

TERMS AND CONDITIONS

ALL APPLICANTS THAT ARE AWARDED FUNDING MUST AGREE TO THE FOLLOWING TERMS:

Applicants selected for funding are required to enter into a Client Services Treatment Agreement with the Early Childhood Education and Care Department's (ECECD) Administrative Service Provider, Falling Colors.

These Terms and Conditions are subject to change prior to the execution of a Provider's Client Services Treatment Agreement.

The target population for Home Visiting is statewide, and includes a child from birth until kindergarten entry, and pregnant people, expectant parents, and primary caregivers of children from birth to kindergarten entry, as stated in the Home Visiting Accountability Act, NMSA 1978 Section 32A-23B-2.

Provider shall comply with the Home Visiting Accountability Act, NMSA 1978 § 32A-23B-1 to -3, comply with the New Mexico [Home Visiting Program Standards](#), and align efforts in supporting ECECD's 2022-2027 [5-Year Strategic Plan](#).

PROGRAM GOALS, OBJECTIVES, AND REPORTING REQUIREMENTS

As part of the Home Visiting Accountability Act, Providers shall adhere to the defined goals below related to service delivery. In addition, if selected for funding, Provider agrees that ECECD may collect sample data relating to these goals for reporting to the Legislative Finance Committee on the identified Outcome Measures.

1. Improve prenatal, maternal, infant, or child health outcomes, including reducing preterm births;
2. Promote positive parenting practices;
3. Build healthy parent and child relationships;
4. Enhance children's social-emotional and language development;
5. Support children's cognitive and physical development;
6. Improve the health of eligible families;
7. Provide resources and supports that may help to reduce child maltreatment and injury;
8. Increase children's readiness to succeed in school;
9. Improve coordination of referrals for, and the provision of, other community resources and supports for eligible families; and

10. Ensure that all Home Visiting Services requirements are met as outlined in the New Mexico ECECD Home Visiting Program Standards.

Home Visiting Program Objectives:

New Mexico's Home Visiting System aims to provide a variety of research-based and best-practice support services by well-trained and competent staff. If selected for funding, Provider agrees to provide services that are geared toward families who are expecting a child or who have children from birth to age five, with the overall objective of increasing child well-being and preventing adverse childhood experiences by:

1. Building parental competence;
2. Establishing trusting relationships with families;
3. Optimizing the relationships between parents and children in their home environments;
4. Promoting community-specific home visiting programs that are responsive to cultural and linguistic heritage;
5. Educating families on the expected developmental milestones and working with those families to ensure their children achieve the expected developmental milestones;
6. Addressing safety issues and the risks associated with safety concerns;
7. Assisting families with access to social supports and appropriate community resources; and
8. Actively participating in a coordinated system of services within the community.

PROVIDER REQUIREMENTS

Provider shall:

- A. Enroll, engage, and serve 80% of funded enrollment. Failure to meet this requirement may result in a corrective action plan and reduction in funding.
- B. New providers will be allowed a ramp-up period to reach and maintain 80% of funded enrollment to effectively and efficiently implement their selected model. The length of the progressive ramp-up period will differ based on the model selected and will be negotiated with the provider.
- C. Ensure program meets and maintains fidelity to their evidence-based or promising practice model selected.

- D. Ensure all age-eligible children in a family qualify for home visiting services and are entered into the database to ensure accurate data is being collected.
- E. Ensure that the required number of visits per month is held in accordance with Provider's chosen Home Visiting model.
- F. Ensure that each interactive visit with families (telehealth video or face-to-face) meets model fidelity, or is a minimum of 45 minutes in duration, whichever is longer. Providers shall ensure that each family receives at least 90 cumulative minutes of interaction over the month.
- G. Ensure that within five (5) business days of an activity being completed that is required in the Home Visiting Program Standards, that activity is documented in the R/Client home visiting data system.
- H. Ensure that Home Visiting personnel meet educational requirements as required by the model of implementation or are enrolled in a college degree program that will lead to meeting the degree requirements required by Provider's selected Home Visiting Model.
- I. Provide the required reports to ECECD as requested, including submission of quarterly reports for each site to include but not limited to:
 - 1. Individualized Professional Development Plans (IPDPs) for home visitors
 - 2. Staffing reports, recruitment and retention reports
 - 3. Organizational charts, in a format designated by the Home Visiting Bureau Chief or Program Supervisor
 - 4. Quarterly reports shall be submitted by October 15th, January 15th, and April 15th.
 - 5. The final summary report shall be submitted at the end of each fiscal year on July 15th.
- J. Provide a list of missing and non-accessible services in the community that contributed to the unsuccessful completion of referrals as part of the quarterly reporting process.
- K. Ensure required screenings and assessments are completed within 45 business days of enrollment. These screenings and assessments are determined by selected home visiting model and ECECD. They shall include the following:
 - 1. Edinburgh Postnatal Depression Scale (EPDS)
 - 2. Patient Health Questionnaire-2 (PHQ-2)
 - 3. Patient Health Questionnaire-9 (PHQ-9)
 - 4. Ages & Stages Questionnaire-3 (ASQ3)

5. Ages & Stages Questionnaire-Social Emotional (ASQSE)
 6. Relationship Assessment Tool (RAT)
 7. Hurt, Insult, Threaten and Scream (HITS)
 8. Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO)
 9. Dyadic Assessment of Naturalistic Caregiver – Child Experiences (DANCE)
- L. Referrals shall be made for 100% of cases where a risk factor has been identified by the screening tool used. When a need is identified through screening tools staff will follow up by entering information into the database, including risk factors identified, referrals, engagement, and any barriers identified, as required by the ECECD Home Visiting Program Standards.
- M. Conduct at least nine (9) group engagements/activities within the fiscal year and add information regarding which families attended to the database.
- N. Document quarterly community presentations each year. The Provider shall retain any documentation regarding presentations, including presentation minutes, presentation summaries, and any materials presented or shared with participants for future site visits by ECECD. Home visiting programs must document their participation in community education and development activities to promote the Home Visiting Program and participate in local early childhood community groups (councils, task forces, etc.).
- O. Report to ECECD the referrals that could not be completed due to a lack of available services in the geographical area served.
- P. Provider must participate in monthly data reviews, University of New Mexico Center for Developmental Disabilities (UNM CDD) training and consultation, Quarterly Continued Quality Improvement (CQI) meetings, and monthly standing meetings with the assigned ECECD Program Coordinator.
- Q. ECECD Program Coordinator will conduct ongoing monitoring in addition to an annual on-site Provider Site Visit. This monitoring will help ECECD assess Provider's operations and ensure that necessary steps are being taken to meet the New Mexico Home Visiting Program Standards, contractual requirements, and the program's goals, objectives, and activities. This can include and is not limited to corrective active plans, progressive sanctions, contractual amendments, and/or contractual termination.
- R. Professional Development Information System:

1. Provider shall enter required information into the Professional Development Information System for all currently employed staff members, as applicable.
2. Provider shall enter required information into the Professional Development Information System within 2 weeks of any new applicable staff member beginning employment.

PROVIDER PROGRAM ACTIVITIES

- A. Provide home visiting services to families as required by Provider's selected home visiting model and at the request of the family, according to the Family Service Plan and family need. In addition, provide services during non-traditional hours if requested by the family.
- B. Provide information on how to access the following services for all families:
 1. The Women, Infants, and Children (WIC) nutrition program;
 2. The Supplemental Nutrition Assistance Program (SNAP);
 3. Medicaid On-Site Assistance/Presumptive Eligibility (PE/MOSAA); and
 4. Other community programs and services, as appropriate.
- C. Provider shall develop a Family Plan and identify the needs and goals of the family and child. Based on identified needs and the Family Plan, Provider shall schedule visits in accordance with their model requirements first then as requested by the family. Plans must be reviewed and updated monthly by Provider and the family. Provider shall continue to provide services as requested by families up to the child's age limit as required by Provider's selected home visiting model.
- D. Provider shall provide home visiting services as often as needed based on family need and fidelity to the model/curriculum that includes:
 1. Services in the clients' homes, alternative sites, or hybrid;
 2. Services when it is convenient for the families;
 3. Administer ongoing assessment and referrals, if necessary, by collaborating and coordinating with other partnering community agencies;
 4. Observation of attachment behaviors between infant/toddler and mother/caregiver, providing strategies and supports to enhance the child/parent relationships;
 5. Administration of the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO/DANCE) to assist families with establishing positive

- interactions with their infants or toddlers, assessing results, and developing targeted intervention plans with the family;
6. Guidance to families on how to fill out the Ages and Stages Questionnaire (ASQ) and the Ages and Stages Questionnaire-Social Emotional (ASQ-SE);
 7. Provide timely referrals to Part C, Early Intervention Program for children who score as “refer” in the screening results;
 8. Use the ASQ and ASQ-SE to help parents understand their child’s development;
 9. Refer families, when appropriate, to healthcare providers and other resources;
 10. Administration of the postnatal depression scale, EPDS/PHQ-2 and PHQ-9, Interpersonal Violence Screening tools (RAT/HITS), and the maternal child and adult health survey (MCH);
 11. Recommended as best practice, utilize the Mothers and Babies curriculum to support families at risk for pre-and post-natal maternal depression;
 12. Develop clear written protocols for identification, referral, and follow-up of children and families to the needed community partners;
 13. Ensure referral and follow-up to community agencies, including necessary communication and collaboration, so that there is no duplication or gaps in services;
 14. Ensure a transition plan that includes a warm hand-off for families that need to be transitioned to a new home visitor because of a reassignment, resignation, or termination is in place and part of the Policies and Procedures;
 15. Coordinate incoming and outgoing transitions with local early childhood partner agencies, school districts, childcare centers, Family Infant Toddler (FIT) program, and other stakeholders to support families whose children are engaging in services or who are transitioning; and
 16. Develop a plan to coordinate and track referrals and engagement in child care programs and enter the information into the home visiting database system.
- E. Provider shall provide support and inform parents on topics that include:
1. Development, implementation, and support of safety plans for issues with domestic violence;
 2. Home safety and injury prevention;
 3. Safe sleep for babies;

4. Parent/caregiver and child relationship, including attachment;
 5. Use of primary care versus the emergency room;
 6. Breastfeeding and/or its alternatives;
 7. Baby's growth as measured by weight gain;
 8. Support parent(s)' questions about their child's health;
 9. Support parent(s) in obtaining health care/well-child checks for the infant/toddler; and
 10. Support the parent(s) in obtaining the scheduled childhood immunizations.
- F. Provider shall maintain Family Files on site according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements.
- G. Provider and staff must report children's suspected abuse, neglect, or exploitation to the Children, Youth, and Families Statewide Central Intake and child abuse hotline (**1-855-333-SAFE [7233] or [#SAFE](#) from a cell phone**) or to law enforcement or the appropriate tribal identity.
- H. Provider shall provide reflective supervision for all home visiting staff at a minimum, twice per month, to include:
1. Ensure home visitors are implementing a relationship-based approach to working with each family;
 2. Use of the parallel process in supervision that reflects the practices used during home visits;
 3. Use of additional group supervision sessions to share knowledge and experience; and
 4. Documentation of each supervision session with a brief summary entered into the home visiting data system.
- I. Provider must ensure that all home visiting staff participate in Administrative Supervision, under the Home Visiting Program Standards, Section 7.5.c. Provider's Administrative Supervisor shall:
1. Review at least 10 percent of the cases every month. 100 percent of the cases must be reviewed by the end of the fiscal year.
 2. Audit at least 10 charts per home visitor per year.
 3. Review at least 10 percent of family files each month, including all referrals and follow-up to other services.
 4. Ensure implementation of an ECECD approved home visiting model.

5. Provide assurance upon request that all data elements are entered into the home visiting database in a timely manner.
6. Accompany new staff on a home visit at least twice during the contract year and veteran staff at least once during the contract year.
- J. Provider shall participate in all Continuous Quality Improvement (CQI) activities and training, including reflective supervision phone calls and quarterly meetings as required by ECECD.

MEDICAID ELIGIBILITY AND BILLING

As part of its duties, a provider :

- A. If a Provider's model is Medicaid eligible, Provider must become a Medicaid Home Visiting Provider with the New Mexico Health Care Authority, then contract with each contracted Managed Care Organization (MCO). All services provided to Medicaid eligible individuals shall be billed to each Managed Care Organization (MCO). All Medicaid claims will be submitted by Provider once per month. Provider shall track Medicaid reimbursement data and submit a report to ECECD for reconciliation. ECECD is the payor of last resort.
- B. ECECD recognizes that the First Born & More model is working toward obtaining evidence-based status. If a Provider's model is First Born & More, and First Born & More achieves evidence-based status, within six (6) months Provider shall:
 1. Ensure the model is fully implemented with staff certifications and trainings;
 2. Become credentialed with Medicaid as a Home Visiting Provider to be eligible to bill for direct services; and
 3. Begin to bill Medicaid for all eligible services prior to billing ECECD.

INVOICING, AND ANNUAL FINANCIAL REPORTS

- A. Applicants selected for funding will be required to:
 1. Submit a monthly invoice and upload backup documentation including the monthly expenditure reports, and a monthly Data Report.
 2. Provider must enter monthly administrative direct/indirect service hours. Backup documentation for other categories billed against must also be uploaded.
- B. Upon execution of contract, providers must maintain records of all supporting

documentation for invoices, and copies must be made available for review upon request.

1. An annual program report and financial report is required for all providers. The type of financial report is dependent on the amount of the fiscal year allocation.
2. The most recent financial audit or report must be submitted no later than 30 days after the close of the state's fiscal year.
3. Provider records must be available for review or audit by appropriate officials of the Federal and/or state government as needed.

ADDITIONAL TERMS AND REQUIREMENTS THAT WILL BE CONTAINED WITHIN THE AGREEMENT FOR FUNDED PROVIDERS

Applicants selected for funding will be required to enter into a Client Services Treatment Agreement with the Early Childhood Education and Care Department's (ECECD) Administrative Service Provider, Falling Colors. The Client Services Treatment Agreement will contain the terms and requirements below.

A. Fund Accountability

The parties shall provide strict accountability of all monies made subject to the Agreement. The Provider shall maintain fiscal records, follow generally accepted accounting principles, and account for all receipts and disbursements of funds transferred to the Provider pursuant to this Agreement. The Provider will include all monies made subject to this Agreement in an annual audit if required by federal or state of New Mexico law, to be completed by an outside auditing agency. The Provider will provide ECECD with a copy of the annual audit.

Provider's funding is not guaranteed, and the state agency reserves the right to reassign funding at any time for any reason. Falling Colors is not responsible for State-approved allocations or payments paid over or under the initial contracted amount.

B. Maintenance of Records

The Provider shall maintain detailed time and expenditure records that indicate the date; time, nature, and cost of services rendered during the Agreement's term and effect and retain them for a period of three (3) years from the date of final payment under this Agreement. The records shall be subject to inspection by ECECD, the general services department/state purchasing division and the state auditor. ECECD shall have the right to audit billings both before and after payment. Payment upon execution of a contract shall not foreclose the right of ECECD to recover excessive or illegal payments.

C. Execution of Documents

ECECD and the Provider agree to execute any document(s) necessary to implement the terms of this Agreement.

D. Background Checks

Community-Based Programs: Any Provider working with a child must comply with [8.9.6 NMAC](#) requiring background checks on any employee, staff, or volunteer with direct care responsibilities or potential unsupervised physical access to any child. Staff are not eligible to work directly and /or independently with families without an approved ECECD background check clearance. Provider must submit to ECECD Background Check Unit fingerprint cards and the appropriate fee for such employees, volunteers, or staff required to have background checks. ECECD Background Check Unit will conduct nationwide, state, and abuse and neglect background checks on required staff or volunteers in accordance with 8.9.6 NMAC standards. An ECECD eligibility letter must be in the Provider's personnel file prior to having any unsupervised direct contact or unsupervised potential access to any child. Clearances must be renewed every five years.

Tribal Programs: Providers shall follow the local tribal regulatory authority procedures to receive a federal background check.

E. Sub-Contracts

The Provider shall not subcontract any portion of the services to be performed without the prior written approval by the ECECD Secretary or Designee. No such subcontract shall relieve the primary Provider from any obligations and liabilities, nor shall subcontract obligate direct payment from the ECECD. Provider must notify subcontractors that they are subject to terms related to paragraph z of this section, Maintenance of Records.

If a provider is seeking approval for subcontracting services required to meet the terms and conditions of their agreement, the Provider must submit a formal written request outlining the proposed subcontracting which shall include the qualifications of the proposed subcontractor. This includes a written request outlining proposed subcontracting for accounting or audit services. Any proposed subcontracts are subject to review and approval by ECECD.