

Early Childhood Intervention (ECI) Rule Side by Side

SUBCHAPTER	Previous Rule	Amended Rule	Reason/Intended Effect
Subchapter A. General Rules.	N/A	§108.102.Legal Authority. The following statutes and regulations authorize or require the rules in this subchapter: (1) Texas Human Resources Code, Chapter 73; (2) Texas Human Resources Code, Chapter 117; (3) the Individuals with Disabilities Education Act, Part C (20 USC §§1431 - 1444); and (4) implementing federal regulations 34 CFR Part 303.	DARS prefers for each subsection to have a stated legal authority that requires or authorizes the rules outlined in the subsection.
	108.103 Definitions (2) Child—An infant or toddler as defined in 34 CFR §303.21	108.103 Definitions (2) Child--An infant or toddler, from birth through 35 months , as defined in 34 CFR §303.21.	The addition to the definition is intended to reduce ambiguity.

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	<p>(5) Comprehensive Needs Assessment--The process for identifying a child's unique strengths and needs, and the family's resources, concerns, and priorities in order to develop an IFSP. The comprehensive assessment process gathers information across developmental domains regarding the child's abilities to participate in the everyday routines and activities of the family.</p>	<p>(5) Comprehensive Needs Assessment--<u>Conducted by an interdisciplinary team, the</u> process for identifying a child's unique strengths and needs, and the family's resources, concerns, and priorities in order to develop an IFSP. The comprehensive assessment process gathers information across developmental domains regarding the child's abilities to participate in the everyday routines and activities of the family.</p>	<p>The addition to the definition is intended to clarify who provides the comprehensive needs assessment.</p>
	<p>(9) Co-visits--When two or more service providers deliver different services to the child during the same period of time.</p>	<p>9) Co-visits--When two or more service providers deliver different services to the child during the same period of time. <u>Co-visits are provided when a child will receive greater benefit from services being provided at the same time, rather than individually.</u></p>	<p>The addition to the definition provides guidance on when co-visits should be planned and delivered.</p>
	<p>(10) Days--Calendar days</p>	<p>(10) Days--Calendar days, <u>except for LEA services which are defined as "school days".</u></p>	<p>The addition clarifies the LEA's definition of days and that it is different from ECI's definition.</p>
	<p>21) Group Services--Early childhood intervention services provided at the same time to multiple non-related children and their parents or routine caregivers.</p>	<p>(21) Group Services--Early childhood intervention services provided at the same time to <u>up to four [multiple]</u> non-related children and their parents or routine caregivers <u>to meet the developmental needs of the individual infant or toddler.</u></p>	<p>The addition provides specific guidance for the size of the group. This language is not a new requirement because the group size limitation is currently stated in the SST rule (§108.501). Furthermore, the additional</p>

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			language that group services must meet the developmental needs of the individual infant and toddler is a reflection of the requirements for all planned ECI services.
	(24) IFSP Team--An interdisciplinary team that meets the requirements in 34 CFR §303.24(b) (relating to Multidisciplinary), and develops, reviews, modifies, and approves the IFSP and includes the parent, the service coordinator, all ECI professionals providing services to the child, as planned on the IFSP, certified Teachers of the Deaf and Hard of Hearing, as appropriate, and certified Teachers of Students with Visual Impairments, as appropriate.	(24) IFSP Team--An interdisciplinary team that meets the requirements in 34 CFR §303.24(b) (relating to Multidisciplinary) <u>that works collaboratively to develop, review, modify, and approve</u> [, and develops, reviews, modifies, and approves] the IFSP and includes the parent; the service coordinator, all ECI professionals providing services to the child, as planned on the IFSP, certified Teachers of the Deaf and Hard of Hearing, as appropriate, and certified Teachers of Students with Visual Impairments, as appropriate.	The addition emphasizes that the IFSP team should be working collaboratively. This collaboration will result in more effective services for children and families.
	(25) Interdisciplinary Team--In addition to the definition of multidisciplinary team as defined in 34 CFR §303.24 (relating to Multidisciplinary), a team that consists of at least two ECI professionals from different disciplines.	(25) Interdisciplinary Team--In addition to the definition of multidisciplinary team as defined in 34 CFR §303.24 (relating to Multidisciplinary), a team that consists of at least two ECI professionals from different disciplines <u>and the child's parent. One of the ECI professionals must be an LPHA. The team may include representatives of the LEA. Professionals on the team share a common perspective regarding</u>	The addition to the definition is a reflection of the additional requirement in the Evaluation and Assessment subsection that states an LPHA must be one of the two professionals on an evaluation team. LPHAs

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		<p>infant and toddler development and developmental delay and work collaboratively to conduct evaluation, assessment, IFSP development and to provide intervention.</p>	<p>have previously been required for all IFSP teams. The intent of this requirement and the language that emphasizes the collaborative nature of the work of the interdisciplinary team will support staff in providing high quality services for children and families. In addition, the statement about LEA staff provides clarification that they may be considered a team member.</p>
	<p>(27) LPHA--Licensed Practitioner of the Healing Arts. A licensed physician, registered nurse, licensed physical therapist, licensed occupational therapist, licensed speech language pathologist, licensed professional counselor, licensed clinical social worker, licensed psychologist, licensed dietitian, licensed audiologist, licensed physician assistant, licensed specialist in school psychology, licensed marriage and family therapist, licensed intern in speech language pathology, or advanced</p>	<p>(27) LPHA--Licensed Practitioner of the Healing Arts. A licensed physician, registered nurse, licensed physical therapist, licensed occupational therapist, licensed speech language pathologist, licensed professional counselor, licensed clinical social worker, licensed psychologist, licensed dietitian, licensed audiologist, licensed physician assistant, licensed specialist in school psychology, licensed marriage and family therapist, licensed intern in speech language pathology, or advanced practice registered nurse who is an employee or a subcontractor of an ECI Program. LPHA responsibilities are further described in §108.312 of this title (relating to Licensed Practitioner of the Healing Arts (LPHA)).</p>	<p>Licensed Specialist in School Psychology was removed as an LPHA because the LSSP scope of practice does not include the ECI service setting of the natural environment. The addition of “registered” to “advanced practice nurse” reflects the current title of that profession. The requirement that an LPHA be an employee or subcontractor of the ECI program was added because the ECI</p>

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	practice nurse.		contractor's responsibility for compliance to the Medicaid state plan (for ECI services) cannot be delegated to another individual or entity.
	(29) Natural Environments--As defined in 34 CFR §303.26, settings that are natural or typical for a same-aged infant or toddler without a disability, may include the home or community settings, and must be consistent with the provisions of 34 CFR §303.126.	(29) Natural Environments--As defined in 34 CFR §303.26, settings that are natural or typical for a same-aged infant or toddler without a disability, <u>includes the daily activities of the child and family or caregiver</u> , and must be consistent with the provisions of 34 CFR §303.126.	The definition of natural environments is expanded to emphasize the importance of both the place of early intervention service and the focus of the service. This is not a new requirement because the concept of addressing daily activities is currently reflected in the IFSP and Service Delivery subsections.
	N/A	<u>(36) Qualifying Medical Diagnosis--A medically diagnosed condition that has a high probability of developmental delay. The list of conditions that automatically qualify a child for ECI services is available at http://www.dars.state.tx.us/ecis/resources/diagnoses.asp.</u>	This new definition clarifies what is meant by "qualifying medical diagnosis"
	N/A	Because of the addition of the qualifying medical diagnosis definition, the numbers for the rest of the definitions have changed (37 – 41).	Number change only
Subchapter B. Procedural Safeguards and Due Process	§108.219 The contractor is responsible for distributing the DARS ECI family rights publication to all	§108.219 <u>During pre-enrollment, the contractor must give the family a copy of the DARS ECI Parent Handbook publication, which contains notice that</u>	This rule clarifies that the contractor must not only explain the Parent Rights Handbook during pre-

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<p>Procedures.</p>	<p>parents and explaining requirements related to confidentiality and procedural safeguards.</p>	<p>fully informs the parent about their confidentiality rights as specified in 34 CFR §303.402. The contractor must explain the contents of the DARS ECI Parent Handbook when initially providing the publication to the family and annually thereafter.</p>	<p>enrollment, but also explain it again annually. The annual explanation helps families know their rights, reminds them how to advocate for themselves if they have a concern or complaint, and helps them fully understand their role and responsibilities during ECI activities. This additional requirement is not intended to mean the program must provide every family with a new Parent Handbook at the annual IFSP.</p>
	<p>§108.233 (b) (5) (b) A contractor may request that the parent provide a release to share information with others for legitimate purposes. However, when such a release is sought: 5) the release must be time-limited not to exceed one year;</p>	<p>§108.233 (b) (5) (b) A contractor may request that the parent provide a release to share information with others for legitimate purposes. However, when such a release is sought: (5) the consent to release information form must have a time limit: [the release must be time-limited not to exceed one year; and] (A) not to exceed five years after the child exits services or other applicable record retention period, as described in §108.221 of this title (relating to Records Management) for billing records; or (B) not to exceed one year for all other consents to release information;</p>	<p>This change extends the expiration date of the parental consent to release information for billing purposes to match the agency's record retention policy. This change allows programs to respond to a third party billing inquiry after the child exits from services.</p>

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Subchapter C. Staff Qualifications.	N/A	<p>§108.301.Purpose.</p> <p>The purpose of this subchapter is to establish requirements related to ECI staff qualifications.</p>	DARS prefers for each subsection to have a stated purpose.
	N/A	<p>§108.302.Legal Authority.</p> <p>The following statutes and regulations authorize or require the rules in this subchapter:</p> <p>(1) Texas Human Resources Code, Chapter 73;</p> <p>(2) Texas Human Resources Code, Chapter 117;</p> <p>(3) the Individuals with Disabilities Education Act, Part C (20 USC §§1431 - 1444); and</p> <p>(4) implementing federal regulations 34 CFR Part 303.</p>	DARS prefers for each subsection to have a stated legal authority that requires or authorizes the rules outlined in the subsection.
	108.803 Definitions N/A	<p>108.803 Definitions</p> <p>(6) Individualized Professional Development Plan (IPDP)--The training and technical assistance plan developed when a staff person begins employment at an ECI program. The IPDP can include but is not limited to orientation training, EIS credentialing activities, service coordination training, and other training or professional development required by the program or DARS ECI.</p>	The definition was added for clarity. The IPDP is referenced in other rules in this subsection.
	N/A	Because of the addition of the IPDP definition, the numbers for the rest of the definitions have changed (7-9).	Number change only

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	<p>108.309 (b) (1) complete orientation training as required by DARS ECI.</p> <p>108.309 (d) The contractor must verify that all newly employed staff: (1) are qualified in terms of education and experience for their assigned scopes of responsibilities; (2) are competent to perform the job-related activities before providing early childhood intervention services; and (3) complete orientation training as required by DARS ECI before providing early childhood intervention services.</p>	<p>108.309 (b) (1) complete orientation training as required by DARS ECI. This requirement does not apply to staff employed by the LEA;</p> <p>108.309 (d) The contractor must verify that all newly employed staff, except staff employed by the LEA: (1) are qualified in terms of education and experience for their assigned scopes of responsibilities; (2) are competent to perform the job-related activities before providing early childhood intervention services; and (3) complete orientation training as required by DARS ECI before providing early childhood intervention services.</p>	<p>These additions provide clarification that LEA staff do not need to complete the Orientation to ECI training and ECI contractors do not need to complete new employment verification for LEA staff.</p>
	<p>108.309 (e) (1) All staff members who work directly with children and families must receive supervision oversight including documented consultation, record review, and observation from a qualified supervisor. Supervisor qualifications are further described in this subchapter in §§108.313(c), 108.315(c), and 108.317(c) of this title (relating to Early</p>	<p>108.309 (e) (1) All staff members who work directly with children and families must receive supervision oversight that consists of [including] documented consultation, record review, and observation from a qualified supervisor. The intent of supervision is to provide oversight and direction to staff. Supervisor qualifications are further described in this subchapter in §§108.313(c), 108.315(c), and 108.317(c) of this title (relating to Early Intervention Specialist (EIS), Service Coordinator and Staff Who Do Not Hold a License or EIS Credential and Provide Early Childhood</p>	<p>This addition was included to clarify the components of supervision. It is not intended that every supervision visit must include a consultation, a record review and an observation. Rather, a supervision event should include at least one of these activities and the activities should vary. The amount of supervision required for each type of</p>

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	<p>Intervention Specialist (EIS), Service Coordinator and Staff Who Do Not Hold a License or EIS Credential and Provide Early Childhood Intervention Services to Children and Families).</p> <p>(A) Documented consultation includes evaluation and development of staff knowledge, skills, and abilities, and case-specific problem solving.</p> <p>(B) Record review includes a review of documentation in child records to evaluate compliance with the requirements of this chapter, and quality, accuracy, and timeliness of documentation.</p> <p>(C) Observation includes watching staff interactions with children and families to provide guidance and feedback.</p>	<p>Intervention Services to Children and Families).</p> <p>(A) Documented consultation consists of [includes] evaluation and development of staff knowledge, skills, and abilities in the context of[- and] case-specific problem solving.</p> <p>(B) Record review includes a review of documentation in child records to evaluate compliance with the requirements of this chapter, and quality, accuracy, and timeliness of documentation. It also includes feedback to staff to identify areas of strength and areas that need improvement.</p> <p>(C) Observation includes watching staff interactions with children and families to provide guidance and feedback and providing guidance and feedback about the observation.</p>	<p>staff member is documented in the ECI contract.</p>
<p>N/A</p>		<p>§108.312.Licensed Practitioner of the Healing Arts (LPHA).</p> <p>(a) The LPHA provides necessary clinical knowledge for the IFSP team to plan and implement individualized, goal oriented services</p>	<p>This rule was developed in response to a request from ECI program directors to clarify the role of the LPHA. It provides guidance to both the LPHA</p>

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		<p>within an interdisciplinary approach.</p> <p>(b) The LPHA's responsibility is to document the child's progress towards the IFSP outcomes, recommend to the team modifications to the plan as needed, and provide re-assessments or ongoing therapy services as planned on the IFSP.</p> <p>(c) A LPHA is required to sign the IFSP and in doing so acknowledges the planned services are reasonable and necessary.</p> <p>(d) The LPHA provides ongoing monitoring of the IFSP, at least once every six months, to provide professional opinion as to the effectiveness of services.</p>	<p>and other team members about the LPHA responsibilities on the IFSP team. In addition, it ensures ECI contractor compliance with the Medicaid state plan (for ECI services).</p>
	<p>108.313 (d) EIS Active Status and EIS Inactive Status. (1) Only an EIS with active status is allowed to provide early childhood intervention services to children and families. An EIS goes on inactive status when the EIS fails to submit the required documentation by the designated deadline or when the EIS is no longer employed by a contractor. An EIS on inactive status may not perform activities requiring the EIS active status. EIS active status</p>	<p>108.313 (d) Requirements for EIS active status [Active Status] and EIS inactive status are as follows: [Inactive Status.]</p> <p>(1) Only an EIS with active status is allowed to provide early childhood intervention services to children and families. An EIS on inactive status may not perform activities requiring the EIS active status.</p> <p>(2) An EIS goes on inactive status when:</p> <p>(A) the EIS fails to submit the required documentation by the designated deadline [or when the EIS is no longer employed by a contractor. An EIS on inactive status may not</p>	<p>The rule was reorganized to improve clarity. In addition, timelines for the completion of required EIS trainings were added. EISs did have timelines for completing credentialing activities prior to September 2011. When the required timelines were removed, some EISs were not completing the required training activities within a reasonable time frame (incomplete activities after 2+ years in the EIS Registry). The EIS</p>

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	<p>is considered reinstated after the information is entered into the EIS Registry and is approved by DARS ECI. An EIS may return to active status from inactive status by submitting 10 contact hours of continuing education for every year of inactive status. An EIS returning to active status must submit documentation of three contact hours of ethics training within the last two years.</p> <p>(2) An EIS who has been on inactive status for longer than 24 months must complete the orientation training.</p>	<p>perform activities requiring the EIS active status. EIS active status is considered reinstated after the information is entered into the EIS Registry and is approved by DARS ECI. An EIS may return to active status from inactive status by submitting 10 contact hours of continuing education for every year of inactive status. An EIS returning to active status must submit documentation of three contact hours of ethics training within the last two years].</p> <p><u>(i) Orientation to ECI training must be completed within 30 days, from the EIS's start date.</u></p> <p><u>(ii) If an EIS is transferring from another program, the Orientation to ECI training must be completed within 30 days from the EIS's start date unless the EIS has documentation he or she has completed the current Orientation module.</u></p> <p><u>(iii) All credentialing activities (Final IPDP) must be completed within a year from the EIS's start date.</u></p> <p><u>(iv) Any EIS who is in the Final IPDP stage as of March 1, 2015, must complete all credentialing activities by March 1, 2016.</u></p> <p><u>(B) the EIS is no longer employed by a contractor; an EIS may return to active status from inactive status by:</u></p> <p><u>(i) submitting 10 contact hours of continuing</u></p>	<p>IPDP has been revised and completely separated from the Service Coordinator observations and demonstrations. These changes should allow EISs to complete their required activities well within the required deadlines. The clarification about when the 24 month "countdown" begins for EISs on inactive status was added to make sure everyone understood how long an EIS could remain on inactive status before he/she needs to complete all credentialing activities again. Finally, a statement was added to clarify how an EIS returns to active status from inactive status.</p>
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		<p><u>education for every CPE due date that was missed while the EIS was on inactive status; and</u></p> <p><u>(ii) submitting documentation of three contact hours of ethics training within the last two years.</u></p> <p><u>(3) [(2)] An EIS who has been on inactive status for longer than 24 months <u>from his or her first missed CPE submission date</u> must complete <u>all credentialing activities.</u> [the orientation training.]</u></p> <p><u>(4) EIS active status is considered reinstated after the information is entered into the EIS Registry and is approved by DARS ECI.</u></p>	
	108.315 (e) Service Coordinator Active Status and Service Coordinator Inactive Status.	108.315 (e) <u>Requirements for service coordinator active status and inactive status are as follows.</u>	The wording was changed to match the wording in the EIS rule.
Subchapter F. Public Outreach	108.615 (c) To facilitate families' effective transitions from ECI services to Part B services in the public schools, the contractor must coordinate with the local educational agency (LEA) representatives to achieve a shared understanding of: (1) eligibility requirements for public school services, including for Part B services; (2) the state-level MOUs with TEA; and	108.615 (c) <u>The contractor must coordinate with LEA representatives to facilitate an effective transition from ECI to public school special education services and the LEA provision of auditory and visual impairment services. Coordination activities focus on developing</u> [To facilitate families' effective transitions from ECI services to Part B services in the public schools, the contractor must coordinate with the local educational agency (LEA) representatives to achieve] a <u>joint</u> [shared] understanding of: (1) eligibility requirements for public school services, including for Part B services; (2) the state-level MOUs with TEA; and	The wording was changed for clarity. No additional requirements were added.

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	<p>(3) if applicable, MOUs with the LEAs.</p> <p>(d) To ensure that families eligible for Head Start and Early Head Start have access to those services as needed, the contractor must coordinate with the local Head Start and Early Head Start representative to achieve a shared understanding of:</p> <ul style="list-style-type: none"> (1) eligibility requirements for Head Start and Early Head Start placement; (2) the state-level MOU with Head Start and Early Head Start; (3) referral procedures; and (4) if applicable, the local MOU with Head Start and Early Head Start. 	<p>(3) if applicable, MOUs with the LEAs.</p> <p>(d) The contractor must coordinate with representatives from Head Start and Early Head Start to [Fe] ensure that families eligible for Head Start and Early Head Start have access to those services, as available. Coordination activities focus on developing [needed, the contractor must coordinate with the local Head Start and Early Head Start representative to achieve] a joint [shared] understanding of:</p> <ul style="list-style-type: none"> (1) eligibility requirements for Head Start and Early Head Start placement; (2) the state-level MOU with Head Start and Early Head Start; (3) referral procedures; and (4) if applicable, the local MOU with Head Start and Early Head Start. 	
<p>Subchapter G. Referral, Pre-Enrollment, and Developmental Screening</p>	<p>N/A</p>	<p>§108.701.Purpose.</p> <p>The purpose of this subchapter is to establish requirements related to referral, pre-enrollment, and developmental screening.</p>	<p>DARS prefers for each subsection to have a stated purpose.</p>

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	N/A	<p>§108.702.Legal Authority.</p> <p>The following statutes and regulations authorize or require the rules in this subchapter:</p> <p>(1) Texas Human Resources Code, Chapter 73;</p> <p>(2) Texas Human Resources Code, Chapter 117;</p> <p>(3) the Individuals with Disabilities Education Act, Part C (20 USC §§1431 - 1444); and</p> <p>(4) implementing federal regulations 34 CFR Part 303.</p>	DARS prefers for each subsection to have a stated legal authority that requires or authorizes the rules outlined in the subsection.
	108.701 Referral Requirements	108.704 Referral Requirements	Nothing in the content of this rule changed. The rule number changed because of adding the Purpose and Legal Authority rules.
	<p>108.707 (a)</p> <p>(6) The contractor must conduct the activities in this section in the parent's native language, as defined in §108.103 of this chapter (relating to Definitions), unless clearly not feasible.</p> <p>108.707 (d) The contractor must comply with all requirements in Subchapter B of this chapter (relating to Procedural Safeguards and</p>	<p>108.707 (a)</p> <p>(6) The contractor must comply with all requirements in Subchapter B of this chapter (relating to Procedural Safeguards and Due Process Procedures).</p> <p>[(6) The contractor must conduct the activities in this section in the parent's native language, as defined in §108.103 of this chapter (relating to Definitions), unless clearly not feasible.]</p> <p>[(d) The contractor must comply with all requirements in Subchapter B of this chapter (relating to Procedural Safeguards and Due</p>	This change is intended to eliminate redundancy in the rule. It does not remove the requirement of providing pre-enrollment activities in the parent's native language. This requirement is stated in Subchapter B and does not need to be repeated here.

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	Due Process Procedures).	Process Procedures-]	
Subchapter H. Eligibility, Evaluation, and Assessment.	<p>§108.809.Initial Eligibility Criteria.</p> <p>A child must be under 36 months of age and meet initial eligibility criteria to receive early childhood intervention services. Initial eligibility is established by:</p> <p>(1) documentation of a medically diagnosed condition that has a high probability of resulting in developmental delay;</p> <p>(2) an auditory or visual impairment as defined by the Texas Education Agency rule at 19 TAC §89.1040 (relating to Eligibility Criteria); or</p> <p>(3) a developmental delay. Each developmental area must be evaluated as defined in 34 CFR §303.321. Developmental delay is determined based on:</p> <p>(A) an evaluation based on a standardized tool designated by DARS indicating a delay of at least 25% in one or more of the following developmental areas: communication;</p>	<p>§108.809.Initial Eligibility Criteria.</p> <p>A child must be under 36 months of age and meet initial eligibility criteria to receive early childhood intervention services. Initial eligibility is established by:</p> <p>(1) documentation of a medically diagnosed condition that has a high probability of resulting in developmental delay;</p> <p>(2) an auditory or visual impairment as defined by the Texas Education Agency rule at 19 TAC §89.1040 (relating to Eligibility Criteria); or</p> <p>(3) a developmental delay. Each developmental area must be evaluated as defined in 34 CFR §303.321. Developmental delay is determined based on:</p> <p>(A) an evaluation using [based-on] a standardized tool designated by DARS that indicates [indicating] a delay of at least 25 percent [%] in one or more of the following developmental areas: communication; cognitive; gross motor; fine motor; social emotional; or adaptive; or</p> <p>(B) an evaluation using [based-on] a standardized tool designated by DARS that indicates [indicating] a delay of at least 33 percent [%] if the</p>	<p>There were no new requirements added to this rule. The changes were intended to add clarity to the existing requirements.</p>

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	<p>cognitive; gross motor; fine motor; social emotional; or adaptive; or</p> <p>(B) an evaluation based on a standardized tool designated by DARS indicating a delay of at least 33% if the child's only delay is in expressive language; or</p> <p>(C) a qualitative determination of delay, as indicated by responses or patterns that are disordered or qualitatively different from what is expected for the child's age, and significantly interfere with the child's ability to function in the environment. When the interdisciplinary team determines there is evidence that the results of the standardized tool do not accurately reflect the child's development, eligibility must be established using a supplemental protocol designated by DARS ECI. A child must meet the same eligibility standards in subparagraph (A) or (B) of this paragraph on the designated tool to qualify for a qualitative determination of delay.</p>	<p>child's only delay is in expressive language; or</p> <p>(C) a qualitative determination of delay, as indicated by responses or patterns that are disordered or qualitatively different from what is expected for the child's age, and significantly interfere with the child's ability to function in the environment. When the interdisciplinary team determines there is evidence that the results of the standardized tool do not accurately reflect the child's development, eligibility must be established using a supplemental protocol designated by DARS ECI. A child must meet the same eligibility standards in subparagraph (A) or (B) of this paragraph on the designated tool to qualify for a qualitative determination of delay <u>unless the child has an adjusted age or chronological age of under 3 months.</u></p>	
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	<p>§108.811. Eligibility Determination Based on Medically Diagnosed Condition That Has a High Probability of Resulting in Developmental Delay.</p> <p>(c) If a review of the child's records indicates that the child has a qualifying medical condition, the evaluation team must determine and document a need for early childhood intervention services.</p>	<p>§108.811. Eligibility Determination Based on Medically Diagnosed Condition That Has a High Probability of Resulting in Developmental Delay.</p> <p>(c) If a review of the child's records indicates that the child has a qualifying medical condition, the evaluation team must determine and document a need for early childhood intervention services as required in §108.837 of this title (relating to Needs Assessment).</p>	<p>This addition is intended to assist the reader in determining how to document a need for early intervention services by directing him/her to the specific rule that lists these requirements.</p>
	<p>§108.813 Assessment of Hearing and Auditory Status</p> <p>(a) As part of evaluation the interdisciplinary team must review the current hearing and auditory status for every child through an analysis of the evaluation protocol results, or other screening tool if the child is eligible based on a medical diagnosis or vision impairment, to determine any need for further hearing assessment.</p> <p>(b) The contractor must refer a child to a licensed audiologist if the child has been identified as having a need for further</p>	<p>§108.813. Determination [Assessment] of Hearing and Auditory Status.</p> <p>(a) As part of evaluation the interdisciplinary team must determine any need for further hearing assessment. This determination is completed by reviewing [review] the current hearing and auditory status for every child through an analysis of [the] evaluation protocol results. A screening tool may be used for a or other screening tool if the child who is eligible based on a medical diagnosis or vision impairment [, to determine any need for further hearing assessment].</p> <p>(b) The contractor must refer a child to a licensed audiologist if the child has been identified as having a need for further hearing assessment and the child has not had a hearing assessment within six months of the hearing needs identification. If</p>	<p>The wording changes are intended to clarify the specific requirements of the rule. No new requirements were added.</p>

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	<p>hearing assessment and the child has not had a hearing assessment within six months of the hearing needs identification. If necessary to access a licensed audiologist, the contractor may refer the child to their primary health care provider. The referral must be made:</p> <p>(1) within five working days; and</p> <p>(2) with parental consent.</p> <p>(c) If the contractor receives an audiological assessment that indicates the child has an auditory impairment, the contractor must refer the child within five business days:</p>	<p>necessary to access a licensed audiologist, the contractor may refer the child to their primary health care provider. The referral must be made:</p> <p>(1) within five working days; and</p> <p>(2) with parental consent.</p> <p>(c) If the contractor receives an audiological assessment that indicates the child has an auditory impairment, the contractor must, <u>with written parental consent</u>, refer the child within five business days:</p>	
	<p>108.815 Assessment of Vision Services</p> <p>(a) As part of evaluation the interdisciplinary team must review the current vision status for every child through an analysis of the evaluation protocol results, or other screening tool if the child is eligible based on a medical diagnosis or hearing impairment, to determine the need for further vision</p>	<p>§108.815. <u>Determination</u> [Assessment] of Vision Status.</p> <p>(a) As part of evaluation, the interdisciplinary team must <u>determine any need for further vision assessment. This determination is completed by reviewing</u> [review] the current vision status for every child through an analysis of [the] evaluation protocol results. <u>A screening tool may be used for a</u> [,-or-other-screening-tool-if-the] child <u>who</u> is eligible based on a medical diagnosis or hearing impairment. [-,to-determine-the-need-for-further-vision-assessment.]</p>	<p>The wording changes are intended to clarify the specific requirements of the rule. No new requirements were added.</p>

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	assessment.		
	<p>108.817 (b) The parent and at least two professionals from different disciplines must conduct the evaluation to determine initial and continuing eligibility based on developmental delay as defined by §108.809(3) of this title (relating to Initial Eligibility Criteria). Service coordination is not considered a discipline for evaluation. The evaluation procedures must include:</p> <ul style="list-style-type: none"> (1) administration of the standardized tool designated by DARS ECI; (2) taking the child's history, including interviewing the parent; (3) identifying the child's level of functioning in each of the developmental areas in 34 CFR §303.21(a)(1); (4) gathering information from other sources such as family members, other caregivers, medical providers, social 	<p>108.817 (b) The parent and at least two professionals from different disciplines must conduct the evaluation to determine initial and continuing eligibility based on developmental delay as defined by §108.809(3) of this title (relating to Initial Eligibility Criteria). <u>An LPHA must be one of the two professionals.</u> Service coordination is not considered a discipline for evaluation. The evaluation procedures must include:</p> <ul style="list-style-type: none"> (1) administration of the standardized tool designated by DARS ECI; (2) taking the child's history, including interviewing the parent; (3) identifying the child's level of functioning in each of the developmental areas in 34 CFR §303.21(a)(1); (4) gathering information from other sources such as family members, other caregivers, medical providers, social workers, and educators, if necessary, to understand the full scope of the child's unique strengths and needs; 	<p>This rule contains a new requirement – an LPHA must be one of the two professionals on an evaluation team. Having an LPHA on the team strengthens the team's ability to identify all of a child's needs. In addition, having an LPHA as part of the initial evaluation team prevents families from having to wait for a qualitative determination of delay if needed.</p> <p>The addition of (7) requires that the LPHA on the team apply clinical knowledge to interpret test scores and determine developmental delay based on those scores in combination with information gathered from other sources, which help to ensure that no single procedure was used as the</p>

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	<p>workers, and educators, if necessary, to understand the full scope of the child's unique strengths and needs;</p> <p>(5) reviewing medical, educational, and other records; and</p> <p>(6) in addition to 34 CFR §303.321(b), determining the most appropriate setting, circumstances, time of day, and participants for the evaluation in order to capture the most accurate picture of the child's ability to function in his or her natural environment.</p> <p>(c) The contractor must consider other evaluations and assessments performed by outside entities when requested by the family.</p> <p>(1) The contractor must determine whether outside evaluations and assessments:</p> <p>(A) are consistent with DARS ECI policies;</p> <p>(B) reflect the child's current status; and</p> <p>(C) have implications for IFSP development.</p> <p>(2) If the family does not allow full access to those records or to those entities or does not</p>	<p>(5) reviewing medical, educational, and other records; and</p> <p>(6) in addition to 34 CFR §303.321(b), determining the most appropriate setting, circumstances, time of day, and participants for the evaluation in order to capture the most accurate picture of the child's ability to function in his or her natural environment; and;</p> <p>(7) interpreting scores and determining delay through the application of informed clinical opinion to test results.</p> <p>(c) The contractor must consider other evaluations and assessments performed by outside entities when requested by the family.</p> <p>(1) The contractor must determine whether outside evaluations and assessments:</p> <p>(A) are consistent with DARS ECI policies;</p> <p>(B) reflect the child's current status; and</p> <p>(C) have implications for IFSP development.</p> <p>(2) If the family does not allow full access to those records or to those entities or does not consent to or does not cooperate in evaluations or assessments to verify their findings, the contractor may discount or disregard the other evaluations and assessments performed by</p>	<p>sole criterion for determining a child's eligibility.</p>
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	<p>consent to or does not cooperate in evaluations or assessments to verify their findings, the contractor may discount or disregard the other evaluations and assessments performed by outside entities. (d) Evaluation must be based on informed clinical opinion.</p>	<p>outside entities. [(d) Evaluation must be based on informed clinical opinion.]</p>	
	<p>§108.819. Adjustment for Children Born Prematurely.</p>	<p>§108.819. <u>Age</u> Adjustment for Children Born Prematurely.</p>	<p>This addition provides more clarity about what is being adjusted for children who are born prematurely.</p>
	<p>§108.821. Qualitative Determination of Developmental Delay.</p> <p>a) When the results of the evaluation, using the standardized tool designated by DARS ECI, do not accurately reflect the child's development or ability to function in the natural environment, the interdisciplinary team documents this in the child's record and proceeds to a qualitative determination of developmental delay.</p> <p>(b) The interdisciplinary team must use the supplemental</p>	<p>§108.821. Qualitative Determination of Developmental Delay.</p> <p>[(a)] <u>Qualitative Determination of Developmental Delay is applied as described in this section [in two circumstances]:</u></p> <p><u>(1) When a child's adjusted age is 0 months, administration of the standardized tool or another protocol is not required. The interdisciplinary team, which must include an LPHA knowledgeable in the area of concern, must describe clinical findings and how those findings significantly interfere with the child's functional abilities. [;-or]</u></p> <p><u>(2) When the evaluation results, which are measured using the standardized tool designated by DARS ECI, do not accurately reflect the child's development or ability to function in the natural</u></p>	<p>This section was rewritten to provide clarity on the procedures for determining a qualitative delay.</p> <p>This change also removes the requirement that a team administer the BDI for a child who has an adjusted age of 0 months before moving to qualitative determination of delay. This requirement was removed because it is impossible to show a 25% delay for a child who has an adjusted age of 0.</p> <p>The specific citation of "which must include an</p>

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	<p>protocol designated by DARS ECI to determine qualitative delay.</p>	<p><u>environment, the interdisciplinary team, [which must include an LPHA,] documents this information in the child's record and proceeds to a qualitative determination of developmental delay. ;</u></p> <p>[(b)] <u>[(A)]</u> <u>For a child with an adjusted or chronological age of greater than 0 months but less than 3 months, the interdisciplinary team, which must include an LPHA knowledgeable in the area of concern, qualitatively determines developmental delay by describing clinical findings and how those findings significantly interfere with the child's functional abilities.</u></p> <p>[(c)] <u>[(B)]</u> <u>For a child with an adjusted or chronological age of at least 3 months, the interdisciplinary team, which must include an LPHA knowledgeable in the area of concern, must use the supplemental protocol designated by DARS ECI to qualitatively determine developmental delay. The developmental domains and sub-domains that can be used for qualitative determination of delay are established by DARS.</u></p> <p>[(a)] <u>When the results of the evaluation, using the standardized tool designated by DARS ECI, do not accurately reflect the child's development or ability to function in the natural environment, the interdisciplinary team documents this in the child's record and proceeds to a qualitative</u></p>	<p>LPHA” was removed to eliminate redundancy. As defined, every interdisciplinary team is required to have an LPHA</p>
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		<p style="color: red;">determination of developmental delay.]</p> <p style="color: red;">[(b) The interdisciplinary team must use the supplemental protocol designated by DARS ECI to determine qualitative delay.]</p>	
	<p>108.828 (c) The eligibility statement must be: (1) in the child's record; and (2) updated when eligibility changes or is re-determined.</p>	<p>108.828 (c) The eligibility statement must be: <u>(1) completed for every child evaluated;</u> <u>(2) [(1)] in the child's record; and</u> <u>(3) [(2)] updated when eligibility [changes or] is re-determined.</u> <u>(d) Only one eligibility type may be [selected for the child] listed on the eligibility statement:</u> <u>(1) medical diagnosis;</u> <u>(2) vision or hearing impairment as defined by the Texas Education Agency; [or]</u> <u>(3) developmental delay;</u> <u>(e) If a child meets multiple eligibility criteria, on the eligibility statement, subsection (d)(1) takes priority over subsection (d)(2) and (3), and subsection (d)(2) takes priority over subsection (d)(3). The eligibility statement is valid for 1 year, except for children who are eligible with a qualitative determination of developmental delay. The eligibility statement for children who are determined eligible with a qualitative determination of developmental delay is valid for six months. Information about additional qualifying criteria is documented in the child's record. The eligibility statement does not need to be changed or updated until eligibility is re-determined.</u></p>	<p>This rule change clarifies that the eligibility form must be completed for every child evaluated, including a child who does not qualify for ECI services, and establishes an "expiration" date for the form. It also removes the previous requirement that the form must be updated when eligibility changes. The form should not be updated until eligibility is redetermined, even if the team learns of new qualifying criteria between initial eligibility and annual eligibility.</p>

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	<p>§108.1005 Medical Review for Early Childhood Intervention Services (IFSP Subchapter)</p>	<p>§108.828.Medical Review for ECI Services. (Evaluation and Assessment Subchapter)</p>	<p>The rule about medical review was moved from the IFSP subchapter to the Evaluation and Assessment subchapter because medical review is part of the eligibility determination process. Moving the rule improves the “flow” for the reader and will hopefully increase the reader’s understanding of the requirements.</p>
	<p>108.833 (3) complete the Modified Checklist for Autism in Toddlers (M-CHAT) if the child is not screened by the child's licensed health care provider or is unable to receive the screening from the child's licensed health care provider in a timely manner; and (4) complete the M-CHAT follow-up interview for a child who does not pass the M-CHAT screening. (f) The use of the M-CHAT screening does not take the place of the appropriate evaluation of the child required</p>	<p>108.833 (3) complete the Modified Checklist for Autism in Toddlers Revised (M-CHAT-R) if the child is not screened by the child's licensed health care provider or is unable to receive the screening from the child's licensed health care provider in a timely manner; and (4) complete the M-CHAT-R follow-up interview for a child who does not pass the M-CHAT-R screening. (f) The use of the M-CHAT-R screening does not take the place of the appropriate evaluation of the child required under this subchapter.</p>	<p>The name of the M-CHAT was changed to the M-CHAT-R when it was revised.</p>

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	under this subchapter.		
	N/A	<p>§108.835.Contractor Oversight.</p> <p>Contractors must have internal written procedures that establish a system of clinical oversight for eligibility determination. Clinical oversight, which is conducted by a person with knowledge of evaluation and assessment of young children, includes ensuring that:</p> <p>(1) DARS ECI eligibility criteria is applied consistently to children evaluated;</p> <p>(2) testing is administered and scored accurately according to the requirements of the tool;</p> <p>(3) evaluations to determine eligibility are comprehensive;</p> <p>(4) test scores are interpreted and determination of delay includes the application of informed clinical opinion; and</p> <p>(5) eligibility decisions are fully documented in:</p> <p>(A) the eligibility statement; and</p> <p>(B) progress note or evaluation report.</p>	<p>This rule was developed to call attention to the importance of oversight of the eligibility determination process. ECI monitoring and quality assurance has noted issues related to evaluation and assessment which could be prevented through implementation of an oversight system. Additionally, having a system of oversight helps to ensure the program is correctly identifying children who qualify for ECI services.</p>
	108.827 Needs Assessment (a) The interdisciplinary team,	§108.837.Needs Assessment.	Moving the Needs Assessment rule to the

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	<p>to include the service coordinator, must complete a comprehensive needs assessment initially and annually to:</p> <ul style="list-style-type: none"> (1) determine and document the eligible child's need for early childhood intervention services; (2) identify the child's unique strengths and needs; (3) identify the family's resources, concerns, and priorities; (4) identify the appropriate early childhood intervention services; and (5) inform the development of the IFSP. <p>(b) The assessment of the child must include:</p> <ul style="list-style-type: none"> (1) a review of the results of the child's evaluation; (2) personal observation of the child; and (3) the identification of the child's needs in each of the developmental areas listed in 34 CFR §303.21(a)(1). <p>(c) The contractor must offer to conduct a family-directed assessment and comply with all requirements in 34 CFR</p>	<p><u>(a) The interdisciplinary team, which includes the service coordinator, must conduct a comprehensive needs assessment initially and annually as part of the IFSP process. The comprehensive needs assessment must identify and document:</u></p> <ul style="list-style-type: none"> <u>(1) the needs of the child in each developmental area as listed in 34 CFR 303.21(a)(1), including those identified through the evaluation and observation;</u> <u>(2) the family's concerns regarding their child's development and the supports and services necessary to enhance the family's capacity to meet the developmental needs of their child;</u> <u>(3) the functional abilities and unique strengths of the child; and</u> <u>(4) the family's description of their resources, concerns, and priorities related to enhancing the child's development.</u> <p><u>(b) The assessment of the child must include:</u></p> <ul style="list-style-type: none"> <u>(1) a review of the results of the child's evaluation;</u> <u>(2) personal observations of the child; and</u> <u>(3) the identification of the child's needs in each of the developmental areas listed in 34 CFR</u> 	<p>end of the evaluation and assessment subchapter bridges the eligibility determination process and IFSP development. The changes to the wording of the rule are intended to improve clarity. No new requirements were added.</p>
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	<p>§303.321(c) (relating to Procedures for assessment of the child and family). A family-directed assessment must be conducted by the interdisciplinary team in order to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child. The family-directed assessment must:</p> <p>(1) be voluntary on the part of each family member participating in the assessment;</p> <p>(2) be based on information obtained through the assessment tool and also through an interview with those family members participating in the assessment; and</p> <p>(3) include the family's description of its resources, priorities, and concerns related to enhancing the child's development.</p> <p>(d) Providers must assess and document the child's progress and needs of the family on an ongoing basis.</p>	<p><u>§303.21(a)(1).</u></p> <p><u>(c) The contractor must offer to conduct a family-directed assessment and comply with requirements in 34 CFR §303.321(c) (relating to Procedures for assessment of the child and family) to identify the family's resources, priorities, and concerns and the supports and services necessary to enhance the family's capacity to meet the developmental needs of the child. The family-directed assessment must:</u></p> <p><u>(1) be voluntary on the part of each family member participating in the assessment; and</u></p> <p><u>(2) be based on information obtained through the assessment tool and also through an interview with those family members participating in the assessment.</u></p> <p><u>(d) Providers must assess and document the child's progress and needs of the family on an ongoing basis.</u></p>	
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Subchapter J. Individualized Family Services Plan (IFSP.)	N/A	§108.1001.Purpose. The purpose of this subchapter is to establish requirements related to IFSPs.	DARS prefers for each subsection to have a stated purpose.
	N/A	§108.1002.Legal Authority. The following statutes and regulations authorize or require the rules in this subchapter: (1) Texas Human Resources Code, Chapter 73; (2) Texas Human Resources Code, Chapter 117; (3) the Individuals with Disabilities Education Act, Part C (20 USC §§1431 - 1444); and (4) implementing federal regulations 34 CFR Part 303.	DARS prefers for each subsection to have a stated legal authority that requires or authorizes the rules outlined in the subsection.
	§108.1001.Definitions.	§108.1003.Definitions.	The number of the rule changed because of the addition of the Purpose and Legal Authority rules.
	§108.1003.IFSP. (a) The IFSP team must develop a written initial IFSP during a face-to-face meeting with the family in accordance with 20 USC §1436 and 34 CFR §303.340 through §303.346. (b) The IFSP must be developed based on evaluation	§108.1004.IFSP. (a) The IFSP team must develop a written initial IFSP during a face-to-face meeting with the family in accordance with 20 USC §1436 and 34 CFR §§303.340 - 303.346. (b) The annual meeting to evaluate the IFSP may be conducted by means other than a face-to-face meeting if:	The number of the rule changed because of the addition of the Purpose and Legal Authority rules. The requirements about having a non face-to-face annual IFSP meeting were removed from rule 108.1009 and added to this rule to improve the readability of the rule.

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	<p>and assessment described in 34 CFR §303.321 and Subchapter H of this chapter (relating to Eligibility, Evaluation, and Assessment). The IFSP must address the developmental needs of the child and the case management needs of the family as identified in the comprehensive needs assessment, unless the family declines to address a specified need.</p> <p>(c) The contractor must deliver early childhood intervention services according to the IFSP.</p> <p>(d) The IFSP team must complete a periodic review of the IFSP at six-month intervals as required in 20 USC §1436 and 34 CFR §303.342.</p> <p>(e) The IFSP team must conduct an annual meeting to evaluate the IFSP as required in 34 CFR §303.342, or more frequently if the parent requests.</p> <p>(f) Documentation in the child's record must reflect compliance with all related state and federal requirements.</p> <p>(g) The contractor must provide</p>	<p><u>(1) approved by the parent; and</u></p> <p><u>(2) the contractor has a plan approved by DARS for conducting annual meetings to evaluate the IFSP by means other than a face-to-face meeting when appropriate for the child and family and approved by the parent, in which case the contractor must document how the most recent observations and conclusions of the LPHA conducting the re-evaluation were communicated and incorporated into the IFSP.</u></p> <p><u>(c) The parent must be informed of his or her choices for conducting the annual meeting.</u></p> <p><u>(d) The IFSP must be developed based on evaluation and assessment described in 34 CFR §303.321 and Subchapter H of this chapter (relating to Eligibility, Evaluation, and Assessment). The IFSP must address the developmental needs of the child and the case management needs of the family as identified in the comprehensive needs assessment, unless the family declines to address a specified need.</u></p> <p><u>(e) The contractor must deliver early childhood intervention services according to the IFSP.</u></p> <p><u>(f) The IFSP team must complete a periodic review of the IFSP at six-month intervals as required in 20 USC §1436 and 34 CFR §303.342.</u></p> <p><u>(g) The IFSP team must conduct an annual</u></p>	
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	<p>the parent with a copy of the IFSP, as required in §108.223(d) of this chapter (relating to Fees for Records) and maintain the original IFSP in the child's record.</p> <p>(h) The contractor must comply with all requirements in Subchapter B of this chapter (relating to Procedural Safeguards and Due Process Procedures) during the IFSP process.</p>	<p>meeting to evaluate the IFSP as required in 34 CFR §303.342, or more frequently if the parent requests.</p> <p>(h) Documentation in the child's record must reflect compliance with related state and federal requirements.</p> <p>(i) The contractor must provide the parent with a copy of the IFSP, as required in §108.223(d) of this chapter (relating to Fees for Records) and maintain the original IFSP in the child's record.</p> <p>(j) The contractor must comply with all requirements in Subchapter B of this chapter (relating to Procedural Safeguards and Due Process Procedures) during the IFSP process.</p>	
	<p>§108.1009.Participants in Initial and Annual Meetings to Evaluate the IFSP.</p> <p>(a) The initial IFSP meeting and each annual meeting to evaluate the IFSP must be conducted by the IFSP team as defined in 34 CFR §303.343(a) (relating to IFSP Team meeting and periodic review).</p> <p>(b) The initial IFSP meeting and the annual meeting to evaluate the IFSP must be conducted face-to-face with at a minimum,</p>	<p>§108.1009.Participants in Initial and Annual Meetings to Evaluate the IFSP.</p> <p>(a) The initial IFSP meeting and each annual meeting to evaluate the IFSP must be conducted by the IFSP team as defined in 34 CFR §303.343(a) (relating to IFSP Team meeting and periodic review).</p> <p>(b) The initial IFSP meeting and the annual meeting to evaluate the IFSP must be conducted by an interdisciplinary team that includes, [face-to-face with] at a minimum, the parent and at least two professionals from different disciplines or professions.</p>	<p>The changes to this rule increase readability and add clarity.</p>

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<p>the parent and at least two professionals from different disciplines or professions.</p> <p>(1) At least one of the two ECI professionals must be a service coordinator.</p> <p>(2) At least one of the two ECI professionals must be an LPHA.</p> <p>(3) At least one ECI professional attending the meeting must have been involved in conducting the evaluation. This may be the service coordinator, the LPHA, or a third professional. If the LPHA attending the IFSP meeting is not an LPHA who conducted the evaluation, the contractor must document how the most recent observations and conclusions of the LPHA who conducted the evaluation were communicated to the LPHA attending the initial IFSP meeting and incorporated into the IFSP.</p> <p>(4) Other team members may participate by other means acceptable to the team.</p> <p>(5) The annual meeting to evaluate the IFSP may be conducted by means other than</p>	<p>(1) At least one of the two ECI professionals must be a service coordinator.</p> <p>(2) At least one of the two ECI professionals must be an LPHA.</p> <p>(3) At least one ECI professional attending the meeting must have been involved in conducting the evaluation. This may be the service coordinator, the LPHA, or a third professional. If the LPHA attending the IFSP meeting is not an LPHA who conducted the evaluation, the contractor must ensure that [document how] the most recent observations and conclusions of the LPHA who conducted the evaluation were communicated to the LPHA attending the initial IFSP meeting and incorporated into the IFSP.</p> <p>(4) Other team members may participate by other means acceptable to the team.</p> <p>[(5) The annual meeting to evaluate the IFSP may be conducted by means other than a face-to-face meeting if:]</p> <p>[(A) approved by the parent; and]</p> <p>[(B) the contractor has a plan approved by DARS for conducting annual meetings to evaluate the IFSP by means other than a face-to-face meeting when appropriate for the child and family and approved by the parent in which case the contractor must document how the most recent</p>	
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	<p>a face-to-face meeting if:</p> <p>(A) approved by the parent; and</p> <p>(B) the contractor has a plan approved by DARS for conducting annual meetings to evaluate the IFSP by means other than a face-to-face meeting when appropriate for the child and family and approved by the parent in which case the contractor must document how the most recent observations and conclusions of the LPHA conducting the re-evaluation were communicated and incorporated into the IFSP.</p> <p>(6) Parents must be informed of their choice regarding how the annual meeting is conducted.</p>	<p>observations and conclusions of the LPHA conducting the re-evaluation were communicated and incorporated into the IFSP.]</p> <p>[(6) Parents must be informed of their choice regarding how the annual meeting is conducted.]</p>	
	<p>108.1015</p> <p>(2) a description of the case management needs of the family;</p> <p>(3) measurable outcomes that:</p>	<p>108.1015</p> <p>(E) the child's functional abilities identified with codes for establishing the child outcome ratings, described in §108.1307 of this chapter (regarding Child Outcomes).</p> <p>(2) a description of the case management needs of the family;</p> <p>(3) measurable outcomes that:</p>	<p>Changes to this rule operationalize the inclusion of information that supports child outcomes ratings in the IFSP. These procedures have been required as part of the IFSP required elements. The other changes clarify the requirements of this rule.</p>

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<p>(A) address the child's and family's needs which were identified during pre-enrollment, evaluation, and assessment; and</p> <p>(B) are intended to enhance the child's functional developmental skills and ability to participate in everyday family and community routines and activities;</p> <p>(4) services to:</p> <p>(A) address the outcomes in the IFSP;</p> <p>(B) enhance the child's functional abilities, behaviors and routines; and</p> <p>(C) strengthen the capacity of the family to meet the child's unique needs;</p> <p>(5) the discipline of each provider for every service planned; and</p> <p>(6) the name of the service coordinator.</p> <p>(b) If the team determines that Specialized Skills Training (SST) is necessary, the team must ensure interdisciplinary monitoring of the SST and of child progress in accordance with §108.501 of this chapter (relating to Specialized Skills</p>	<p>(A) address the child's and family's needs which were identified during pre-enrollment, evaluation, and assessment; and</p> <p>(B) address [are intended to enhance] the child's functional developmental skills by describing targeted participation [and ability to participate] in everyday family and community routines and activities;</p> <p>(4) services to:</p> <p>(A) address the outcomes in the IFSP;</p> <p>(B) enhance the child's functional abilities, behaviors and routines; and</p> <p>(C) strengthen the capacity of the family to meet the child's unique needs;</p> <p>(5) the discipline of each provider for every service planned; and</p> <p>(6) the name of the service coordinator.</p> <p>(b) <u>IFSP services must be monitored to assess child progress by the interdisciplinary team as described in §108.1017 of this chapter (relating to Periodic Reviews).</u> If the team determines that Specialized Skills Training (SST) is necessary, the team must ensure interdisciplinary monitoring of the SST and of child progress in accordance with §108.501 of this chapter (relating to</p>	
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<p>Training (Developmental Services)) by planning in the IFSP:</p> <ul style="list-style-type: none"> (1) regularly occurring service by the LPHA; or (2) re-assessment by the LPHA at least every six months. <p>(c) If the IFSP team determines co-visits are necessary, the IFSP team must:</p> <ul style="list-style-type: none"> (1) list each service on the IFSP; and (2) document in the IFSP a justification of how the child and family, will receive greater benefit from the services being provided at the same time. <p>(d) If providing services with the participation of the routine caregiver in the absence of the parent is necessary, the IFSP team must document in the IFSP a justification of how the child will benefit from delivering the specified services with the routine caregiver.</p> <p>(e) If the IFSP team determines group services are necessary:</p> <ul style="list-style-type: none"> (1) the group services must be planned in an IFSP that also contains individual IFSP services; and 	<p>Specialized Skills Training (Developmental Services)) by planning in the IFSP:</p> <ul style="list-style-type: none"> (1) regularly occurring service by the LPHA; or (2) re-assessment by the LPHA at least every six months. <p>(c) If the IFSP team determines co-visits are necessary, the IFSP team must:</p> <ul style="list-style-type: none"> (1) list each service on the IFSP; and (2) document in the IFSP a justification of how the child and family, will receive greater benefit from the services being provided at the same time. <p>(d) If providing services with the participation of the routine caregiver in the absence of the parent is necessary, the IFSP team must follow the requirements in §108.1016 of this chapter (relating to Planning for Services to be Delivered with the Routine Caregiver). [document in the IFSP a justification of how the child will benefit from delivering the specified services with the routine caregiver.]</p> <p>(e) If the IFSP team determines group services are necessary to meet the developmental needs of the individual infant or toddler:</p> <ul style="list-style-type: none"> (1) the group services must be planned in an IFSP that also contains individual IFSP services; 	
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<p>(2) the planned group services must be documented in the child's IFSP.</p> <p>(f) If the IFSP team determines that an IFSP outcome cannot be achieved satisfactorily in a natural environment, the IFSP must contain a justification as to why an early childhood intervention service will be provided in a setting other than a natural environment, as determined appropriate by the parent and the rest of the IFSP team.</p> <p>(g) The contents of the IFSP must be fully explained to the parent.</p> <p>(h) The contractor must obtain the parent's signature on the IFSP services page. The parent's signature on the IFSP services page serves as written parental consent to provide the IFSP services. The written parental consent is valid for up to one year or until the IFSP team changes the type, intensity, or frequency of services. The contractor must not provide IFSP services without current written parental consent.</p>	<p>and</p> <p>(2) the planned group services must be documented in the child's IFSP.</p> <p>(f) If the IFSP team determines that an IFSP outcome cannot be achieved satisfactorily in a natural environment, the IFSP must contain a justification as to why an early childhood intervention service will be provided in a setting other than a natural environment, as determined appropriate by the parent and the rest of the IFSP team.</p> <p>(g) The contents of the IFSP must be fully explained to the parent.</p> <p>(h) The contractor must obtain the parent's signature on the IFSP services page. The parent's signature on the IFSP services page serves as written parental consent to provide the IFSP services. The written parental consent is valid for up to one year or until the IFSP team changes the type, intensity, or frequency of services. The contractor must not provide IFSP services without current written parental consent.</p> <p>(i) The contractor must obtain, on the IFSP services page, the dated signatures of every member of the IFSP team as defined in §108.103(24) of this chapter (relating to Definitions). The IFSP must be signed by the LPHA on the team to acknowledge the planned</p>	
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	<p>(i) The contractor must obtain, on the IFSP services page, the dated signatures of every member of the IFSP team as defined in §108.103(24) of this chapter (relating to Definitions).</p>	<p><u>services are reasonable and necessary.</u></p>	
	<p><u>§108.1013.Periodic Reviews.</u></p> <p>a) Each periodic review must be conducted by individuals that meet the requirements in 34 CFR §303.343(b) (relating to IFSP Team meetings and periodic reviews) and completed in compliance with 34 CFR §303.342(b) (relating to Procedures for IFSP development, review, and evaluation). The periodic review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.</p> <p>(b) Additionally, the child's record must contain documentation of all IFSP team members' participation in the periodic review. Participation in the periodic review may be accomplished by a team member attending the meeting, face-to-face or by telephone, or</p>	<p><u>§108.1017.Periodic Reviews.</u></p> <p><u>(a) Each periodic review must be conducted by individuals who meet the requirements in 34 CFR §303.343(b) (relating to IFSP Team meetings and periodic reviews) and be completed in compliance with 34 CFR §303.342(b) (relating to Procedures for IFSP development, review, and evaluation). The periodic review may be carried out by a meeting or by another means that is acceptable to the parents and other participants.</u></p> <p><u>(b) Additionally, the child's record must contain documentation of all IFSP team members' participation in the periodic review. Participation in the periodic review may be accomplished by a team member attending the meeting face-to-face or by telephone or by providing input and information in advance of the meeting. If a team member participates by means other than a face-to-face meeting, the team member must give the service coordinator his or her most recent observations and conclusions about the child. The team member must document in the child's record how this information was communicated to the service coordinator. If the team member is an LPHA who is not providing ongoing services to</u></p>	<p>The periodic review rule was moved after the “Contents of the IFSP” and “Planning Services with a Routine Caregiver” rules to improve the flow and readability of the IFSP subchapter. The wording changes under (e)(1)-(5) clarify the actions that must be completed during a periodic review. No new requirements were added.</p>

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	<p>by providing input and information in advance of the meeting. If a team member participates by means other than a face-to-face meeting, he or she must provide their most recent observations and conclusions about the child to the service coordinator. He or she must document in the child's record how this information was communicated to the service coordinator. If the team member is an LPHA who is not providing ongoing services to the child, he or she must have assessed the child within the previous 30 days.</p> <p>(c) A periodic review is required every 6 months at a minimum.</p> <p>(d) Additional periodic reviews of the IFSP are conducted more frequently than six-month intervals if requested by the parent or other IFSP team members.</p> <p>(e) The periodic review of the IFSP consists of the following actions, which must be documented in the child's</p>	<p><u>the child, he or she must have assessed the child within the previous 30 days.</u></p> <p><u>(c) A periodic review is required at least every six months.</u></p> <p><u>(d) Additional periodic reviews of the IFSP are conducted more frequently than six-month intervals if requested by the parent or other IFSP team members.</u></p> <p><u>(e) The periodic review of the IFSP consists of the following actions, which must be documented in the child's record and be provided to the parent:</u></p> <p><u>(1) a review of the child's progress toward meeting each outcome on the IFSP and the child's functional abilities related to the outcome;</u></p> <p><u>(2) a review of the current developmental needs of the child and the needs of the family related to their ability to meet the developmental concerns and priorities;</u></p> <p><u>(3) a review of the case management needs of the child and the family;</u></p> <p><u>(4) the development of new outcomes or the modification of existing outcomes, as appropriate, that must be dated and attached to the IFSP; and</u></p> <p><u>(5) the reasons for any modification to the plan or</u></p>	
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	<p>record and provided to the parent:</p> <ul style="list-style-type: none"> (1) a review of the IFSP outcomes; (2) a description of the child's current functional abilities and progress toward meeting each outcome; (3) a review of the current needs of the child and family; (4) the development of new outcomes or the modification of existing outcomes, as appropriate, which must be dated and attached to the IFSP; and (5) the reasons for any modification to the plan or the rationale for not changing the plan. <p>(f) If the IFSP team adds transition steps and services as part of the periodic review, the team must follow the requirements in §108.1207(d) of this chapter (relating to Transition Planning).</p> <p>(g) If the team determines that changes to the type, intensity, or frequency of services are required:</p> <ul style="list-style-type: none"> (1) the team completes a DARS required IFSP Services 	<p><u>the rationale for not changing the plan.</u></p> <p><u>(f) If the IFSP team adds transition steps and services as part of the periodic review, the team must follow the requirements in §108.1207(d) of this chapter (relating to Transition Planning).</u></p> <p><u>(g) If the team determines that changes to the type, intensity, or frequency of services are required:</u></p> <ul style="list-style-type: none"> <u>(1) the team completes a DARS required IFSP Services Page and provides a copy to the parent;</u> <u>(2) the team must document the rationale for:</u> <ul style="list-style-type: none"> <u>(A) a change in intensity or frequency of a service;</u> <u>(B) the addition of a new service; or</u> <u>(C) the discontinuation of a service; and</u> <u>(3) the contractor must continue to provide planned early childhood intervention services not affected by the change while the IFSP team develops the IFSP revision and gathers required signatures.</u> <u>(h) If services remain the same, the documentation must describe the rationale for making no changes and for recommending</u> 	
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	<p>Page and provides a copy to the parent;</p> <p>(2) the team must document the rationale for:</p> <p>(A) a change in intensity or frequency of a service;</p> <p>(B) the addition of a new service; or</p> <p>(C) the discontinuation of a service; and</p> <p>(3) the contractor must continue to provide all planned early childhood intervention services not affected by the change while the IFSP team develops the IFSP revision and gathers all required signatures.</p> <p>(h) If services remain the same, the documentation must describe the rationale for making no changes and for recommending continued services.</p> <p>(i) If new outcomes are developed, the documentation must be provided to the parent.</p> <p>(j) A change of service coordinator does not require a periodic review.</p>	<p><u>continued services.</u></p> <p><u>(i) If new outcomes are developed, the documentation must be provided to the parent.</u></p> <p><u>(j) A change of service coordinator does not require a periodic review.</u></p>	
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	<p>§108.1019. Annual Meeting to Evaluate the IFSP.</p> <p>(a) The annual meeting to evaluate the IFSP is done following determination of continuing eligibility. In addition to all requirements in 34 CFR §303.342 (relating to Procedures for IFSP development, review, and evaluation), the documentation of an Annual Meeting to Evaluate the IFSP must meet the requirements for Complete Review and include a documented team discussion of:</p> <p>(1) a current description of the child including:</p> <p>(A) reviews of the current evaluations and other information available from ongoing assessment of the child and family needs;</p> <p>(B) health, vision, hearing, and nutritional status; and</p> <p>(C) present level of development related to the three annual child outcome ratings found in §108.1301 of this chapter (relating to Child Outcomes);</p>	<p>§108.1019. Annual Meeting to Evaluate the IFSP.</p> <p>(a) The annual meeting to evaluate the IFSP is <u>conducted</u> [done] following determination of continuing eligibility. In addition to all requirements in 34 CFR §303.342 (relating to Procedures for IFSP development, review, and evaluation), the documentation of an Annual Meeting to Evaluate the IFSP must meet the requirements for Complete Review and include a documented team discussion of:</p> <p>(1) a current description of the child including:</p> <p>(A) reviews of the current evaluations and other information available from ongoing assessment of the child and family needs;</p> <p>(B) health, vision, hearing, and nutritional status; and</p> <p>(C) present level of development related to the three annual child outcome ratings found in §108.1301 of this chapter (relating to Child Outcomes) <u>including: [;]</u></p> <p><u>(i) the functional abilities and strengths of the child;</u></p> <p><u>(ii) the developmental needs of the child; and</u></p> <p><u>(iii) the family priorities regarding the child's development.</u></p>	<p>Changes to this rule operationalize the inclusion of information related to the child outcomes rating in the annual IFSP. These procedures have been required as part of the annual IFSP form.</p>
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Subchapter K. Service Delivery.	N/A	§108.1101.Purpose. The purpose of this subchapter is to establish requirements related to ECI service delivery.	DARS prefers for each subsection to have a stated purpose.
	N/A	§108.1102.Legal Authority. The following statutes and regulations authorize or require the rules in this subchapter: (1) Texas Human Resources Code, Chapter 73; (2) Texas Human Resources Code, Chapter 117; (3) the Individuals with Disabilities Education Act, Part C (20 USC §§1431 - 1444); and (4) implementing federal regulations 34 CFR Part 303.	DARS prefers for each subsection to have a stated legal authority that requires or authorizes the rules outlined in the subsection.
	§108.1103.Early Childhood Intervention Services Delivery. (a) Early childhood intervention services needed by the child must be initiated in a timely manner and delivered as planned in the IFSP. Only qualified staff members, as described in Subchapter C of this chapter (relating to Staff Qualifications) are authorized to provide early childhood intervention services.	§108.1104.Early Childhood Intervention Services Delivery. (a) Early childhood intervention services needed by the child must be initiated in a timely manner and delivered as planned in the IFSP. Only qualified staff members, as described in Subchapter C of this chapter (relating to Staff Qualifications) are authorized to provide early childhood intervention services.	This rule number changed because of the addition of the Purpose and Legal Authority rules. Although there is new language in this rule about the IFSP team monitoring services every six months, this is not a new requirement. This is currently required through the periodic review of the IFSP. This addition is to remind team members that reassessment is part of

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	<p>(b) The contractor must ensure that early childhood intervention services are appropriate, as determined by the IFSP team, and based on scientifically based research, to the extent practicable. In addition to the requirements in 34 CFR §303.13, all early childhood intervention services must be provided:</p> <ul style="list-style-type: none"> (1) to address the development of the whole child within the framework of the family; (2) in the context of natural learning activities; (3) according to a plan and with a frequency that is individualized to the parent and child; and (4) in the presence of the parent or other routine caregiver, with an emphasis on enhancing the family's capacity to meet the developmental needs of the child. <p>(c) The contractor must provide a service coordinator and an interdisciplinary team for the child and family throughout the child's enrollment.</p> <p>(d) The contractor must make</p>	<p><u>(b) The contractor must ensure that early childhood intervention services are appropriate, as determined by the IFSP team, and based on scientifically based research, to the extent practicable. In addition to the requirements in 34 CFR §303.13, early childhood intervention services must be provided:</u></p> <p><u>(1) according to a plan and with a frequency that is individualized to the parent and child to effectively address the outcomes established in the IFSP; and</u></p> <p><u>(2) in the presence of the parent or other routine caregiver, with an emphasis on enhancing the family's capacity to meet the developmental needs of the child.</u></p> <p><u>(c) Early Intervention services must:</u></p> <p><u>(1) address the development of the whole child within the framework of the family;</u></p> <p><u>(2) enhance the parent's competence to maximize the child's participation and functional abilities within daily routines and activities; and</u></p> <p><u>(3) be provided in the context of natural learning activities in order to assist caregivers to implement strategies that will increase child learning opportunities and participation in daily life.</u></p>	<p>service delivery.</p>
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	<p>reasonable efforts to provide flexible hours in programming in order to allow the parent or routine caregiver to participate.</p> <p>(e) The contractor must comply with all requirements in Subchapter B of this chapter (relating to Procedural Safeguards and Due Process Procedures) when planning and delivering early childhood intervention services.</p>	<p><u>(d) The contractor must provide a service coordinator and an interdisciplinary team for the child and family throughout the child's enrollment.</u></p> <p><u>(e) The contractor must make reasonable efforts to provide flexible hours in programming in order to allow the parent or routine caregiver to participate.</u></p> <p><u>(f) The contractor must comply with all requirements in Subchapter B of this chapter (relating to Procedural Safeguards and Due Process Procedures) when planning and delivering early childhood intervention services.</u></p> <p><u>(g) Services must be monitored by the interdisciplinary team at least once every six months to determine:</u></p> <p><u>(1) what progress is being made toward achieving outcomes;</u></p> <p><u>(2) if services are reducing the child's functional limitations, promoting age appropriate growth and development, and are responsive to the family's identified goals for the child; and</u></p> <p><u>(3) whether modifications to the plan are needed.</u></p> <p><u>(h) Monitoring occurs as part of the IFSP review process and must be documented in the case record.</u></p>	
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	<p>§108.1107.Group Services.</p> <p>When early childhood intervention services are provided in a group setting, the parent or other routine caregiver must participate in group services.</p>	<p>§108.1107.Group Services.</p> <p><u>(a) Group services must be:</u></p> <p><u>(1) recommended by the interdisciplinary team and documented on the IFSP only when participating in the group will assist the child to reach the outcomes in the IFSP;</u></p> <p><u>(2) planned as part of an IFSP that also contains individual services; and</u></p> <p><u>(3) limited to no more than four children and their parent(s) or other routine caregiver(s) per service provider.</u></p>	<p>The addition provides specific guidance for the size of the group and when group services can be documented on the IFSP. This language is not a new requirement because these requirements are currently stated in the SST rule (§108.501).</p>
	<p>§108.1111 Service Delivery Documentation Requirements</p> <p>(5) a description of the methods by which the provider engaged the family or routine caregiver in activities to meet the developmental needs of the child. This includes:</p> <p>(A) coaching and instructions to the family or caregiver;</p> <p>(B) discussing how activities apply to child and family routines; and</p> <p>(C) modeling intervention techniques within everyday learning opportunities;</p>	<p>§108.1111 Service Delivery Documentation Requirements</p> <p>(5) a description of the <u>techniques</u> [methods] by which the provider engaged the family or routine caregiver in activities to meet the developmental needs of the child. This includes:</p> <p>(A) coaching and instructions to the family or caregiver;</p> <p>(B) discussing how activities apply to child and family routines; and</p> <p>(C) modeling intervention techniques within everyday learning opportunities, <u>including a description of the opportunity for the caregiver's return demonstration;</u></p>	<p>Method was changed to techniques to prevent confusion. "Method" is used on the IFSP form in a different context. This rule change added an additional requirement to document the opportunity for a parent or caregiver's return demonstration. This documentation will provide evidence that a unique and effective service was provided to the child and family.</p>

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<p>Subchapter P. Contract Requirements.</p>	<p>§108.1617.Transition of Contractors.</p> <p>(a) Unless prohibited by law, a contractor must provide at least 90 days' notice before terminating or non-renewing a contract to provide adequate time for DARS to provide statewide coverage by securing a new contractor.</p>	<p>§108.1617.Transition of Contractors.</p> <p>(a) Unless prohibited by law, a contractor must provide at least <u>120</u> [90] days' notice before terminating or non-renewing a contract to provide adequate time for DARS to provide statewide coverage by securing a new contractor.</p>	<p>The additional notice allows DARS to facilitate a smooth transition for families from the terminating contractor to the new contractor.</p>
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Changes to the Sliding Fee Scale distribute incremental increases across income brackets on the sliding scale and simplify administration by expressing the applied percentage as a set dollar amount for all income ranges. The new sliding scale assigns a flat dollar amount to each income range based on a fixed percentage (ranging from 0.25 to 5 percent) of the mid-point of the income range based on the US Health and Human Services Federal Poverty Levels for 2014.

§108.1431. DARS ECI Sliding Fee Scale.

§108.1431. DARS ECI Sliding Fee Scale.

(a) The contractor must provide the family with a copy of the DARS ECI sliding fee scale. Based on family size and income, placement on the DARS ECI sliding fee scale determines the family's maximum charge for services received in one calendar month.

(b) The DARS ECI sliding fee scale assigns a set dollar amount as the maximum charge for adjusted income ranges less than or equal to 1000 percent of the federal poverty level. DARS calculates the maximum charge for each income range by applying a fixed percentage (ranging from 0.25 to 5 percent) to the mid-point income within each range based on the US Health and Human Services Federal Poverty Levels for 2014, as published in the January 24, 2014 edition of the Federal Register.

(c) For children and families who enroll in ECI services on or after September 1, 2015, the family's maximum charge shall be pursuant to **Figure: 40 TAC §108.1431(c)** identified below:

Figure: 40 TAC §108.1431(c)

<u>DARS ECI Sliding Fee Scale for Families Enrolled On or After September 1, 2015</u>	
<u>If the adjusted income is within the following % of the federal poverty guideline:</u>	<u>the maximum charge is equal to the following amounts or the full cost of services, whichever is less:</u>
<u>< 100%</u>	<u>\$0</u>

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>100% to ≤150%	\$5
>150% to ≤200%	\$14
> 200% to ≤250%	\$28
> 250% to ≤300%	\$45
> 300% to ≤350%	\$67
> 350% to ≤400%	\$124
> 400% to ≤450%	\$210
> 450% to ≤500%	\$313
> 500% to ≤550%	\$433
> 550% to ≤600%	\$474
> 600% to ≤650%	\$515
> 650% to ≤700%	\$557
> 700% to ≤750%	\$598
> 750% to ≤800%	\$639
> 800% to ≤850%	\$680

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<u>> 850% to ≤900%</u>	<u>\$722</u>
<u>> 900% to ≤950%</u>	<u>\$763</u>
<u>> 950% to ≤1000%</u>	<u>\$804</u>
<u>> 1000% of the federal poverty guidelines</u>	<u>the full cost of services.</u>
<u>If the parent:</u>	<u>then the family monthly maximum payment equals the:</u>
<u>refuses to attest in writing that information about their third-party coverage, family size, and gross income is true and accurate</u>	<u>full cost of services.</u>

§108.1432. DARS ECI Sliding Fee Scale for Families Enrolled Before September 1, 2015.

For children and families enrolled in ECI services before September 1, 2015, the family's maximum charge shall be pursuant to the figure located in this section until the family's annual IFSP review. Thereafter, the family's maximum charge shall be pursuant to the figure located in 108.1431. This section shall expire on August 31, 2016.

<u>DARS ECI Sliding Fee Scale for Families Enrolled Before September 1, 2015</u>	
<u>If the adjusted income is within the following % of the federal poverty guideline:</u>	<u>then the maximum charge is:</u>
<u>≤ 100%</u>	<u>\$0</u>

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>100% to ≤150%	\$3
>150% to ≤200%	\$5
> 200% to ≤250%	\$10
> 250% to ≤350%	\$20
> 350% to ≤400%	\$55
>400%	The full cost of service not to exceed 5% of family's adjusted income.
If the parent:	then the family monthly maximum payment equals the:
refuses to attest in writing that information about their third-party coverage, family size, and gross income is true and accurate.	full cost of services.

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~~§108.1431. DARS ECI Sliding Fee Scale.~~

~~(a) The family's placement on the DARS ECI sliding fee scale is based on family size and annual adjusted income. Placement determines the family's maximum charge for services received in one calendar month. The contractor must provide the family with a copy of the sliding fee scale.~~

~~(b) For children and families enrolled in ECI services before January 1, 2014, the family's maximum charge shall be pursuant to the figure located in this subsection until the family's annual IFSP review. Thereafter, the family's maximum charge shall be pursuant to the figure located in subsection (c) of this section.~~

Figure: 40 TAC §108.1431(b)

DARS ECI Sliding Fee Scale for Families Enrolled Before January 1, 2014	
Adjusted Income by % Federal Poverty Guideline	Maximum Charge
≤ 100%	\$0
> 100% to 150%	\$3
> 150% to 200%	\$5
> 200% to 250%	\$10
> 250% to 350%	\$20
> 350% to 450%	\$55
> 450% to 550%	\$85

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> 550% to 650%	\$115
> 650% to 750%	\$145
> 750%	\$175
refuses to attest in writing that information about their third party coverage, family size, and gross income is true and accurate.	\$175

~~(c) For children and families who enroll in ECI services on or after January 1, 2014, the family's maximum charge shall be pursuant to the figure located in this subsection.~~

Figure: 40 TAC §108.1431(c)

DARS ECI Sliding Fee Scale for Families Enrolled On or After January 1, 2014	
If the adjusted income is within the following % of the federal poverty guideline:	then the maximum charge is:
≤ 100%	\$0
> 100% to ≤ 150%	\$3
> 150% to ≤ 200%	\$5
> 200% to ≤ 250%	\$10
> 250% to ≤ 350%	\$20
> 350% to ≤ 400%	\$55
> 400%	equal to the full cost of services, not to exceed

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	5% of family's adjusted income
If the parent:	then the family monthly maximum payment equals the:
refuses to attest in writing that information about their third-party coverage, family size, and gross income is true and accurate.	full cost of services.