*Lead, child blood, any level &amp; adult blood, any level 3</b>	<b>Call/Fax Immediately</b>
Amebiasis <sup>4</sup>	Within 1 week	Legionellosis <sup>4</sup>	Within 1 week
Amebic meningitis and encephalitis <sup>4</sup>	Within 1 week	Leishmaniasis <sup>4</sup>	Within 1 week
Anaplasmosis <sup>4</sup>	Within 1 week	Listeriosis <sup>4, 5</sup>	Within 1 week
<b>Anthrax<sup>4, 5</sup></b>	<b>Call Immediately</b>	Lyme disease <sup>4</sup>	Within 1 week
Arboviral infections <sup>4, 6</sup>	Within 1 week	Malaria <sup>4</sup>	Within 1 week
<b>*Asbestosis<sup>7</sup></b>	Within 1 week	<b>Measles (rubeola)<sup>4</sup></b>	<b>Call Immediately</b>
Ascariasis <sup>4</sup>	Within 1 week	<b>Meningococcal infection, invasive (<i>Neisseria meningitidis</i>)<sup>4, 5</sup></b>	<b>Call Immediately</b>
Babesiosis <sup>4</sup>	Within 1 week	<b>Multidrug-resistant <i>Acinetobacter</i> (MDR-A)<sup>4, 8</sup></b>	<b>Within 1 work day</b>
<b>Botulism (adult and infant)<sup>4, 5, 9</sup></b>	<b>Call Immediately<sup>9</sup></b>	<b>Mumps<sup>4, 10</sup></b>	<b>Within 1 work day<sup>10</sup></b>
<b>Brucellosis<sup>4, 5</sup></b>	<b>Within 1 work day</b>	Paragonimiasis <sup>4</sup>	Within 1 week
Campylobacteriosis <sup>4</sup>	Within 1 week	<b>Pertussis<sup>4</sup></b>	<b>Within 1 work day</b>
<b>*Cancer<sup>11</sup></b>	See rules <sup>11</sup>	<b>*Pesticide poisoning, acute occupational<sup>12</sup></b>	Within 1 week
<b>Carbapenem-resistant <i>Enterobacteriaceae</i> (CRE)<sup>4, 13</sup></b>	<b>Within 1 work day</b>	<b>Plague (<i>Yersinia pestis</i>)<sup>4, 5</sup></b>	<b>Call Immediately</b>
Chagas disease <sup>4</sup>	Within 1 week	<b>Poliomyelitis, acute paralytic<sup>4</sup></b>	<b>Call Immediately</b>
<b>*Chancroid<sup>1</sup></b>	Within 1 week	<b>Poliovirus infection, non-paralytic<sup>4</sup></b>	<b>Within 1 work day</b>
Chickenpox (varicella) <sup>14</sup>	Within 1 week	Prion disease such as Creutzfeldt-Jakob disease (CJD) <sup>4, 15</sup>	Within 1 week
<b>*Chlamydia trachomatis infection<sup>1</sup></b>	Within 1 week	<b>Q fever<sup>4</sup></b>	<b>Within 1 work day</b>
<b>*Contaminated sharps injury<sup>16</sup></b>	Within 1 month	<b>Rabies, human<sup>4</sup></b>	<b>Call Immediately</b>
<b>*Controlled substance overdose<sup>17</sup></b>	<b>Call Immediately</b>	<b>Rubella (including congenital)<sup>4</sup></b>	<b>Within 1 work day</b>
<b>Coronavirus, novel<sup>4, 18</sup></b>	<b>Call Immediately</b>	Salmonellosis, including typhoid fever <sup>4, 5</sup>	Within 1 week
Cryptosporidiosis <sup>4</sup>	Within 1 week	Shiga toxin-producing <i>Escherichia coli</i> <sup>4, 5</sup>	Within 1 week
Cyclosporiasis <sup>4</sup>	Within 1 week	Shigellosis <sup>4</sup>	Within 1 week
Cysticercosis <sup>4</sup>	Within 1 week	<b>*Silicosis<sup>19</sup></b>	<b>Call Immediately</b>
<b>*Cytogenetic results (fetus and infant only)<sup>20</sup></b>	See rules <sup>20</sup>	<b>Smallpox<sup>4</sup></b>	<b>Call Immediately</b>
<b>Diphtheria<sup>4, 5</sup></b>	<b>Call Immediately</b>	<b>*Spinal cord injury<sup>21</sup></b>	Within 10 work days
<b>*Drowning/near drowning<sup>21</sup></b>	Within 10 work days	Spotted fever group rickettsioses <sup>4</sup>	Within 1 week
Echinococcosis <sup>4</sup>	Within 1 week	<b><i>Staphylococcus aureus</i>, VISA and VRSA<sup>4, 5</sup></b>	<b>Call Immediately</b>
Ehrlichiosis <sup>4</sup>	Within 1 week	Streptococcal disease (groups A, B; <i>S. pneumo.</i> ), invasive <sup>4, 5</sup>	Within 1 week
Fascioliasis <sup>4</sup>	Within 1 week	<b>*Syphilis – primary and secondary stages<sup>1, 22</sup></b>	<b>Within 1 work day</b>
<b>*Gonorrhea<sup>1</sup></b>	Within 1 week	<b>*Syphilis – all other stages<sup>1, 22</sup></b>	Within 1 week
<i>Haemophilus influenzae</i> , invasive <sup>4, 5</sup>	Within 1 week	<i>Taenia solium</i> and undifferentiated <i>Taenia</i> infection <sup>4</sup>	Within 1 week
Hansen's disease (leprosy) <sup>4</sup>	Within 1 week	Tetanus <sup>4</sup>	Within 1 week
Hantavirus infection <sup>4</sup>	Within 1 week	<b>*Traumatic brain injury<sup>21</sup></b>	Within 10 work days
Hemolytic uremic syndrome (HUS) <sup>4</sup>	Within 1 week	Trichinosis <sup>4</sup>	Within 1 week
<b>Hepatitis A<sup>4</sup></b>	<b>Within 1 work day</b>	Trichuriasis <sup>4</sup>	Within 1 week
Hepatitis B, C, and E (acute) <sup>4</sup>	Within 1 week	<b>Tuberculosis (<i>Mycobacterium tuberculosis</i> complex)<sup>5, 23</sup></b>	<b>Within 1 work day</b>
Hepatitis B infection identified prenatally or at delivery (mother) <sup>4</sup>	Within 1 week	Tuberculosis infection <sup>24</sup>	Within 1 week
<b>Hepatitis B, perinatal (HBsAg+ &lt; 24 months old) (child)<sup>4</sup></b>	<b>Within 1 work day</b>	<b>Tularemia<sup>4, 5</sup></b>	<b>Call Immediately</b>
Hookworm (ancylostomiasis) <sup>4</sup>	Within 1 week	Typhus <sup>4</sup>	Within 1 week
<b>*Human immunodeficiency virus (HIV), acute infection<sup>1, 2, 25</sup></b>	<b>Within 1 work day</b>	<b><i>Vibrio</i> infection, including cholera<sup>4, 5</sup></b>	<b>Within 1 work day</b>
<b>*Human immunodeficiency virus (HIV), non-acute infection<sup>1, 2, 25</sup></b>	Within 1 week	<b>Viral hemorrhagic fever (including Ebola)<sup>4</sup></b>	<b>Call Immediately</b>
<b>Influenza-associated pediatric mortality<sup>4</sup></b>	<b>Within 1 work day</b>	<b>Yellow fever<sup>4</sup></b>	<b>Call Immediately</b>
<b>Influenza, novel<sup>4</sup></b>	<b>Call Immediately</b>	Yersiniosis <sup>4</sup>	Within 1 week

**In addition to specified reportable conditions, any outbreak, exotic disease, or unusual group expression of disease that may be of public health concern should be reported by the most expeditious means available**

## **Texas Notifiable Conditions cont'd**

### **24/7 Number for Immediately Reportable– 1-800-705-8868**

#### **See condition-specific footnote for reporting contact information**

1 Please refer to specific rules and regulations for HIV/STD reporting and who to report to at:

<http://www.dshs.state.tx.us/hivstd/healthcare/reporting.shtm>.

2 Labs conducting confirmatory HIV testing are requested to send remaining specimen to a CDC-designated laboratory. Please call 512-533-3132 for details.

3 For lead reporting information see <http://www.dshs.state.tx.us/lead/default.shtm>.

4 Reporting forms are available at <http://www.dshs.state.tx.us/idcu/investigation/forms/> and investigation forms at

<http://www.dshs.state.tx.us/idcu/investigation/>. Call as indicated for immediately reportable conditions.

5 Lab isolate must be sent to DSHS lab. For specifications see section (4) at *Texas Administrative Code (TAC) §97.3(a) (4)*. Call 512-776-7598 for specimen submission information. An amendment to the Texas Administrative Code (TAC) is in progress adding a requirement that lab isolates also be sent to DSHS lab for diphtheria; invasive *Streptococcus pneumoniae* in children under 5 years-of-age; and all Salmonella species. The projected effective date is March, 2017. See updated TAC after March.

6 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.

7 For asbestos reporting information see <http://www.dshs.state.tx.us/epitox/asbestosis.shtm>.

8 See additional MDR-A reporting information at [http://www.dshs.state.tx.us/IDCU/health/antibiotic\\_resistance/MDR-A-Reporting.doc](http://www.dshs.state.tx.us/IDCU/health/antibiotic_resistance/MDR-A-Reporting.doc).

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

10 An amendment to the Texas Administrative Code is in progress to change the reporting time frame for mumps. Mumps, currently reportable in 1 week, will be required to be reported within 1 business day. The projected effective date is March, 2017. See updated *Texas Administrative Code (TAC) §97.4* after March.

11 For more information on cancer reporting rules and requirements go to <http://www.dshs.state.tx.us/tcr/reporting.shtm>.

12 For pesticide reporting information see <http://www.dshs.state.tx.us/epitox/Pesticide-Exposure/%23reporting#reporting>.

13 See additional CRE reporting information at [http://www.dshs.state.tx.us/IDCU/health/antibiotic\\_resistance/Reporting-CRE.doc](http://www.dshs.state.tx.us/IDCU/health/antibiotic_resistance/Reporting-CRE.doc).

14 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.

15 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.

16 Not applicable to private facilities. Initial reporting forms for Contaminated Sharps at [http://www.dshs.state.tx.us/idcu/health/infection\\_control/bloodborne\\_pathogens/reporting/](http://www.dshs.state.tx.us/idcu/health/infection_control/bloodborne_pathogens/reporting/).

17 To report controlled substance overdose, contact local poison center at 1-800-222-1222. For instructions, see <https://www.dshs.state.tx.us/epidemiology/epipoison.shtm>.

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

19 For silicosis reporting information see <http://www.dshs.state.tx.us/epitox/silicosis.shtm>.

20 Report cytogenetic results including routine karyotype and cytogenetic microarray testing (fetus and infant only). Please refer to specific rules and regulations for birth defects reporting and who to report to at [http://www.dshs.state.tx.us/birthdefects/BD\\_LawRules.shtm](http://www.dshs.state.tx.us/birthdefects/BD_LawRules.shtm).

21 Please refer to specific rules and regulations for injury reporting and who to report to at <http://www.dshs.state.tx.us/injury/rules.shtm>.

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

23 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. canettii*, *M. microti*, *M. caprae*, and *M. pinnipedii*. See rules at <http://www.dshs.state.tx.us/idcu/disease/tb/reporting/>.

24 TB infection is determined by a positive result from an FDA-approved Interferon-Gamma Release Assay (IGRA) test such as T-Spot<sup>®</sup> TB or QuantiFERON<sup>®</sup> - TB GOLD In-Tube Test or a tuberculin skin test, and a normal chest radiograph with no presenting symptoms of TB disease. See the *Epi Case Criteria Guide* which contains complete criteria.

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

# INCIDENT REPORTING

## Critical Incidents

The following events involving Covered Individuals must be reported **immediately** to MHMR. Providers are **required to call the I Care Call Center at (817) 335-3022** with information regarding the occurrence of any of the following critical incidents as soon as possible:

1. Covered Individual Death = Suicide/Homicide
2. News Media Coverage Likely
3. Homicide threat with a Plan
4. Homicide attempt
5. Perpetrator of Homicide
6. Missing Person (Police Report Filed)
7. Catastrophic Events (I.E. Bomb threats, explosions, major fire, etc.)
8. Litigation Threat

## Non-Critical Incidents

Providers are **required to call the I Care Call Center at (817) 335-3022** to report information regarding the occurrence of any of the following non-critical incidents as soon as possible:

1. Covered Individual death – Medical reasons
2. Abuse, Neglect, or Exploitation
3. Suicide Attempts
4. Hospitalizations
  - a. covered individual injury requiring ER
  - b. covered individual illness requiring admission
  - c. psychiatric admission
5. Physical Aggression (forceful or hostile actions with intent to harm self/others)
6. SAMA (Physical Restraint)
7. Auto Accident involving a Covered Individual
8. Fire at Facility
9. DNR (Do Not Resuscitate)
10. AMA (Against Medical Advice)
11. Medication Error
12. Infectious Diseases

## Suspected Abuse, Neglect or Exploitation

Within 24 hours of 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](http://www.txabusehotline.org).

Within that 24 hour time frame, provider must also notify the ECS Director as well as the MHMR's I-Care Call Center at **817-335-3022** (open 24 hours a day/7 days a week).

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

All families served by ECS are given the MHMR Tarrant client handbook. Families served by providers should be given the corresponding agency's client handbook also. If a family files a complaint, the ECS Director should be notified within 24 hours by email or phone.

## 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:

### Contact Name:

### Contact Info

1. ECS Family Support Coach .....provided to family during the first ECS visit
2. ECS Clinical Director, Megan Glover .....817-569-5303 - [Meghan.Glover@mhmtc.org](mailto:Meghan.Glover@mhmtc.org)
3. ECS Chief, Laura Kender .....817-569-5301- [Laura.Kender@mhmtc.org](mailto:Laura.Kender@mhmtc.org)
4. MHMR Tarrant's Client Rights Officer .....817-569-4367 - [Paul.Duncan@mhmtc.org](mailto:Paul.Duncan@mhmtc.org)  
*to report violation of rights, abuse, or neglect*

# HOME VISIT SAFETY

**W**hile 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 home phone (not a cell phone, but a landline number).
- 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://www.crimereports.com), <http://spotcrime.com/>, or [www.mylocalcrime.com](http://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) Other safety measures to consider:
  - 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 ready 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 and that older people tend to barricade themselves inside.
- 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 concerning sounds 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 the ECS Director.
- 11) You must inform the police if firearms are produced or implied.



# DRESS CODE

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

## Preferred Attire

Preferred attire is your agency shirt with casual pants.



## Appropriate & Inappropriate Attire

Category	Appropriate Attire	Inappropriate / DO NOT WEAR
Shirts	<ul style="list-style-type: none"> <li>• Business casual shirt</li> <li>• Your agency shirt</li> <li>• Holiday t-shirt or sweatshirt (be respectful of families religious and cultural beliefs)</li> <li>• Sleeveless shirt</li> </ul>	<ul style="list-style-type: none"> <li>• Worn out or sloppy shirt</li> <li>• Sweat shirts</li> <li>• Tank tops</li> <li>• T-shirt with any advertising or logo (other than your agency)</li> <li>• College, school or sports team t-shirts, jerseys or athletic wear</li> <li>• Spaghetti straps</li> <li>• Low cut shirts that expose or reveal cleavage</li> <li>• Short shirts (if midriff shows when the arms are raised)</li> </ul>
Pants	<ul style="list-style-type: none"> <li>• Business casual pants, jeans or khakis</li> <li>• Scrub pants</li> <li>• Walking shorts (knee length; no more than 2" above the knee)</li> </ul>	<ul style="list-style-type: none"> <li>• Worn out or sloppy pants/jeans (not frayed; no holes)</li> <li>• Exercise or sweat pants</li> <li>• Low-ride pants/jeans</li> <li>• Short shorts</li> <li>• Bib overalls</li> </ul>
Dresses/Skirts	<ul style="list-style-type: none"> <li>• Business casual dress or skirt ( knee length; no more than 2" above the knee)</li> <li>• Short dresses or skirts above the knee are permissible if worn with tights or leggings</li> </ul>	
Shoes	<ul style="list-style-type: none"> <li>• Clean shoes, boots, sandals or tennis shoes</li> <li>• <b>NOTE:</b> Ask permission before taking off shoes in the home or child care center. If shoes are removed, socks or booties must be worn.</li> </ul>	<ul style="list-style-type: none"> <li>• Dirty shoes</li> <li>• Flip flops (beach)</li> <li>• Crocs</li> </ul>
General	<ul style="list-style-type: none"> <li>• All items of attire should be clean and nice in appearance</li> <li>• Be respectful of families' religious and cultural beliefs</li> <li>• Be respectful of people (especially babies) who might be allergic or are intolerant to smells and fragrances</li> <li>• Good hygiene</li> <li>• Well-kept hair</li> <li>• Employee ID badge</li> </ul>	<ul style="list-style-type: none"> <li>• Tight fitting clothes</li> <li>• Clothing that reveals too much cleavage, back, chest, stomach or underwear</li> <li>• No sheer or see-through clothing</li> <li>• Abundant accessories</li> <li>• Caps</li> <li>• Excessive make-up</li> <li>• Inappropriate tattoos or piercings that would be considered unprofessional or considered a distraction (tattoos may be covered)</li> <li>• Perfume, cologne, aftershave or scented lotions</li> </ul>

## **Visits in the Community**

When visiting at a physician's office, child care center, school, or other community setting, Provider is to be mindful that they are representing the ECS program and should dress professionally.

## **Importance of Dress Code**

Research indicates that dress is directly related to performance. It also affects the impression we give to others about ourselves, as well as about our program. Every family is expecting a professional to come to work with their child. They deserve someone who is professionally groomed and dressed at all times. First impressions are lasting.

## **Non-Compliance**

1. When possible, reasonable accommodation may be made to a Provider with a disability or to accommodate a person's religious practices.
2. ECS management personnel will be solely responsible for monitoring and disciplinary actions related to non-compliance of this Dress Code.

# CHILD ELIGIBILITY



child is eligible for ECS services if he or she is:

## LAUNCH

- Family resides in City of Fort Worth
- Child is aged 0 to 8
- Child is displaying or at risk for developmental delays, social-emotional, or behavioral concerns
- Child does not qualify for ECI

## HOPES:

- **HOPES CARE Team 1 Priority Population:** Family has 2 or more risk factors as defined below by HOPES, has a child aged 0 to 6, and struggles with needing assistance in obtaining accurate knowledge about child development and clear expectations, as well as beliefs about their ability to be empowered as a parent.
- **HOPES CARE Team 2 Priority Population:** Family has 2 or more risk factors as defined below by HOPES and is expressing stress due to issues affecting their child aged 0 to 6, such as illness and/or delayed development, but child does not qualify for IDEA Part B or Part C.
- **HOPES CARE Team 3 Priority Population:** Family has 2 or more risk factors as defined below by HOPES, has a child aged 0 to 6, and resides in a specified geographic area or is living in homelessness, or is a member of a refugee community.

## HOPES RISK FACTORS:

- a) Parent/Guardian has negative attitudes and attributions about child development;
- b) Parent/Guardian has inaccurate knowledge and expectations about child behavior;
- c) Parent/Guardian and/or child suffer from depression/anxiety;
- d) Non-traditional family structure – especially single parent with lack of social support and/or a high number of children in the household;
- e) Social isolation of family/parent/guardian – lack of support;
- f) Poor parent-child interaction;
- g) Teen Parenting;
- h) High parent conflict/separation/divorce;
- i) High general stress level; and/or
- j) Homelessness of a family

# SERVICE DESCRIPTIONS

**S**ervices are provided utilizing a coaching model 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 should be considered an option.



Providers shall deliver the ECS services identified below, as assigned, in accordance with the Plan of Care through qualified service providers. To provide ECS 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 deliver 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 to unique needs of their child.

ECS provides a wide array of services through LAUNCH and HOPES:

- Trust-Based Relational Intervention (TBRI)
- Parent Cafes
- ASQ and ASQ:SE developmental screenings
- Safe Environment for Every Kid (SEEK) Screening
- Nurturing Parenting Program (NPP)
- Triple P (Positive Parenting Program)
- Incredible Years (IY)
- Hanen's "It Takes Two to Talk"
- Primary Provider Approach to Teaming
- Coaching
- Respite Care
- Counseling
- Housing/Benefits/Employment Assistance
- Home Visiting

# DOCUMENTATION & TIMELINES

## 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;
- Signature of the service provider; and
- Description of family involvement in the service.
- Registrations, sign in sheets, and evaluation forms as required for groups

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

### Monthly paperwork:

- **Calendar of Scheduled Group Sessions** is due by the **1<sup>st</sup> business day of each month** to ECS Director, Stephanie Norton at [Stephanie.Norton@mhmrhc.org](mailto:Stephanie.Norton@mhmrhc.org).
- **Invoice along with group sign in sheets, registration forms, and group evaluations** are due by **the 5<sup>th</sup> business day of the month** for the previous month's work and must match the times and duration exactly as indicated on the progress notes, sign in sheets & other documentation.
- **Providers will not be reimbursed** for services provided if timelines for reports and documentation are not met.
- Submit monthly paperwork to the ECS Business Office:

- ❖ Michael Alvarado – [ECI4Contractors@mhmrhc.org](mailto:ECI4Contractors@mhmrhc.org)
- ❖ Candace Andrade – [Candace.Andrade@mhmrhc.org](mailto:Candace.Andrade@mhmrhc.org)

## Verification

Provider must maintain records necessary to verify services delivered and billed to ECS. Progress notes & other required documentation 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 staff training
- Evidence of TB test
- Evidence of DFPS Automated Background Check System (ABCS)
- If covered individuals are paid by Provider, evidence of compliance with Department of Labor (DOL) regulations regarding salaries and pay

### **ACTION**

*Provider will complete the "ECS Provider Attestation Form" as verification on above items and return to ECS Director upon submission of executed contract.*

# PRE-REQUISITES

## 1. Credentialing

Before providing ECS individualized services, each licensed provider must be credentialed through MHMR by submitting a completed **credentialing application** to:

**Benita Parker**

MHMR of Tarrant County  
Credentialing Dept. RU #1012

3840 Hulen Street

Fort Worth, TX 76107

817-569-4467

[Benita.Parker@mhmrtc.org](mailto:Benita.Parker@mhmrtc.org)

### ACTION

*Complete & submit the Credentialing Application, which is located on MHMR's website <http://www.mhmrtc.org/Jobs/Credentialing> under "Contractors" subheading. (Instructions also available there)*

## 2. Billing (Only applicable when ECS begins 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 the HOPES Director.

### ◆ 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:

**Patricia Guier**, Billing Manager

MHMR of Tarrant County

Client Billing RU #1024

3840 Hulen Street

Fort Worth, TX 76107

817-569-4395

[Patricia.Guier@mhmrtc.org](mailto:Patricia.Guier@mhmrtc.org)

MHMR will bill Medicaid, Children's Health Insurance Program (CHIP), or other MCOs that have current contracts with ECS, and private insurance for services provided to ECS children by Provider. Throughout the year, if ECS of MHMR Tarrant County 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.

## DFPS Background Checks

Anyone working under ECS must be cleared initially by a DFPS criminal background check prior to that person's direct contact with children or families.



Under the new DFPS Automated Background Check (ABCS) system, everyone who works under the HOPES program will need to be run through the ABCS account that is directly tied to this contract number.

This means if a Provider's employee works on two different DFPS contracts and has a valid background check through ABCS for another contract number, but they also work under the HOPES contract, another background check will need to be run on that employee under the HOPES contract number in the ABCS application.

MHMR Tarrant will run the background checks through the DFPS ABCS system for HOPES subcontractors. Each staff person must complete 2 forms: 2970c and 2971c which can be obtained from the HOPES Director. These forms are then submitted to Laura Castillo of MHMR Human Resources at [Laura.Castillo@mhmrtc.org](mailto:Laura.Castillo@mhmrtc.org). Clearance notification will go to the HOPES Director.

Each DFPS ABCS clearance is valid for 2 years and then needs to be re-run.

### ACTION

*Provider will complete the "ECS Provider Attestation Form" as verification of DFPS background check and return to ECS Director upon submission of executed contract.*



# SANCTIONS, APPEALS & TERMINATION

**E**CS of North Central Texas will take punitive action against Provider for any acts that pose a hazard to ECS 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 ECS philosophy, policies/standards, and procedures.
- Provider does not submit documentation (e.g. invoices, progress notes) that is accurate within the timeframe outlined in this Provider Manual. Late or inaccurate documentation affects ECS'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 ECS 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](mailto:Kevin.McClean@mhmrtc.org)

## Termination

Contract termination will be conducted in accordance with Section 7 of the HOPES Subcontractor Agreement.

# TRAINING

**P**rovider must complete required trainings listed below before working directly with ECS children and families and must demonstrate the ability to provide quality and billable services.



#	Course	Requirements	Source / Details	Frequency
1	<b>CPR / First Aid/ Seizures (CPR-ECI)</b>	a. Class must cover first-aid, including emergency care of seizures and cardiopulmonary resuscitation for children and infants b. Course must include live demonstration	MHMR Training Dept. in a classroom setting (6 hrs) -or- An outside CPR / First Aid course will be accepted with a copy of the current certification/CPR card	every 2 years
2	<b>Infection Prevention</b>	Must sign attestation that course was read and understood	Course is included in this training section; Self-paced	Annually, at time of contract renewal
3	<b>HIPAA for Healthcare Professionals: How to Avoid Disciplinary Actions</b>	Must sign attestation that course was read and understood	Course is included in this training section; Self-paced	Annually, at time of contract renewal
4	<b>Client Rights, Abuse, and Neglect</b>	Must sign attestation that course was read and understood	Course is included in this training section; Self-paced	Annually, at time of contract renewal
5	<b>Childhood Illnesses</b>	Must sign attestation that course was read and understood	Course is included in this training section; Self-paced	Annually, at time of contract renewal
6	<b>Home Visiting Safety</b>	Must sign attestation that course was read and understood	Course is included in this Training section Self-paced	Annually, at time of contract renewal
#	Course	Requirements	Source / Details	Frequency
7.	<b>ECS- Coaching/PSP</b>	ECI Class – covers Coaching, PSP approach, Natural Learning environments , RBA and Plan of Care Development	ECI Class attendance roster	Initially
8.	<b>Child Maltreatment</b>	Attestation that course completed	<a href="http://www.cookchildrens.org/maltreatment/earlydetection/Pages/default.aspx">http://www.cookchildrens.org/maltreatment/earlydetection/Pages/default.aspx</a>	Initially
9.	<b>Service Animal Accommodation</b>	Must sign an attestation that agency provided this training	Course is available from MHMR if agency does not have their own	Annual
10.	<b>ProMedDa training and Computer Access</b>	ECI Class – Training staff that will be entering data into the Promedda EHR	ECI Class attendance roster	Initially
11.	<b>Safe Sleep for Babies</b>	Must sign attestation that course or training was done	<a href="https://www.youtube.com/watch?v=J0YsvzcEQyY">https://www.youtube.com/watch?v=J0YsvzcEQyY</a> or agency's own training	Initially
12.	<b>Typical &amp; Atypical Child Development</b>	Must sign attestation that training was provided	Agency training	Initially
13.	<b>Period of Purple Crying</b>	Must sign attestation that training was completed	<a href="http://www.purplecrying.info/">http://www.purplecrying.info/</a>	Initially

## 1. CPR / First Aid / Seizures

### TRAINING

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

### ACTION

#### Currently Certified

If Provider has already completed this type of CPR training, *then what*

#### Not Certified

If Provider has **NOT** completed this type of CPR training:

- 1) *Register for a CPR class through MHMR's Training Department ([Training.Requests@mhmtc.org](mailto:Training.Requests@mhmtc.org) or 817-569-4342).*

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

*or*

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

## 2. Infection Prevention

### TRAINING

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.

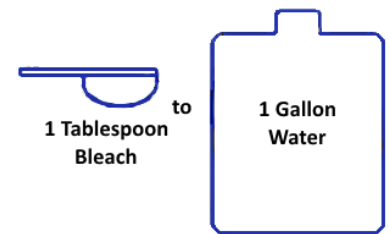
- Gloves are to be worn by the Provider when direct contact is anticipated with:
  - a) non-intact skin (openings in the skin) caused by various reasons, such as: cuts, abrasions, dermatitis, chapped skin, surgery, ports, tubes
  - b) bodily substance, such as: blood, urine, pus, feces, saliva, drainage 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

*Provider will complete the "ECS Provider Attestation Form" as verification of above training.*

### 3. HIPAA

#### TRAINING

Read and study the following **Health Insurance Portability and Accountability Act** (HIPAA) training.



### HIPAA Training 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.

The Security Rule applies to electronic protected health information and addresses the areas of administrative, physical and technical safeguards. Our clients' rights under the Privacy Rule include the following:

1. **Access:** To inspect and receive copies of their medical information based on organization policies and procedures;
2. **Amendment:** To request, in writing, changes to their health information. Each request will be reviewed based on organization policy and procedures; however the agency has the right to deny the request. A written statement will be provided regarding the decision;
3. **Restrictions:** To request, in writing, that the organization limit how they use or share the client's health information. However, the agency may not be able to comply with all requests;
4. **Confidential Communication:** To request communication of their health information by alternative means or at alternative locations;
5. **Accounting of Disclosures:** To request, in writing, and receive a record of times MHMR has shared their health information without the client's written permission except when related to treatment, payment, or health care operations;
6. **Paper Copy of Notice:** To receive a written Notice of Privacy practices from MHMR.

MHMR is required to: maintain the privacy of health information about our clients; provide the privacy notice of organization duties, client rights, and privacy practices; follow the terms of the MHMR Notice of Privacy Practices; and to notify the client if we cannot honor the clients' requests.

Congress has defined wrongful disclosure penalties, which include monetary and imprisonment penalties (see posters at your program site for more details).

To protect client electronic **protected health information** (PHI) under the HIPAA Security Rule, follow these guidelines:

7. **Password Protection:** Ensure your password is unique, not easily guessed, and do not share it with anyone;
8. **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.
9. **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 MHMR for use elsewhere until it has been cleared by the I.T. Department that the device contains no PHI or other confidential data.

10. **E-Mail Use:** Do not send PHI to sources outside the internal MHMR email system because this is an unsecured electronic transmission.
11. **How to Report Privacy/Security Violations:** Report to your supervisor first. All violations should be reported to the Privacy/Security Officer at 817-569-4382.

## ACTION

*Provider will complete the "ECS Provider Attestation Form" as verification of above training.*

### 4. Client Rights, Abuse, and Neglect

## TRAINING

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, Provider must make a report within 48-hours from the time they first suspect.
- 3) In all instances, Provider should also consult with the ECS 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 of the family's inability to do what is needed or choice 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) Call MHMR I-Care Call Center at **817-335-3022** to notify them when a CPS report has been made.
- 8) Inform other ECS team members, including the Director.

### 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 ECS Director immediately to report the situation and develop an action plan. The Division 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) Contact MHMR I-Care Call Center/Risk Management Department at **817-335-3022**.
- 6) The Provider may need to stay near a phone, as the police, CPS, foster agency, and/or Risk Management will do follow-up calls for additional information.
- 7) Wait until an appropriate adult arrives before you leave.
- 8) Write a progress note detailing the events.
- 9) Discuss the next steps with the ECS 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](http://www.txabusehotline.org)
- ◆ More info: [http://www.dfps.state.tx.us/Contact\\_Us/report\\_abuse.asp](http://www.dfps.state.tx.us/Contact_Us/report_abuse.asp)

### **ACTION**

*Provider will complete the "ECS Provider Attestation Form" on the following page as verification of above training and return to ECS Director upon submission of executed contract.*

**ECS Director: Stephanie Norton, LCSW**  
**MHMR Tarrant**  
**3800 Hulen Street, Suite 295**  
**Fort Worth, Texas 76107**  
**817-992-8962 cell**  
**817-569-5722 office**  
**[Stephanie.Norton@mhmrhc.org](mailto:Stephanie.Norton@mhmrhc.org)**



# ECS PROVIDER ATTESTATION FORM

**Please complete for each provider and return to:**  
**Stephanie Norton** [Stephanie.Norton@mhmrhc.org](mailto:Stephanie.Norton@mhmrhc.org)

**AGENCY NAME:**

<b>STAFF NAME:</b>	<b>POSITION:</b>
<b>Course</b>	<b>Supervisor Signature &amp; Date</b>
<b>Provider attests to maintaining records including the following:</b> <ul style="list-style-type: none"><li>Names of all covered individuals</li><li>Evidence of licensure, certification or accreditation</li><li>Evidence of insurance coverage</li><li>Evidence of required staff training</li><li>Evidence of TB test</li><li>Evidence of DFPS Automated Background Check System (ABCS)</li><li>If covered individuals are paid by Provider, evidence of compliance with Department of Labor (DOL) regulations regarding salaries and pay</li></ul>	
<b>CPR / FIRST AID / SEIZURES</b>	
<b>Infection Prevention</b>	
<b>HIPAA for Healthcare Professionals</b>	
<b>Client Rights, Abuse, and Neglect</b>	
<b>Childhood Illnesses</b>	
<b>Home Visit Safety</b>	
<b>Child Maltreatment</b>	
<b>Service Animal Accommodation</b>	
<b>Safe Sleep for Babies</b>	
<b>Typical &amp; Atypical Child Development</b>	
<b>Period of Purple Crying</b>	

**ACTION**

*Provider will complete the "ECS Provider Attestation Form" above as verification of above training and return to ECS Director upon submission of executed contract.*

**ECS Director: Stephanie Norton, LCSW**  
[Stephanie.Norton@mhmrhc.org](mailto:Stephanie.Norton@mhmrhc.org)



## **REQUIREMENTS FOR GROUPS**

### **Parent Cafes:**

1. Staff conducting the Café are trained in the Be Strong Parent Café curriculum.
2. Cafes are conducted according to the requirements outlined in the Be Strong Parent Café Fidelity Guidelines.
3. Held in locations mutually agreed upon between MHMR and subcontractors in locations convenient to families.
4. Each parent will receive 5 Café sessions.
5. Provide a meal or refreshments at each Café session.
6. Provide free child care in a location convenient to families.
7. Child care providers must have previously cleared the DFPS HOPES background check and trainings pertaining to child care providers. (see attached Attestation Page for Child Care Providers.)
8. Use the MHMR sign in sheet, evaluations and other required documentation provided by MHMR for every Café.

### **Other Parenting Groups:**

1. Staff conducting the groups are appropriately trained in the curriculum.
2. Groups are conducted according to the requirements outlined in the curriculum to fidelity.
3. Held in locations mutually agreed upon between MHMR and subcontractors in locations convenient to families.
4. Provide free child care in a location convenient to families.
5. Child care providers must have previously cleared the DFPS HOPES background check and trainings pertaining to child care providers. (see attached Attestation Page for Child Care Providers.)
6. Use the MHMR sign in sheet, evaluations and other required documentation provided by MHMR for every group.

# ECS CHILD CARE PROVIDER ATTESTATION FORM

**Please complete for each child care provider and return to:  
Stephanie Norton [Stephanie.Norton@mhmrhc.org](mailto:Stephanie.Norton@mhmrhc.org)**

**AGENCY NAME:**

<b>STAFF NAME:</b>	<b>POSITION:</b>
<b>Course</b>	<b>Supervisor Signature &amp; Date</b>
<b>Provider attests to maintaining records including the following:</b> <ul style="list-style-type: none"><li>Names of all covered individuals</li><li>Evidence of licensure, certification or accreditation</li><li>Evidence of insurance coverage</li><li>Evidence of required staff training</li><li>Evidence of TB test</li><li>Evidence of DFPS Automated Background Check System (ABCS)</li><li>If covered individuals are paid by Provider, evidence of compliance with Department of Labor (DOL) regulations regarding salaries and pay</li></ul>	
<b>CPR / FIRST AID / SEIZURES</b>	
<b>Infection Prevention</b>	
<b>HIPAA for Healthcare Professionals</b>	
<b>Client Rights, Abuse, and Neglect</b>	
<b>Childhood Illnesses</b>	
<b>Safe Sleep for Babies</b> <a href="https://www.youtube.com/watch?v=J0YsvzcEQyY">https://www.youtube.com/watch?v=J0YsvzcEQyY</a> or agency's own training	

## ACTION

*Child care provider will complete the "ECS Child Care Provider Attestation Form" above as verification of above training and return to ECS Director upon submission of executed contract.*

**ECS Director: Stephanie Norton, LCSW**  
**[Stephanie.Norton@mhmrhc.org](mailto:Stephanie.Norton@mhmrhc.org)**