

Figure: 26 TAC §748.1337(b) [~~26 TAC §748.1337(b)~~]

Type of Service	Items that must be included:
(1) Child care services	<p>(A) The child’s needs identified in the admission assessment, in addition to basic needs related to day-to-day care and development, including:</p> <ul style="list-style-type: none"> (i) Medical needs, including scheduled medical exams and plans for recommended follow-up treatment; (ii) Dental needs, including scheduled dental exams and plans for recommended follow-up treatment; (iii) Intellectual functioning, including any testing and plans for recommended follow-up; (iv) Developmental functioning, including any developmental delays and plans to improve or remediate developmental functioning; (v) Educational needs and how those needs will be met, including planning for high school completion and post-secondary education and training, if appropriate, and any school evaluations or recommendations; (vi) Plans for normalcy, including: <ul style="list-style-type: none"> (I) Social, extracurricular, recreation, and leisure activities; and (II) Integrating the child into the community and community activities, as appropriate; (vii) Therapeutic needs, including plans for psychiatric evaluation, psychological evaluation, psychosocial assessment or follow-up treatment, testing, and the use of psychotropic medications; and (viii) Cultural identity needs, including assisting children in connecting with their culture in the community; <p>(B) Plans for maintaining and improving the child’s relationship with family members, including recommendations for visitation and contacts between the child and the child’s parents, the child and the child’s siblings, and the child and the child’s extended family;</p> <p>(C) Recent information from the current caregiver’s evaluation of the child’s behavior and level of functioning;</p> <p>(D) Specific goals and strategies to meet the child’s needs, including instructions to caregivers responsible for the care of the child. Instructions must include specific information about:</p>

	<ul style="list-style-type: none">(i) The child’s personal trauma history;(ii) Level of supervision required;(iii) The child’s trauma triggers;(iv) Methods of responding that improve a child’s ability to trust, to feel safe, and to adapt to changes in the child’s environment;(v) Discipline techniques;(vi) Behavior intervention techniques;(vii) Plans for trips and visits away from the operation; and(viii) Any actions the caregivers must take or conditions the caregivers must be aware of to meet the child’s special needs, such as medications, medical care, dietary needs, therapeutic care, how to communicate with the child, and reward systems; <p>(E) If the child is 13 years old or older, a plan for educating the child in the following areas:</p> <ul style="list-style-type: none">(i) Healthy interpersonal relationships;(ii) Healthy boundaries;(iii) Pro-social communication skills;(iv) Sexually transmitted diseases; and(v) Human reproduction; <p>(F) If the child is 14 years old or older, plans for the caregivers to assist the child in obtaining experiential life-skills training to improve the child’s transition to independent living. Plans must:</p> <ul style="list-style-type: none">(i) Be tailored to a child’s skills and abilities; and(ii) Include training in practical activities that include, but are not limited to, grocery shopping, meal preparation, cooking, using public transportation, performing basic
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	<p>household tasks, and money management, including balancing a checkbook;</p> <p>(G) For children 16 years old and older, preparation for independent living, including employment opportunities, if appropriate;</p> <p>(H) For children who exhibit high-risk behaviors <u>or have a suicide risk screening that indicates a high or potential risk of suicide</u>:</p> <p style="padding-left: 40px;">(i) Plans to minimize the risk of harm to the child or others, such as special instructions for caregivers, sleeping arrangements, or bathroom arrangements; and</p> <p style="padding-left: 40px;">(ii) A specific safety contract developed between the child and staff that addresses how the child’s safety needs will be maintained;</p> <p>(I) Expected outcomes of placement for the child and estimated length of stay in care;</p> <p>(J) Plans for discharge;</p> <p>(K) The names and roles of persons who participated in the development of the child’s service plan;</p> <p>(L) The date the service plan was developed and completed;</p> <p>(M) The effective date of the service plan; and</p> <p>(N) The signatures of the service planning team members that were involved in the development of the service plan.</p>
(2) Treatment services	<p>For children receiving treatment services, the plan must address all of the child’s waking hours and include:</p> <p>(A) The child-care services planning requirements noted in paragraph (1) of this subsection;</p> <p>(B) A description of the emotional, behavioral, and physical conditions that require treatment services;</p> <p>(C) A description of the emotional, behavioral, and physical conditions the child must achieve and maintain to function in a less restrictive setting, including any special treatment program or and/or other services and activities that are</p>

	<p>planned to help the child achieve and to function in a less restrictive setting; and</p> <p>(D) A list of emotional, physical, and social needs that require specific professional expertise, and plans to obtain the appropriate professional consultation and treatment for those needs. Any specialized testing, recommendations, <u>or</u> [and/or] treatment must be documented in the child’s record.</p>
<p>(3) Treatment services for children with an intellectual disability</p>	<p>(A) The child-care and treatment services planning requirements noted in <u>paragraphs</u> [paragraph] (1) and (2) of this subsection;</p> <p>(B) A minimum of one hour per day of visual, auditory, and tactile stimulation to enhance the child’s physical, neurological, and emotional development;</p> <p>(C) An educational or training plan encouraging normalization appropriate to the child’s functioning; and</p> <p>(D) Career planning for older adolescents who are not receiving treatment services for a severe or profound intellectual disability.</p>
<p>(4) Transitional living program</p>	<p>(A) Child-care service planning requirements noted in paragraph (1) of this subsection;</p> <p>(B) Plans for encouraging the child to participate in community life and to form interpersonal <u>relationships or friendships</u> [relationships/friendships] outside the transitional living program, such as extra-curricular recreational activities;</p> <p>(C) Plans for education related to meal planning, meal preparation, grocery shopping, public transportation, searching for an apartment, and obtaining utility services;</p> <p>(D) Career planning, including assisting the child in enrolling in an educational or vocational job training program;</p> <p>(E) Money management and assisting the child in establishing a personal bank account;</p> <p>(F) Assisting the child with how to access resources, such as medical and dental care, counseling, mental health care, an attorney, the police, and other emergency assistance;</p> <p>(G) Assisting the child in obtaining the child’s social security number, birth certificate, and a driver’s license or a Department of Public Safety identification card, as needed; and</p> <p>(H) Problem-solving, such as assessing personal strengths and needs, stress management, reviewing options, assessing consequences for actions taken and possible short-term and</p>

	long-term results, and establishing goals and planning for the future.
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