Early Childhood Intervention Services Implementation Plan for Maximizing Funding Progress Report

As Required by 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission, Rider 98)

Health and Human Services Commission

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Funding Sources

Texas Has Most Funding Sources

Total ECI Program Budget

Appropriated Versus Actual Funding Per Child

A Decrease in Funding Per Child Based on Caseload Projections

Designated Funding

Part C Funds as Payor of Last Resort

Unexpended Funds
The Early Childhood Intervention Services Implementation Plan for Maximizing Funding Progress Report for September 1, 2020 was submitted in compliance with the 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission [HHSC], Rider 98). This progress report discusses potential untapped funding sources and other strategies for maximizing funding or cost savings in the Early Childhood Intervention (ECI) program.

The ECI program contracts with local organizations across the state to provide therapies and other rehabilitative services to families of children with development delays or disabilities from birth to 36 months in accordance with Part C of the federal Individuals with Disabilities Education Act (IDEA). Currently, contractors bill Medicaid, the Children’s Health Insurance Program (CHIP), TRICARE, private insurance, and families for eligible services. Services that are not covered by insurance or family fees, as well as the administrative costs of operating an ECI program, are reimbursed through the contract with HHSC. ECI contractors also obtain additional local funds to support their operations and comply with maintenance of effort requirements in the contract. ECI accesses a total of 17 federal, state, and local funding sources to implement its Part C program.

This progress report describes the steps ECI has taken to implement the plan described in the Early Childhood Intervention Services Implementation Plan on Maximizing Funding Report submitted September 2019 and to address strategies detailed in the subsequent report submitted March 2020. The program met with other agencies to identify opportunities for funding collaboration, including the Department of Family and Protective Services (DFPS), Texas Workforce Commission (TWC), Texas Education Agency (TEA), and Department of State Health Services (DSHS). The program has also coordinated internally with client services programs within HHSC, including the Intellectual and Developmental Disabilities-Behavioral Health Services Department and the Medicaid/CHIP Services Department.

This progress report also describes the impacts of the Novel Coronavirus 2019 (COVID-19) pandemic on ECI contractors and on the implementation of various proactive response strategies as the pandemic has presented both opportunities and barriers for ECI contractors and HHSC in terms of implementing Rider 98.
Rider 98 requires HHSC to submit a series of four reports to the Office of the Governor, the Legislative Budget Board, and the permanent committees in the House of Representatives and the Senate with jurisdiction over health and human services. The initial report detailing the implementation plan for maximizing funding for ECI providers, including strategies to be explored, was submitted on September 1, 2019. The second report, submitted on March 1, 2020, documented the strategies HHSC determined to be most feasible and likely to result in increased funding or cost savings. This report, submitted on September 1, 2020, documents progress toward implementing those strategies. The final report, due March 1, 2021, will document further progress on the implementation plan and strategies.
Background

ECI is a statewide program administered by HHSC for families with children birth to 36 months with developmental delays, disabilities, or certain medical diagnoses that might impact development. ECI services support families as they gain the skills and resources needed to help their children grow and learn.

Eligibility requirements include:

- a developmental delay of at least 25 percent in one or more developmental areas;
- a qualifying medical diagnosis with a high probability of resulting in a developmental delay; or
- a hearing or visual impairment as defined by the Texas Education Agency in Texas Administrative Code (TAC) Title 19, §89.1040.

ECI federal regulations, overseen by the Office of Special Education Programs (OSEP) within the U.S. Department of Education, have entitlement-like expectations, meaning all eligible children must be served and there can be no waiting or interest lists; however, federal funding is capped. ECI is provided under the Individuals with Disabilities Education Act (IDEA) Part C. For more detailed information, please see Appendix A. Additionally, to comply with IDEA Part C regulations and access the federal funding, there must be statewide coverage. All eligible children in Texas must be offered the full array of services, as appropriate, based on the results of the child’s evaluation and assessment of the child and family’s strengths and needs.

ECI services include occupational, physical and speech therapies, as well as specialized skills training (SST), a service unique to ECI, which focuses on optimizing the child’s global development. Other services include behavior intervention, counseling, nutrition, social work, specialized services to address auditory and visual impairments, and an array of other services required by IDEA Part C. Additionally, each child and family receives case management from the time they are referred to ECI, including transition services to help families identify and access necessary services after the child’s third birthday.

Services must be provided in the child’s home, child care center, or other settings in which the child and family typically spend time. ECI services are team-based, with providers from a variety of disciplines available to assess and treat children as appropriate. ECI services differ from those of other pediatric therapy providers in that they are based on the evidence-based practice of coaching. In the coaching
approach to service delivery, providers focus on teaching parents to incorporate intervention strategies into the family’s daily activities, such as bath time, meals, or getting dressed.

Research shows ECI programs have a positive impact on children and their families and are often vital for later success in school and the community. In addition, the program has been found to save taxpayer dollars in public education, criminal justice, health care, and other social services. For more information on the value of the ECI program, see Appendix B.

HHSC ECI contracts with local agencies, including community mental health and developmental disability centers, school districts, education service centers, and private, non-profit agencies to deliver the full array of IDEA Part C services. Eighteen contractors have exited the program since 2010, often citing funding challenges, including repeated years of financial losses incurred in delivering ECI services. In a 2017 contractor survey, 90 percent of responding ECI contractors reported engaging in significant cost-saving measures such as downsizing staff, delaying hiring, reducing staff benefits, reducing child find efforts and delaying system upgrades or equipment purchases. About one-third of ECI contractors reported they must contribute funds from other lines of their agency’s business to avoid losses in their ECI programs each year. The amount of funds contributed have ranged from a few hundred dollars to almost $800,000.

A subsequent survey was conducted in March 2020, prior to Texas experiencing major impacts of the COVID-19 pandemic. The survey revealed that while a smaller percentage of responding contractors reported taking significant cost-saving measures in fiscal year 2019, a greater percentage had to contribute funds from other lines of business, and the amount of those funds increased significantly. In fiscal year 2019, 77 percent of responding contractors reported taking significant cost-saving measures. During that time, 40 percent reported contributions from other lines of their agency’s business to avoid losses in the ECI program. The amount of these funds ranged from nearly $10,000 to $1,700,000. The survey also asked contractors about their fiscal year 2020 contract funds, which included an increase for all contractors from funding appropriated by the 86th Legislature. Prior to the impacts of COVID-19, 35 percent of respondents stated they expected the increase to meet all funding needs. The other 65 percent reported the increase would cover some, but not all, needs. Five contractors indicated they anticipated their organizations would have conversations about exiting the program.

The COVID-19 pandemic has presented additional challenges to ECI contractors. Through efforts initiated prior to the pandemic, Medicaid began reimbursing for telehealth services on March 1, 2020. As ECI services are delivered in a natural environment (mostly the home), providers had to shift almost overnight to a
telehealth model. Prior to the pandemic, less than five providers were routinely leveraging telehealth. As of the week of April 20, 2020, all 42 contracted ECI programs were providing services via telehealth due to COVID-19. Four programs briefly closed to make adjustments and provide training to staff prior to moving to telehealth services. This immediate shift provided some challenges for providers to acquire the necessary equipment for both staff and families, ensure communication with families was timely and clear, and to adapt service provision as allowable and appropriate to ensure continuity of services. As revenues for ECI contractors decreased due to cancelled home visits, expenses related to purchasing equipment and software to get signatures for parental consent electronically and implement telehealth services for most families increased. In some rural areas of the state, families may not have adequate internet service to support telehealth. Other families have chosen not to access telehealth services and have opted to suspend ECI services until home visits can be resumed safely. Some providers have reported 25 percent of families have opted to suspend services. Due to temporary federal flexibilities provided during the pandemic, some of the telehealth infrastructure implemented in April may not suffice for long-term use, and therefore contractors may incur additional expenses to continue delivering services via telehealth.

During the pandemic, Medicaid has provided reimbursement for additional services, such as physical therapy and targeted case management (TCM) provided via telehealth, which are typically paid only when provided in-person. Other Medicaid flexibilities related to COVID-19 that have been helpful for ECI providers include reimbursement of some services, such as nutrition and SST, when provided over the phone for families who do not have access to internet service that supports telehealth and extension of prior authorizations.

Eleven ECI contractor agencies applied for and received Paycheck Protection Program (PPP) loans; however, because these loans are available only for private entities, some ECI contractors such as school districts and education service centers are not eligible for PPP loans. HHSC has provided ECI contractors with information on the federal CARES Act Provider Relief Fund. At this time, HHSC does not have information on how many ECI contractors have applied for this funding.

Due to unanticipated supplemental funding, delays in hiring, or other impacts of COVID-19, some ECI contractors indicated they would not expend all their ECI contract funds by the end of the fiscal year. Others indicated they anticipated a shortfall due to unanticipated costs, decreased caseloads, or other impacts on their ability to bill for services during COVID-19. Therefore, HHSC facilitated the return of anticipated surplus funds and disbursement of those funds to other ECI contractors in need in the final months of fiscal year 2020.
HHSC previously worked closely with ECI contractors to identify administrative efficiencies and published changes to program rules in the Texas Administrative Code\(^1\) to incorporate these efficiencies into requirements. The new rules went into effect on June 28, 2019.

ECI is currently funded by a variety of sources. From the federal government, the program receives IDEA Part C funds, IDEA Part B funds, Temporary Assistance for Needy Families (TANF) funds, Medicaid Administrative Claiming funds, and Medicaid funds for SST and TCM. From the state, ECI receives general revenue and Foundation School Funds, as well as general revenue funds specifically designated as match for Medicaid for SST, targeted case management, and Medicaid Administrative Claiming, and funding for respite services. For a visual representation of the various funding sources, see Appendix C.

Under the Code of Federal Regulations, Part C is the payor of last resort and the lead Part C agency is required to identify and coordinate available funding sources to pay for Part C services. States may choose to develop a system of payments that includes family fees for services; Texas uses a system of maximum monthly fees based on family income and other variables. Part C funds that are unspent at the end of the year can be carried over and spent in future years.

Additionally, ECI contractors are required to bill public and private insurance for delivered services, when possible, and to pursue additional maintenance of effort funds. ECI contractors also bill families according to the Family Cost Share fee schedule established by HHSC. More than half of ECI contractors’ budgets are collected outside of the cost-reimbursement contract through third party reimbursement for direct services, and there has been an $18.6 million increase in revenue generated from local collections since fiscal year 2013.

Currently, Texas ECI accesses 17 funding sources to support its Part C program, which is more than any other state in the country. According to a 2018 survey by the Infant and Toddler Coordinators Association, which included responses from 47 state Part C coordinators, states are accessing between one and 17 funding sources. The states with the next highest number of funding sources accessed was 12, and the average of all 47 responding states was six funding sources. Additionally, only 27 states (57.4 percent) reported they access private insurance, and 17 states (36.1 percent) reported they have implemented family fees. An infographic on maximizing funds in the ECI program is provided in Appendix D.

HHSC developed an implementation plan to investigate a variety of potential methods of increasing funding for the ECI program. The strategies identified in the

\(^1\) Texas Administrative Code, Title 40, Part 2, Chapter 108.
plan, which are documented in the *Early Childhood Intervention Services Implementation Plan for Maximizing Funding* report submitted September 2019, include:

- Pursuing additional Medicaid funds;
- Coordinating with TEA to explore the possibility of drawing down additional federal funds;
- Working with the Centers for Medicare and Medicaid Services (CMS) and other federal agencies to identify additional funding opportunities; and
- Determining whether funding through other state agencies is available.

Other strategies identified in the plan included determining whether restructuring ECI provider contracts could result in expending all allocated funds, as well as exploring potential opportunities for cost savings. The implementation plan also included methods for prioritizing those strategies that may be most effective.

The second report, submitted in March 2020, documented how HHSC began implementing this plan, including working with stakeholders to identify potential opportunities for maximizing funding, identifying potential funding streams used in other states’ Part C programs, exploring whether changes to the ECI contract could result in better use of funding, coordinating with Medicaid and CHIP Services (MCS) to determine if additional Medicaid funding might be available for ECI providers, coordinating with other programs and state agencies to identify potential untapped funding streams, and investigating opportunities for cost savings. The report also identified specific strategies that HHSC determined were most likely to result in increased funding or cost savings.

An analysis of the ECI contract, detailed in the March 2020 report, reveals changing the structure of the contract is unlikely to result in contractors expending the maximum amount of funding available. The ECI program also researched the use of quality incentive payments in other state programs and determined that reserving some funding for quality incentives would limit the funding available to meet the costs of delivering service and result in less money in Part C reserves the program relies on. For these reasons, HHSC determined the use of quality incentive payments is not a viable strategy for the ECI program.

Specific strategies HHSC identified in the March 2020 report as the most feasible and promising included:

- Continuing to explore options to maximize funding for ECI services;
- Continuing ongoing discussions with other states and other Texas agencies to determine availability and feasibility of utilizing other funding;
• Completing a cost/benefit analysis of contracting with a third-party billing vendor;
• Completing analysis of expenditure and performance trends among current ECI contractors;
• Continuing operational cost saving measures; and
• Determining if any further administrative changes could increase efficiencies for ECI contractors.

This third report documents how HHSC has continued exploring options for new ECI funding sources, cost saving opportunities, and administrative efficiencies. It includes information on the analysis of expenditure and performance trends and the redistribution of contract funding to increase the amount of funds expended. The report also provides information on the competitive procurement of ECI services statewide to ensure HHSC is receiving the greatest value possible when awarding ECI contracts.
Exploration of Strategies for Maximizing ECI Funds

Competitive Procurement of ECI Services for Fiscal Year 2021

In December 2019, HHSC posted a Request for Applications for ECI services statewide. This was the first opportunity for open procurement of ECI services across the entire state in over 30 years and presented an opportunity for HHSC to rate the value each applicant could provide. The application included questions regarding each applicant’s capacity to provide the activities and services required by IDEA Part C; the staffing, supervisory, and administrative structure of the applicant agency; and a proposed budget for operating an ECI program. Each applicant was asked to propose which Texas counties, or in some cases, zip codes, they proposed to cover.

Applications received by January 31, 2020, were reviewed and scored by reviewers from HHSC ECI and other areas of HHSC who looked at both the capacity to operate a quality ECI program and to deliver services at a reasonable cost. Contracts for statewide coverage were executed by September 1, 2020.

Redistribution of ECI Funding

Due to impacts of COVID-19, detailed previously in this report, some ECI contractors reported they would not be spending all their fiscal year 2020 ECI budget and others reported a projected shortfall. The providers projecting a lapse released the available funds to HHSC for reallocating to ECI contractors that needed additional funding. Eight contractors released a total of $2,145,000. Additionally, HHSC had unallocated ECI funds of $385,790, which were intended to be used for mid-year adjustments for contractors who exceeded enrollment and service delivery targets. Due to COVID-19, both enrollment and services decreased, so these funds were not needed for mid-year adjustments. When combined with the funds released by contractors, HHSC was able to redistribute a total of $2,530,790 to 15 contractors who projected their ECI spending would exceed their contract budget.

In June 2020, HHSC completed a regression analysis of expenditure and performance trends across ECI contractors during fiscal years 2017, 2018, and 2019. Performance data variables in the study included average enrollment, percentage of children served with Medicaid, percentage of hours delivered from the hours planned, percentage of therapy hours of the total hours delivered, and percentage of staff turnover. Financial data variables included percentage of cost reimbursement, contract funds expended, percentage of total locally collected funds
expended, and percentage of Medicaid claims collected. All relationships found between performance variables and financial variables were predictable, for example, positive relationships were found between hours of services delivered and funds collected and expended. Based on the analysis, HHSC did not identify any relationships between variables that supported making changes to the ECI contract structure or performance requirements.

HHSC also completed an analysis of expenditure trends which identified contractors who did not expend their total ECI contract funds for at least four consecutive years. As a result of this analysis, HHSC reduced fiscal year 2020 funding for three of these contractors by $697,567 and reallocated or reserved for mid-year adjustments.

**Maximizing Medicaid and Children’s Health Insurance Program (CHIP) Funding**

HHSC surveyed ECI contractors to ascertain what services they are providing, or what services they would like to provide that are not currently reimbursed by Medicaid. HHSC staff reviewed the survey findings and considered other opportunities for increasing Medicaid funding for ECI services. Strategies include:

- Working with HHSC’s Provider Finance department to evaluate the reimbursement methodology being utilized for the SST reimbursement rate.
- Exploring opportunities for Medicaid reimbursement of coverable Medicaid services that are not currently reimbursed by the Texas Medicaid program.
- Exploring opportunities to ensure Medicaid reimbursement is available to ECI contractors for every Medicaid-covered service.
- Exploring opportunities for CHIP reimbursement of ECI services that are not currently reimbursed by Texas CHIP.
- Providing technical assistance to contractors about what is currently payable, and how to appropriately document and seek reimbursement for those services.

HHSC is exploring the feasibility of these ideas based on the cost to Medicaid and CHIP and other relevant factors. For example, HHSC is currently exploring the possibility of amending the Medicaid State Plan to include more opportunities for TCM reimbursement for services ECI contractors are already providing. The agency is also examining fiscal impacts for CHIP reimbursement of TCM and SST.

In terms of technical assistance, HHSC has notified contractors that TCM events can be pooled across one day. Multiple TCM activities that are shorter than the eight minutes required for a billable event can be combined if they are provided to the same child on the same date. If the combined activities took eight or more minutes,
the events can be billed as one unit of TCM. This clarification should at least minimally increase ECI contractors’ TCM reimbursement in those situations that require multiple phone contacts in one day. HHSC is also reviewing technical assistance materials to ensure ECI contractors have up-to-date, accurate information on filing claims, appealing denials and reporting complaints regarding Medicaid managed care organizations (MCOs), and that MCOs have accurate information about reimbursement of ECI services.

HHSC has also worked to maximize Medicaid funding through telehealth as a delivery method for ECI services. Travel costs can be considerable for ECI providers, as services must be provided in the child’s home, child care center, or other familiar setting, and reimbursement of these services has the potential to offset costs for providers, especially those who must travel long distances to see families in remote areas.

Beginning March 1, 2020, Medicaid began reimbursing SST and some occupational therapy and speech therapy services when delivered via telehealth. Some ECI providers were already using telehealth prior to March 2020, while others began using telehealth in early March 2020. The use of telehealth by ECI providers increased substantially in March and April due to COVID-19. Beginning March 15, Medicaid also allowed reimbursement of physical therapy and TCM delivered via telehealth to facilitate the provision of the services during the pandemic. These additional flexibilities will expire October 23, 2020, to align with the federal Public Health Emergency. At the time this report was written, all ECI contractors were providing most of their services via telehealth to maintain social distancing and protect the health of children and their families.

While telehealth has the potential to save contractors costs related to travel, there are also costs related to the provision of remotely delivered services. In March and April of 2020, ECI contractors who had not planned on utilizing telehealth had to purchase hardware and software to implement remotely delivered services during the pandemic. Even programs that were already providing some telehealth services had to scale up quickly. Since some of the telehealth infrastructure that was purchased in April was based on temporary federal flexibilities provided during the pandemic, it may not suffice for long-term use, and therefore contractors may incur additional expenses to continue delivering services via telehealth.

Many ECI contractors and families report telehealth services have been effective and are likely to continue when clinically appropriate as an adjunct to in-person services, even when it is safe to resume home visits. Contractors are hopeful that provision of reimbursable telehealth services will result in some cost savings for the provision of services in the future; however, those financial off-sets may be needed to serve increasing caseloads.
ECI staff will continue to work with MCS staff to determine whether any of the other strategies discussed could be approved and implemented.

**Funding from Other State Agencies and Programs**

HHSC researched funding sources used by other state ECI programs by reviewing the Finance Survey conducted by the IDEA Infant and Toddler Coordinators Association. HHSC also identified additional funding sources (e.g., the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Child Care Development Block Grant (CCDBG), Title V Maternal and Child Health Block Grant, and Title XX Social Services Block Grant funds) utilized in a few other state ECI programs. HHSC contacted these states and found, in most cases, these funding sources were not being used to provide ECI services, but to supplement additional resources for families. The funding sources utilized in these other states are administered in Texas through HHSC, TWC, DFPS, and DSHS. HHSC met internally and with these agencies to discuss funding availability and, if available, whether these funds could be used to support ECI services in Texas. HHSC also had several meetings with TEA to determine the availability of additional Part B or other funding for ECI services.

At this time, all these programs and agencies report they have no available funding for ECI services for fiscal year 2020, and most will have no available funds for fiscal year 2021. Programs and agencies who originally reported they may periodically have funds available for ECI services, depending on the fiscal year, timing and needs of their primary focus areas have indicated that any available funds must be used to offset costs in their programs related to COVID-19. HHSC will continue to collaborate with these programs and agencies to determine if there are future opportunities for accessing funding for ECI services.

One opportunity for collaboration HHSC is continuing to explore is the possibility of WIC dietitians providing Part C nutrition services to WIC-eligible children who are enrolled in ECI and need specialized nutrition services to meet their developmental goals. Nutrition services are a required IDEA Part C service, and this strategy could represent cost savings for those ECI contractors that contract with registered dietitians. While some ECI contractors may need to continue to contract for nutrition services for children who are not eligible for WIC, the majority of ECI children are WIC-eligible, and this strategy could represent a decrease in the amount ECI contractors spend on this service. HHSC ECI staff plan to tour WIC clinics to observe services, with family consent, to determine if these services would meet Part C requirements, but this plan is on hold due to COVID-19. When it is safe to visit these clinics, HHSC will further explore this possibility.
Progress on Maximizing Federal Funds

HHSC accessed federal grant funding beyond IDEA Part C in fiscal years 2019 and 2020 to support the activities of ECI providers. HHSC awarded 10 local ECI providers approximately $50,263 each in Supplemental Nutrition Assistance Program (SNAP) Education funding to provide family education about healthy eating and exercise in federal fiscal year 2020. Additionally, HHSC ECI was provided some of the state’s Preschool Development Grant-Birth to Five initial planning grant funding in 2019 to support ECI child find efforts in child care centers and training in early autism intervention for ECI providers. ECI worked closely with TEA to identify funding priorities for the application for renewal of the Preschool Development Grant; however, Texas was not awarded a renewal in 2020.

Additional Grant Funds and Other Opportunities

In the fall of 2019, HHSC was awarded a $300,000 grant from the Episcopal Health Foundation, which will be used to support training for ECI providers in early brain development and the evidence-based practice of coaching parents in strategies to support infant and toddler development beginning in late fiscal year 2020 and continuing through fiscal year 2021. All ECI contractors will have the opportunity to participate in these trainings.

HHSC is currently applying for a grant through OSEP focused on retention of early intervention personnel. The grant totals $750,000 over three years, and if benchmarks are met, could be extended two more years. If HHSC is awarded the grant, the agency will work with the University of Texas at El Paso and ECI contractors to apply evidence-based personnel retention practices. Training on these staff retention practices would be offered statewide. In addition to the funding received if the grant is awarded, this opportunity could represent additional cost savings in terms of hiring and training new staff, if ECI programs can implement more effective personnel retention practices.

HHSC, along with other community partners in Texas, is receiving technical assistance at no cost from Georgetown University and the National Center for Children in Poverty (NCCP) focused on infant and early childhood mental health (IECMH). In addition to technical assistance on the provision of IECMH services, Georgetown and NCCP are also providing technical assistance on how to fund these services. Although counseling, psychological services, and other services to address the social-emotional needs of children are required by IDEA Part C, funding is not always available for some of these services for children under three years of age. This assistance could help HHSC locate and access funds for these required services.
Cost Saving Strategies

HHSC is also exploring strategies that could result in cost savings for ECI providers and has already implemented some of these strategies.

HHSC is using operational funds to make bulk purchases of electronic record forms (ERFs) for the Battelle Developmental Inventory (BDI), the tool used in all Texas ECI programs to evaluate referred children to determine if they have a qualifying delay. An ERF is required for each child who is evaluated using the electronic version of the BDI. The state office has purchased more than 49,000 ERFs and paid for the licenses required to access the BDI data management system, saving contractors statewide $163,466.

The ECI state office will begin using the HHSC warehouse to fulfill distribution of outreach publications, rather than the vendor ECI worked with in the past. This will save $29,000 in fiscal year 2021.

The ECI program received comments from stakeholders on outsourcing third-party billing for ECI services. HHSC conducted an analysis on whether outsourcing this billing for the entire field of contracted ECI programs versus contractors maintaining in-house third-party billing infrastructure could potentially result in cost savings. HHSC ECI spoke with Part C state colleagues in Connecticut and New York who currently outsource their third-party billing to learn the process each state undertook while transitioning to their third-party billing vendor. To better understand if such a transition would benefit Texas, staff analyzed current contractor financial information, including personnel costs associated with billing. Staff also surveyed all contractors to gain additional information on their actual costs related to billing and the follow-up time necessary to obtain maximum reimbursement. The preliminary analysis showed that outsourcing billing could potentially result in modest cost savings, depending on the scope of work and the cost of the biller. On June 26, 2020, HHSC posted a request for information (RFI) asking outside billers to provide information on the types of services they provide (for example, submitting initial claims, appealing denials, and tracking late payments) and what they would potentially charge for those services. Responses were due on July 27, 2020. Based on an ongoing analysis of the RFI, HHSC will determine whether to continue to pursue this strategy.

As documented earlier in this report, the COVID-19 pandemic presented unexpected barriers and costs to ECI contractors. One barrier was the federal requirement to receive written consent from parents before beginning services via telehealth. Although secure electronic signatures meet this requirement, some ECI contractors found systems for accessing electronic signatures to be cost-prohibitive. HHSC purchased an annual subscription to One Span, a system for easily obtaining
secure electronic signatures, for the use of ECI contractors. This will save contractors who choose to use HHSC’s One Span subscription a total of approximately $30,375.

Another obstacle faced by ECI providers during the pandemic involves a supplemental eligibility tool, the Hawaii Early Learning Profile (HELP) Strands. Completing the HELP Strands requires a paper scoring booklet. Some ECI evaluators could not access these tools because their offices were closed with no access allowed. HHSC worked with VORT Corporation, the publisher of the HELP Strands, to develop a fillable pdf form. Texas ECI providers can access this form to administer and score the evaluation. HHSC also covered the cost of using the fillable pdf form up to $2,500, which has allowed ECI contractors to administer and score the test at no cost.

Some of the strategies described above relied on funds in the ECI state operational budget. These funds were available in fiscal year 2020 because travel costs related to state office functions, such as monitoring and outreach, decreased significantly during the COVID-19 pandemic. These strategies may not be sustainable beyond fiscal year 2020.

HHSC is currently reviewing state rules related to ECI to determine if further opportunities can be found to reduce administrative burdens on contractors while maintaining quality services, which could lead to cost savings. Any identified opportunities will be included in the next rule revision process, which is projected to begin in early fiscal year 2021.

In 2019 the HHSC ECI Quality Assurance team did a series of presentations at program directors’ meetings with tips on how programs can measure and try to increase provider productivity. The team will be adding some items to their program reviews this year related to efficiency and productivity and will offer technical assistance on these topics to local contractors who need support in these areas.
Conclusion

This report describes how HHSC is implementing its plan to seek maximized funding and cost savings for ECI providers. HHSC has pursued strategies such as:

- Competitive procurement of ECI services statewide to purchase high-quality services that offer the best value for the state;
- Redistributing ECI funds to maximize expenditure of allocations;
- Exploring opportunities to maximize Medicaid and CHIP funding;
- Collaboration with other state agencies and programs to determine if they have available funding for ECI services;
- Pursuing grants and opportunities for no-cost technical assistance;
- Exploring the potential benefits of contracting with a third-party billing vendor;
- Continuing operational cost saving measures; and
- Determining if any further administrative changes and/or technical assistance could increase efficiencies for ECI contractors.

This report also details the challenges and opportunities presented to ECI contractors by the COVID-19 pandemic, as well as how HHSC has responded to those challenges to support contractors.

HHSC will continue to seek opportunities to positively impact funding sustainability for ECI in Texas, while continuing to implement viable strategies identified in this report. Progress toward realizing any of these opportunities will be documented in the final report, due March 1, 2021. HHSC will continue to track any increased funding received, as well as any cost savings attained or anticipated, through the strategies in this plan and will include that information in the final report.
Appendix A. Factors Impacting Sustainability of ECI

Background

What is Early Childhood Intervention?
ECI is a statewide program for children with disabilities and developmental delays. ECI services support families to help improve their children’s developmental outcomes.

Texas Health and Human Services Commission contracts with local agencies to provide ECI services across the state.

ECI contractors are required to offer the full array of federally mandated services, as appropriate, based on the child’s and family’s needs, and to deliver services in natural environments.

Federal regulations require all children determined eligible for ECI to be served, creating an entitlement from a federal program perspective without corresponding entitlement funding.

Who is eligible?
All children from birth to 36 months who reside in Texas and have a:

- Developmental delay greater than or equal to 25% in one domain area.
- Qualifying medical diagnosis.
- Auditory or visual impairment.

How is ECI funded?
- State sources
- Federal sources
- Family out-of-pocket payments
- Medicaid, private insurance/TRICARE, CHIP

Loss of ECI Contractors
The historical funding for ECI has proven inadequate to retain contractors.

[Map showing distribution of counties affected by contractor changes]

Counts affected by contractor changes:
- 83 counties
- 7,622 children have been affected by contractor changes
Factors Affecting Sustainability

Increase in Number of Children Served and Decrease in Funding

The number of children enrolled in ECI has increased for the last five years. Funding from the state appropriation has decreased during this same time.

Increase in Special Populations Being Served

The number of children with certain qualifying medical diagnoses being served in ECI is increasing, such as children with Autism and drug-addicted infants, further straining the system since children with more complex needs require more services.

ECI Contractors Must Cover Costs of Children Over the Target

HHSC funds contractors based on a target number of children served each month. If the number of children determined eligible exceeds the target number of children in the contract, the ECI contractor must still serve those children.

In fiscal year 2017, 36% of ECI contractors reported having to contribute additional funds to support their ECI programs.

Lack of Private Insurance Coverage for ECI Services

Although more than 30% of ECI families have private insurance, ECI contractors collect only 7% of the revenue needed to operate their programs from this source due to a lack of insurance coverage of ECI services.
Appendix B. The Value of ECI

The positive economic effect of front-end early intervention services has been clearly demonstrated. Short-term and longitudinal data (even into young adulthood) demonstrate the value of the early childhood intervention focusing on family-centered, coordinated services that support parent-child relationships as the core element of intervention.¹

Richard C. Adams, MD
Texas Scottish Rite Hospital for Children, Medical Director of Pediatric Development Disabilities

Carl D. Tapia, MD, MPH, FAAP
Baylor College of Medicine/ Texas Children’s Hospital

The Council on Children with Disabilities

The Value of Early Childhood Intervention

For over 30 years, Early Childhood Intervention has helped over 800,000 Texas families learn how to be the best teachers for their children with developmental delays or disabilities.

ECI’s evident based practice of helping families incorporate intervention strategies into daily routines:

- Increases children’s rate of growth in key development areas.
- Multiplies the opportunities and effects of intervention.
- Increases the return on every dollar spent.

Discover how ECI can help the children and families in your community and healthcare practice.
ECI Uses evidence-based practices to help families

7 Key Principles of ECI

The 7 Key Principles for providing early intervention services in natural environments were developed by the national Principles and Practices in Natural Environments Workgroup. This workgroup of subject matter experts and researchers in early intervention agreed that the 7 key principles are the foundations that support the mission of early intervention, which is to build upon and provide supports and resources to assist family members and caregivers to enhance children’s learning and development through everyday learning opportunities.

**Principle 1**
Infants and toddlers learn best through everyday experiences and interactions with familiar people in familiar contexts.

**Principle 2**
All families, with the necessary supports and resources, can enhance their children’s learning and development.

**Principle 3**
The primary role of a service provider in early intervention is to work with and support family members and caregivers in children’s lives.

**Principle 4**
The early intervention process, from initial contacts through transition, must be dynamic and individualized to reflect the child’s and family member’s preferences, learning styles and cultural beliefs.

**Principle 5**
Individualized Family Service Plan (IFSP) outcomes must be functional and based on children’s and families’ needs and family-identified priorities.

**Principle 6**
The family’s priorities, needs and interests are addressed most appropriately by a primary provider who presents and receives team and community support.

**Principle 7**
Interventions with young children and family members must be based on explicit principles, validated practices, best available research, and relevant laws and regulations.
Meet Luke Rehurek

Rebecca and Jay Rehurek of Cedar Park, Texas had been to doctor after doctor trying to figure out why their on-year-old son Luke was experiencing speech delays, exhibiting unusual eating habits, and avoiding interacting or socializing with other kids. “I knew something was wrong, but I didn’t have a clue what it could be,” said Rebecca. Rebecca became Luke’s strongest advocate, and as she persisted in her efforts to find help for her son, she was referred to Texas Early Childhood Intervention Services (ECI).

Luke’s evaluation and assessment revealed that speech and occupational therapy from specialists in early childhood development could help. ECI professionals and family members identified goals for Luke and developed an Individualized Family Service Plan (IFSP) that would support Luke’s family as they helped him develop. The IFSP also serves as the authorization for services. [Principles 3 and 5]

One of Luke’s goals was to improve his speech and language. Luke’s parents and ECI staff recognized that Luke loved trains. Together they developed strategies that incorporated trains in his everyday family routines to encourage him to become more vocal. Luke began creating stories with his train cars and identifying them by their letter and colors. He really enjoyed building his train set with the assistance of his older sister Kate. “We had a game plan, and it was exciting to see him progressing,” said his dad Jay. [Principles 1, 3 and 7]

Jay and Rebecca were also very concerned about Luke’s unusual eating habits and behaviors at mealtime. The family reported that visits to restaurants became unbearable, and the family began to feel confined, unable to do things together. Rebecca, unsure of what to do, shared her concerns with the ECI staff. “This is what was great about ECI. It was so easy to change our plan and add new goals. It was always about what was the best for Luke,” Rebecca recalled. [Principles 3 and 4]

Activities were developed and revised through joint planning, observation, action/practice, feedback and reflection at every visit. “They taught us to use things from around the home to help my child progress better,” said Rebecca. [Principles 3 and 6]

Luke is a happy and rambunctious little boy who enjoys playing with his dog Lucy. He enjoys going to school and is academically ahead of his classmates. “Early intervention is absolutely everything. We are so grateful to ECI. I hate to think of where Luke would be if it hadn’t been for ECI,” said Rebecca. [Principles 2 and 3]

To hear more about Luke, please visit hhs.texas.gov/eci and view the video About Texas ECI.
ECI services increase the return on every dollar spent

**Do the Math**

ECI plans services for infants and toddlers based on research which demonstrates that learning occurs between intervention sessions. During a session, the provider utilizes his/her professional knowledge, skills and expertise to share information with the child’s regular caregiver. The caregiver then provides the intervention within the child’s daily routines. Consider the following comparison for two children who have similar delays in speech and language development.

**Michael**

<table>
<thead>
<tr>
<th>Day</th>
<th>Activity</th>
<th>Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Names pictures and reads book during speech therapy session</td>
<td>45</td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td>Sings songs and labels toys and actions during speech therapy session</td>
<td>45</td>
</tr>
<tr>
<td>Friday</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>90</td>
</tr>
</tbody>
</table>

**Luke**

<table>
<thead>
<tr>
<th>Day</th>
<th>Activity</th>
<th>Minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Luke and parents work on speech strategies. Luke plays with trains.</td>
<td>60</td>
</tr>
<tr>
<td></td>
<td>Discussion of last week’s daily activities and progress/needs. ECI staff</td>
<td></td>
</tr>
<tr>
<td></td>
<td>observes difficulties and provides feedback. Jointly plan to use trains</td>
<td></td>
</tr>
<tr>
<td></td>
<td>for labeling, prompting, imitation, etc., to promote speech in daily</td>
<td></td>
</tr>
<tr>
<td></td>
<td>activities. Mom demonstrates understanding by looking at train book with</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Luke and labeling objects around the train. Parents and ECI staff discus</td>
<td></td>
</tr>
<tr>
<td></td>
<td>other daily activities to incorporate these strategies.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mom labels foods and objects in grocery store with Luke</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Dad names colors of train toys and Luke’s body parts during bath</td>
<td>10</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Mom names foods at breakfast and Luke repeats</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Mom and Luke sing songs in car to child care</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Class colors trains and teacher names colors with class repeating</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Older sister shares picture book, naming pictures together</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Dad names and gives pajama choices to Luke; Luke points to choice</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Mom stops for train and they count the cars as train goes by</td>
<td>10</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Teacher reads Things That Go and class repeats the sound each object</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>makes, including trains</td>
<td></td>
</tr>
<tr>
<td>Day</td>
<td>Activity</td>
<td>Minutes</td>
</tr>
<tr>
<td>---------</td>
<td>---------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td></td>
<td>Plays “card” game with sister and mom – cards are train-shaped</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Dad and Luke name food at dinner; Luke requests more</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td><strong>Thursday</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mom and Luke play “find the bus, find a truck” while in car</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Teacher and class sing alphabet song and point to letters while singing</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Luke names foods at dinner and Dad names new foods with Luke repeating</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Luke and sister play with trains saying “ready, set, go” before passing it back and forth</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td><strong>Friday</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mom and Luke name food at breakfast</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Mom and Luke sing songs in car to child care</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Luke name clothes with Dad while undressing</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Luke “reads” train book to Dad and names pictures</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td><strong>Total</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>300</td>
</tr>
</tbody>
</table>

Studies found that children who participate in high-quality early intervention/early childhood development programs tend to have:

- Less need for special education and other remedial work.
- Greater language abilities.
- Improved nutrition and health.
- Experienced less child abuse and neglect.\(^4\)

**ROI and ECI**

Economic analysis demonstrates programs that intervene early to improve child outcomes have returns on investment (ROI) from $2.50 to $17.07 for every dollar spent on early intervention services.\(^5\)
Results show that early intervention works

Texas Child Outcomes from ECI Services

The Individuals with Disabilities Education Act (IDEA) Part C programs are required to collect data on child outcomes. This data is compiled and reported to the federal Office of Special Education Programs (OSEP). Children entering and exiting early intervention services are assigned a rating for functional skills on the three Global Child Outcomes that are listed below. These results show Texas children significantly increased their rate of growth in these key areas through their participation in ECI, and that Texas’ child outcomes consistently exceed the national average.

“Our Health plan, as well as others across the State, enthusiastically endorses the ECI model as the only evidence-based and successful approach to assist children with disabilities or at risk for developmental delays. The richness and variety of services available, the coordination of care, targeted case management, training of family and caregivers to provide therapies, family support with social and behavioral counseling, and skills training is unique to ECI. It is the only model that teams with the family to develop and implement a customized program that promises the fastest and best response in the child’s natural environments. We are forming strong coalitions with our ECI providers to promote and increase referrals so that these vulnerable children can be afforded the wealth of proven ECI services.”

William B. Brendel, MD, FAAP, CHCQM
Driscoll Health Plan, Medical Director
National Early Intervention Longitudinal Study (NEILS) Special Education and Part C Programs

National longitudinal research on Part C programs tracked children with a developmental delay and found 46% did not need special education by the time they reached kindergarten as a result of early intervention services. Texas was part of the sample in the NEILS. Results of the NEILS indicate:

- 36 percent had no disability and were not receiving special education services.
- 10 percent were reported to have a disability but were not receiving special education.
- 54 percent were receiving special education services.

Brain development from birth to 3

Neural circuits create the foundation for learning, behavior and health. These circuits are most flexible from birth to 3.

High-quality early intervention services can change a child’s developmental trajectory and improve outcomes for children, families, and communities.

Intervention is likely to be more effective and less costly when it is provided earlier in life rather than later.

Early social/emotional development provides the foundation upon which cognitive and language skills develop.⁷

Making a referral to ECI

Who can make a referral to ECI?

A parent, grandparent, family member, doctor, day care provider, anyone in the child’s life.

How do you make a referral to ECI?

- Call the HHS Office of the Ombudsman at 877-787-8999.
- Visit hhs.texas.gov/eci to find an ECI program in your area.

Citations

3 Adapted from Juliann Woods, PhD, Florida State University and Robin McWilliam, PhD, Vanderbilt University
4 Paying Later – the High Cost of Failing to Invest in Young Children – PEW Center on the States Issue Brief, January 2011
4 Policy Perspectives: Early Childhood Investment Yields Big Payoff by Robert Lynch, Department of Economics, Washington College
4 Early Childhood Interventions: Benefits, Costs and Savings – Rand Corporation Research Brief
5 Advocating for Early Intervention in Tight Times – DC Action for Children, Alison Whyte, Policy specialist at The Arc of DC
Appendix C. Funding Sources for Texas ECI

Centers for Medicare & Medicaid Services (CMS)
- State Legislature Appropriations
  - Texas HHSC Early Childhood Intervention (ECI)
    - State General Revenue (GR Match, GR Certified, Respite)
      - IDEA Part C
    - TANF
    - IDEA Part B
    - Foundation School Funds (FSF)
  - IDEA Part B
  - Texas Education Agency (TEA)
    - IDEA Part B
    - Foundation School Funds (FSF)

Office of Special Education Programs (OSEP)
- IDEA Part C

Local Community Based Contracted ECI Providers
- Private Nonprofits, Community Centers, School Districts, Education Service Centers

Medicaid Managed Care
- Therapies
- Evaluations
- Nutrition
- Behavioral Health

Medicaid Admin. Claiming (MAC)
- TMHP
  - TCM
  - SST
  - Therapies for children with SSI

Third Party Payers
- CHIP
- Private Insurance
- TRICARE

Family Out of Pocket

Other Funding Sources
- City/County
- United Way
- Foundations
- In-Kind
- etc.
Funding Sources for Texas ECI

Centers for Medicare and Medicaid Services (CMS) provides funding to Texas Health and Human Services Commission (HHSC) Early Childhood Intervention (ECI).

Office of Special Education Programs (OSEP) provides Individuals with Disabilities Education Act (IDEA) Part C funding to ECI.

Texas State Legislature Appropriations provides funding to ECI.

Office of Special Education Programs (OSEP) provides IDEA Part B funding to Texas Education Agency (TEA).

TEA revenue sources include:

- IDEA Part B
- Foundation School Funds (FSF)

TEA provides funding to ECI.

ECI revenue is comprised of the following:

- State General Revenue (GR) — GR Match, GR Certified, Respite
- IDEA Part C
- Temporary Assistance for Needy Families (TANF)
- IDEA Part B
- Foundation School Funds

Texas ECI contracts with local community-based ECI providers such as private nonprofits, community centers, school districts, and education service centers.

Local community-based contracted ECI providers receive funding from the following:

- Texas Medicaid and Healthcare Partnership (TMHP)
  - Targeted Case Management (TCM)
  - Specialized Skills Training (SST)
  - Therapies for children with Supplemental Security Income (SSI)
- Medicaid Managed Care
  - Therapies
  - Evaluations
  - Nutrition
  - Behavioral Health
- Medicaid Administrative Claiming (MAC)
- Third Party Payers
  - Children's Health Insurance Program (CHIP)
- Private Insurance
- TRICARE
- Family Out-of-Pocket Payments
- Other Funding Sources
  - City/County
  - United Way
  - Foundations
  - In-Kind
  - Etcetera
Appendix D. Maximizing Funds in the Texas Early Childhood Intervention Program

**Health and Human Services Commission Contractual Funds**
- Individuals with Disabilities Education Act — Part C and Part B
- General Revenue funds specifically designated for Medicaid state match
- Temporary Assistance for Needy Families
- Foundation School Funds
- General Revenue

**Locally Collected Funds**
- Medicaid Administrative Claiming
- Medicaid for Specialized Skills Training and Targeted Case Management
- Local Fundraising/Foundations/United Way
- Family out-of-pocket Fees
- Local City and County
- Private Insurance

Local Collections have increased $18.6 million since 2013

**Texas Has Most Funding Sources**
Currently, Texas ECI accesses 17 funding sources to support its ECI program. This is the highest of all the states* in the country. The average among the states was six funding sources.
- 57.4% access private insurance.
- 36.1% have implemented family fees.
- Texas has been accessing both those sources since 2004.

Total ECI Program Budget

More than half of ECI contractors’ budgets are collected outside of the cost-reimbursement contract through third-party reimbursement for direct services. This structure incentivizes local collections and ensures compliance with federal law prohibiting the use of federal and state funds to satisfy a financial commitment for services that would otherwise be paid from other public or private sources.

Funding Fiscal Year 2019

$117,529,510 — Locally Collected Funds*
$90,486,295 — ECI Contract Funding

* includes Medicaid MCOs, TMHP, MAC, private insurance, family out-of-pocket, CHIP, TRICARE, donations, grants, in-kind

Appropriated Versus Actual Funding Per Child

The General Appropriations Act amount for fiscal year 2019 was $148.3 million and designated for 30,004 children. Actual children served was 32,894, so funding per child was lower than the appropriated amount.

$412.60
Fiscal year 2019 appropriated funding amount per child per month

$375.64
Fiscal year 2019 actual funding amount per child per month

A Decrease in Funding Per Child Based on Caseload Projections

If the General Appropriations Act amount remains constant, ECI providers will experience a decrease in the funding provided per child based on number of children served projections.*

Fiscal Year 2019 — $412.60
Fiscal Year 2020 — $433.49
Fiscal Year 2021 — $433.61
Fiscal Year 2022 — $406.22
Fiscal Year 2023 — $393.08

*Based on March 2020 HHS Forecasting caseload projections.
**Designated Funding**

Certain ECI funding sources, such as Temporary Assistance for Needy Families and Medicaid appropriations for targeted case management (TCM), must be used for specific purposes and populations. Depending on the case mix and needs of ECI families in a given fiscal year, it may not be possible for ECI to draw all available dollars for the services provided. In addition, due to federal maintenance of effort requirements, HHSC must ensure it uses the required amount of General Revenue dollars to maintain the state’s effort toward the program.

**Child A**

- Has private insurance
- Does not meet Temporary Assistance for Needy Families eligibility
- Needs Specialized Skills Training, Occupational Therapy, case management
- Is able to receive funds from general revenue.

**Child B**

- Has Medicaid
- Does meet Temporary Assistance for Needy Families eligibility
- Needs Specialized Skills Training, Occupational Therapy, case management
- Is able to receive funds from general revenue, Temporary Assistance for Needy Families and Targeted Case Management.

**Part C Funds as Payor of Last Resort**

Because IDEA Part C is required to be the payor of last resort, some Part C funds typically go unspent each year. However, these funds carry forward and can be spent in future years. In fact, ECI has been appropriated Part C funding above what has been provided in the annual grant and used carried-forward funds up to the appropriated amounts to support service delivery in recent years.

**Unexpended Funds**

Contractors who did not voucher the state for the full amount of their contract award typically have sufficient local collections to meet their expenditures due to serving high Medicaid populations.

**Fiscal Year 2018**

- 96.9% spent
- 3.1% contractual dollars unexpended
- $2.7 million of $87.7 million unspent

**Fiscal Year 2019**

- 96.7% spent
- 3.3% contractual dollars unexpended
- $3.0 million of $90.5 million