

ECI Helps Toddlers with Disabilities — But Local Providers Are Being Asked to Do More with Less

Parents told us ECI changes children's lives.

In March 2026, Texans Care for Children interviewed 18 families across Texas about their experiences with Early Childhood Intervention (ECI). Texas delivers ECI through contracts with community organizations — such as Easter Seals, Any Baby Can, and Texana Center — to provide services to infants and toddlers with autism, Down syndrome, and other disabilities and developmental delays.

ECI specialists provide speech, physical, occupational, and nutrition therapy while coaching parents on ways to support their child's development during everyday activities. By reaching children during the first three years of life — a period of rapid brain development — early intervention provides support at an important stage, with some research finding benefits that extend into the school years.¹

Parents consistently described ECI as life-changing — not only because of the progress their children made, but because specialists gave families the confidence and tools to support their child's development every day.



“Every movement that my daughter can do – stretching her hands, moving her neck, picking up her leg – was because of our ECI specialist. But the biggest gift ECI gave us was teaching us how to work together as a family.”

- Joanna, the mother of two ECI participants, pictured here with their siblings

Texas requires ECI providers to serve every eligible child, but funding hasn't kept pace.

When ECI is underfunded, children and families feel the impact.

Over the last 15 years, the number of ECI providers serving Texas kids has fallen by roughly one-third, from 58 providers in 2010 to an all-time low of 39 today. In Spring 2026, Texans Care for Children surveyed all 39 ECI providers to better understand the challenges facing local programs; 31 providers responded. Over 90% of respondents said current per-child funding is insufficient to provide high-quality, comprehensive services.²

¹ Stingone, J.A., McVeigh, K.H., Lednyak, L. (2026). Early intervention developmental programming and childhood academic outcomes. *JAMA Network Open*, 9(2), e2555890. <https://doi.org/10.1001/jamanetworkopen.2025.55890>

² Texans Care for Children. (2026). *ECI Directors Survey*. <https://txchildren.org/wp-content/uploads/2026/10/ECI-Provider-Survey-Results-2026.pdf>

Providers are experiencing higher costs for recruiting and retaining therapists, employee salaries, travel across large service areas, office space, and other day-to-day operations. Nationwide inflation data confirm the challenge. \$100 in revenue today has the same purchasing power as \$72 a decade ago.³

Providers and families described many of the same consequences of underfunding, including:

- Longer waits for evaluations and services
- Less therapy time as caseloads grow
- Interruptions in care due to staff turnover

“It took us three months to start getting services.”

- ECI Parent

“[The lack of funding means ECI providers] lose people and make other staff take on more kids. Ultimately, kids are being seen for less hours.”

- ECI Provider

As costs rise, reimbursement has become unpredictable and often falls short.

ECI providers largely rely on funding from Medicaid, state appropriations, and federal funding. Other sources — private insurance, cost share paid by families, and local support — help fill remaining gaps. However, declining revenue from Medicaid, private insurance, and local and philanthropic support has left providers increasingly reliant on their state ECI funding, which is limited to predetermined contractual amounts.⁴

- Reimbursement has fallen as the **share of Texas ECI participants enrolled in Medicaid health insurance fell from 65% to 61% from 2024 to 2025**.⁵ One ECI program estimated that every one percentage-point decline in Medicaid enrollment results in approximately \$10,000 in lost reimbursement every month.
- **Medicaid reimbursement rates have not increased since 2011** for Specialized Skills Training (SST) and Targeted Case Management (TCM), two core ECI services. The result is a growing gap between what it costs to provide high-quality services and what providers are reimbursed.
- **State funding increases have largely supported caseload growth, not the rising cost of serving each eligible child.** In its latest budget request, HHSC notes that the General Appropriations Act targets \$441 per child per month. However, HHSC also acknowledges that providers and stakeholders have identified \$500-\$550 per child per month as necessary to sustain ECI services.⁶

The Legislature can invest to strengthen ECI for Texas children.

1. Fully fund HHSC’s Exceptional Item #8 for an additional \$5 million to keep pace with the increase in ECI enrollment over the FY 2028-2029 biennium.
2. Raise per-child funding for ECI to \$550 per child per month.
3. Raise Medicaid reimbursement rates for Specialized Skills Training and Targeted Case Management.

³ U.S. Bureau of Labor Statistics. CPI Inflation Calculator. Retrieved September 28, 2026, from https://www.bls.gov/data/inflation_calculator.htm

⁴ Texas Health and Human Services Commission. 2026. Legislative Appropriations Request for Fiscal Years 2028–2029.

⁵ Texas Health and Human Services Commission. 2026. *ECI Medicaid enrollment data* [Unpublished data]. Values represent the average monthly percentage of children served who were enrolled in Medicaid.

⁶ Texas Health and Human Services Commission. 2026. Legislative Appropriations Request for Fiscal Years 2028–2029.