

# Early Childhood Intervention (ECI) Services and COVID-19

## Testimony to Governor's Committee on People with Disabilities

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Early Childhood Intervention (ECI) service providers work each day to ensure infants and toddlers with developmental delays or disabilities receive critical services, including therapies and other family supports. In addition to other important steps the state has taken, ECI programs deserve immediate, significant attention and investment. The following are specific recommendations for state leaders to ensure ECI programs can continue providing much-needed services to young children with developmental delays or disabilities during the COVID-19 pandemic.

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## Background

Early Childhood Intervention (ECI) is an effective federal-state program administered by HHSC which contracts with 42 community organizations in Texas to provide life-changing therapies in homes and child care settings. Prior to COVID-19, telehealth was new and not widely used by ECI contractors. In FY 2019 contractors served over 60,000 Texas children under age three with disabilities and developmental delays.<sup>1</sup> By serving children during the critical first three years of their lives, ECI has been highly effective in helping children learn to walk, communicate with their families, get ready to start school, or meet other goals. ECI reduces the academic, social, and behavioral challenges that a child faces when starting elementary school and reduces the need for special education.

## Recommendations

### **Make disaster and emergency recovery grant funding available through the Office of the Governor to ECI providers.**

ECI providers are in need of additional funding so they can access the e-signature technology and virtual tools needed to provide telehealth. According to a recent Q&A document from HHSC, ECI providers may be required to provide compensatory services to children after they turn three years of age if contractors were not able to provide services during the COVID-19 pandemic. Currently, it is unclear how ECI providers will be reimbursed for these services since Part C funding is allocated for services to children under three years of age. Disaster and

emergency funding could be used to cover these costs.<sup>2</sup> We ask that the Governor's office, HHSC, and TEA include ECI programs in all available funding opportunities, such as the Governor's Emergency Education Relief (GEER) Fund, authorized by the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

**Temporarily amend Medicaid and Children's Health Insurance Program (CHIP) policy to allow health providers to conduct Texas Health Steps visits via telemedicine and provide payment, at parity of an in-person service, for an emergency modified well-child visit for children older than 18 months of age, consistent with Texas Medical Board guidance.**

This is critical to ensure children with disabilities and delays are seeing their doctors, receiving appropriate development screening, and being referred to ECI as needed for further evaluation. Numerous ECI contractors have reported that referrals have significantly decreased, with one contractor reporting a 75 percent decrease in referrals. Families may "self-refer" and request an ECI evaluation for any child under three. Nonetheless, pediatricians are the main referral source to ECI services in Texas with 59 percent of referrals to ECI coming from medical and health service providers in FY 2019. Babies and toddlers with delays and disabilities cannot wait. By serving children during the critical first three years of their lives, ECI has been highly effective in helping children learn to walk, communicate with their families, get ready to start school, or meet other goals.

**Ensure Medicaid reimbursement is available for the full array of ECI services provided via telehealth. Specifically, we ask that Specialized Skills Training (SST) delivered via audio-only be reimbursed by Medicaid during the emergency.**

SST is an early intervention service that supports development across domains with an emphasis on strengthening cognitive skills, positive behaviors and social interactions. SST focuses on promoting parent or caregiver and child interactions within the context of everyday activities and routines in the home and community. ECI providers report that it is possible to successfully provide SST via audio-only technology, which is more widely available to families and contractors versus video conferencing technology.

**Create an exception to TAC - Rule §108.823 (Continuing Eligibility Criteria) to allow for temporary continuation of existing Individual Family Service Plans (IFSP) during the emergency.**

This will allow ECI providers to continue services to families already in the program, freeing up time for evaluating newly referred children.

## **Direct the Governor’s Office of State-Federal Relations to work with the federal Office of Special Education Programs (OSEP) to allow for alternative methods of parental consent for ECI services.**

Currently, federal law requires ECI contractors to get written consent from parents. Many programs lack e-signature technology and some families do not have the ability to sign documents electronically which are delaying access to services.

Currently, the network of ECI contractors is facing challenges providing uninterrupted services to children and families during this crisis due to state and federal regulations and limited funding. It is critical that Texas take steps to ensure stability and flexibility among ECI providers during and after the COVID-19 pandemic.

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Thank you for your time and continued efforts to keep Texans healthy and safe. Please do not hesitate to contact me with any questions.

## **Endnotes**

1. ECI Consumer Profile Fiscal Year 2019.

<https://hhs.texas.gov/doing-business-hhs/provider-portals/assistive-services-providers/early-childhood-intervention-eci-programs/eci-data-reports>

2. FY20-IA-071-REVISED-ECI\_COVID-19 Q and A from April 14, 2020.