



Cecile Young, Executive Commissioner

**Request for Information (RFI)
For**

**Early Childhood Intervention (ECI) Services
RFI No.: HHS0014461**

Date of Release: March 25, 2024

Responses Due: April 24, 2024, by 5:00 p.m. Central Time

Table of Contents

1.	Introduction.....	3
1.1.	PURPOSE	3
1.2.	BACKGROUND.....	3
2.	General Instructions and Response Requirements.....	5
2.1.	QUESTIONS	5
2.2.	GENERAL INFORMATION	9
2.3.	RESPONSE SUBMISSION, DATE, TIME AND LOCATION.....	9
2.4.	TEXAS PUBLIC INFORMATION ACT	10
2.5.	DISCLAIMERS.....	10

1. INTRODUCTION

1.1. OVERVIEW

The Texas Health and Human Services Commission (HHSC) is issuing this Request for Information (RFI) to seek input and information on potential requirements for a Request for Applications (RFA) that will be used to invite grant applications for the Early Childhood Intervention (ECI) program.

This is only an RFI. HHSC is NOT currently seeking grant applications. All responses will be individually reviewed and considered. HHSC will not address each respondent or individual perspective submitted in response to this RFI. However, HHSC ECI will provide an update to the ECI Advisory Committee to summarize the feedback in aggregate, including what factors HHSC considered in determining any revisions, and may share upcoming changes informed by the RFI. [ECI Advisory Committee](#) meetings are open to the public for in-person or virtual attendance, members of the public may provide comments orally or in-writing, and meeting recordings are archived.

1.2. PURPOSE

The purpose of this RFI is to gather information on the potential changes and revised requirements and contracting structure that a subrecipient would operate under to administer local ECI programs, with the goal of supporting high quality services to all Texas children with developmental delays and disabilities. HHSC will take responses under advisement as it develops future RFAs used to invite grant applications for the ECI programs.

1.3. BACKGROUND

HHSC was established pursuant to Chapter 531, Texas Government Code, and is responsible for oversight of the Texas Health and Human Services agencies. HHSC is the state agency charged with implementing the Individuals with Disabilities Education Act (IDEA) - Part C program, which is the federal Program for Infants and Toddlers with Disabilities. Rules governing the State of Texas Early Childhood Intervention (ECI) program are located in Federal Regulation 34 CFR Part 303 - Early Intervention Program for Infants & Toddlers with Disabilities, [Texas Human Resources Code Chapter 73, and Title 26, Part 1, Chapter 350](#) of the Texas Administrative Code (TAC).

ECI is a statewide program for families with children from birth to 36 months of age who have developmental delays, disabilities, or certain medical diagnoses that may impact development. ECI supports families to help their children reach their potential through developmental services. ECI services are planned and provided using a family-centered interdisciplinary-team approach that includes coordination with pediatricians and other care professionals, caretaker and family member involvement, and coaching to integrate

intervention in daily routines in settings where children typically live, learn, and play. Homes, childcare facilities, grocery stores, parks, and restaurants that have on-site play equipment are some examples of where children may incorporate interventions in their daily routines.

A variety of local agencies and organizations across Texas provide services as subrecipients of HHSC. Currently, 40 organizations have cost-reimbursement grant agreements with HHSC, and collectively their designated service areas cover all 254 Texas counties. Staff from ECI programs may include early intervention specialists, nurses, psychologists, dietitians, paraprofessionals, teachers, social workers, as well as physical, occupational, speech, and language therapists. Families and professionals work as a team to plan and implement appropriate services based on the unique needs of the child and family.

The ECI program is funded through state and federal funds, which provide for evaluations and assessments to determine eligibility and need for services. ECI subrecipients must also bill public and private insurance for services provided in accordance with Chapter 350 to Title 26 of the Texas Administrative Code. In addition, ECI requires families who can afford to do so to share in the cost of services so that the ECI program may provide services to the largest number of children and families as possible. The amount a family pays for ECI services is determined using a sliding fee scale and is based on family size and income after allowable deductions.

Federal regulations require that HHSC maintain statewide coverage to provide comprehensive ECI services, with no waiting lists or service caps. Federal IDEA Part C funding for the program is capped and has not increased at the same rate as population and caseload growth. The Texas Legislature appropriates funding to HHSC, which in turn funds ECI subrecipients, based on a target number of children projected to be served each month. ECI subrecipients are required to offer the full array of services, as appropriate based on the child's and family's needs, to every eligible child, even if the number of children determined eligible exceeds the target number of children in the grant agreement. Additionally, due to method of finance constraints, in some years ECI is not able to access the full appropriated amount. Together, these factors have at times had the effect of reducing the actual funding per child below the General Appropriations Act (GAA) target amount. The 86th Legislature reversed a more than eight-year decline in the target funding amount per child, increasing the target to approximately \$433 per child in fiscal year 2020. As post-COVID demand outpaced projections, the gap between actual funding per child and the GAA target widened. The 88th Legislature increased funding to support ECI in maintaining service levels with increased caseloads and adjusted the method of finance to support HHSC ECI in maximizing the appropriation. While caseload growth began to stabilize in fiscal year 2023, the average number of service hours delivered per child per month has remained below legislative targets.

HHSC strives to ensure that all eligible children up to 36 months of age and their families receive the quality early intervention services, resources, and support needed to reach their developmental goals. These services are provided in partnership with families within

community contexts and are designed to promote measurable changes in the trajectory of the child's development. Subrecipients are expected to implement all IDEA Part C federal and state requirements, including having the capacity to provide the full array of IDEA services, as appropriate based on the child's and family's needs, for all eligible children in its entire contracted geographic area, with no waiting lists or service caps.

2. GENERAL INSTRUCTIONS AND RESPONSE REQUIREMENTS

2.1. QUESTIONS

Respondents who are interested in providing feedback to this RFI are encouraged to provide detailed information on, and specific responses to, each of the following inquiries. Respondents may choose to respond to one or more questions in their responses. Respondents are not required to respond to all of the questions.

Funding:

HHSC seeks input regarding potential changes in how appropriated ECI funding is allocated among contracted subrecipients. Historically, the amount of appropriated funding allocated to each ECI subrecipient has been initially determined following an RFA. Previous selection criteria for the award of grant funds have included best value criteria related to the proposed ECI budget. HHSC would then negotiate a budget amount with each subrecipient. Using the contract executed between HHSC and a subrecipient, the total budget divided by the target number of children equates to a "funding per child" amount associated with each subrecipient providing ECI services. Throughout the grant agreement lifecycle, the funding per child amount has fluctuated based on ECI's legislative appropriation and caseload projections. However, the funding per child amount has been the basis of any subrecipient's annual budget for the duration of the grant agreement. While the state appropriation outlines the total available ECI funding each year, HHSC is interested in considering alternative methods for determining funding per child for each subrecipient in a given year.

1. HHSC generally executes grant agreements that expire five years after execution. The basis of per child funding does not change, but each year's funding is designed to follow the caseload; and the total amount allocated is determined by the total statewide appropriation. What are some ways HHSC could address disparate changes in the cost of living or other service-delivery costs in different areas of Texas during the grant agreement service period?
2. For current ECI subrecipients, please describe any changes in operational costs the Respondent has encountered since 2021. Include any unique constraints associated with the area of the state or the caseload served by the Respondent, including examples that directly impact the costs to provide services, maintain a qualified workforce, or generally administer ECI program requirements.
3. In the past, HHSC has reserved a portion of annual funding to provide midyear adjustments in the event a subrecipient has a higher than anticipated average monthly

enrollment. In recent years, HHSC has discontinued this practice and awarded all annual funding at the beginning of the fiscal year; then, three quarters into the year HHSC approaches subrecipients with anticipated lapse and asks for them to return the projected lapsed funds to be allocated as midyear adjustments. Which of these approaches is preferable to Respondent's organization and why? Please share other considerations and any recommendations for how HHSC can help minimize lapsed funds and mitigate financial risks for subrecipients who are serving more than their targeted enrollment.

4. Currently, the basis of funding per child varies among ECI subrecipients, based in part on negotiations at initial contract execution. HHSC is considering whether funding per child should be based on a standardized formula, using criteria such as the size or population density of the service area. If HHSC were to use a standardized approach for determining cost per child, what criteria should HHSC use in the methodology? Of the criteria recommended, which ones should carry the most weight? What variation should remain in per-child funding levels across ECI subrecipients (i.e., should there be a difference in the per-child funding level between two subrecipients serving comparable areas)?
5. For current ECI subrecipients, what is the Respondent organization's cost per child, considering what is spent across all funding sources to serve the ECI caseload? Please include the methodology used to calculate cost per child.
6. For current ECI subrecipients, how has the cost per child changed over the term of the grant agreement? Please include information on what is driving the changes.
7. ECI subrecipients must have the capacity to provide the full array of IDEA services as appropriate based on the child's and family's needs to all eligible children, regardless of funding levels. As such, when ECI subrecipients exhaust funding in the grant agreement, they must contribute funding from within their organization (i.e., "agency funds") and/or funding received from local governments, other grants, or philanthropy (i.e., "local funds"). To support transparency and local budget planning at the start of each year, HHSC is considering including a baseline expectation for agency funding, such as a matching funds requirement that comes from local sources (not including third-party billing). HHSC seeks information on whether a base amount of agency or local funds should be required from ECI subrecipients. For current ECI subrecipients, how might this requirement be received by Respondent's organization? What impact might this have on fundraising efforts?
8. For current ECI subrecipients, how much of the organization's general revenue or philanthropic, city, county, or other funding did Respondent's organization utilize to support ECI in each of the last three fiscal years? Please exclude any funds received from the HHSC cost reimbursement grant agreement, family fees, or third-party billing (public and private insurance reimbursement). Please provide a breakdown of the organization's funds by year and the category of each funding stream, such as

philanthropic grants, county funds, city funds, individual donors, etc. for fiscal years 2021, 2022, and 2023.

9. Currently, ECI subrecipients do not have a cap on the percentage of non-direct costs for building space, administrative costs, etc. To ensure the appropriate percent of the budget is allocated to direct services, should HHSC place a cap on non-direct costs as a proportion of the subrecipient's overall ECI budget in the next RFA? If so, what percentage would be an appropriate cap? Should there be any variation in the caps for subrecipients, based, for example, on the geography of the service area or the number of children expected to be served?
10. Currently, as allowed per the ECI grant agreement, if additional funding is available beyond the legislative appropriation, HHSC generally disperses it to subrecipients exceeding enrollment targets and meeting or exceeding targets for the average services hours provided per child. In the future, if additional funding is available, what factors should HHSC consider when determining allocations (e.g., timeliness of services, average service hours per child, child outcomes)?
11. HHSC is considering how to best support subrecipients who exceed performance targets and achieve strong outcomes in the next RFA. What, if any, portion of overall ECI grant agreement funds should be based on performance, and what performance targets should be considered or prioritized for additional funding? Are there other recommendations on how HHSC could further support or incentivize high performance?

Performance Metrics and Tracking:

12. The target measure provided in the GAA is based on the average number of children served in a month but does not exclude the use of other methodologies that ultimately provide the data requested. Currently, HHSC uses a formula to convert the state target from served to enrolled before setting contract enrollment targets for each subrecipient and the ECI program performance metric is based on monthly average enrollment from point-of-time data collection. While the enrollment number captures all children enrolled on the last day of the month, the number served includes all children enrolled and served at any point during the month. When developing the next RFA, should ECI set contract targets and allocate funding based on the average number of children served in a month, or continue to use the number of children enrolled? What benefits or concerns are there to making this change?
13. Currently, ECI subrecipients have the flexibility to decide how to accept referrals, with some using secure web portals, email, phone, and/or fax. For the next RFA, HHSC is considering whether to require consistency in how ECI subrecipients accept referrals, including whether a statewide electronic referral system would be feasible for subrecipients to incorporate. What benefits or concerns should HHSC consider in making this determination?

14. While most ECI subrecipients utilize Electronic Health Records (EHR), some maintain paper files. At times the lack of an EHR has presented challenges with accurate recordkeeping and has been a barrier when service areas may transfer from one ECI subrecipient to another. HHSC is considering adding a clause to the ECI grant agreement that would require all ECI subrecipients to utilize an EHR. Are there barriers or concerns to making this change, and if so, what would help facilitate the transition?
15. When HHSC ECI completed its last RFA, it did not result in adding any new organizations as subrecipients delivering ECI services. What could HHSC do to help support and invite new applicants?
16. There are several ECI subrecipient Independent School Districts (ISDs) and Education Service Centers (ESCs). Because ECI has such a clear tie to educational outcomes and many children transition to school-based services when they graduate from ECI, HHSC is interested in enhancing the partnership with local education agencies (LEAs) to deliver ECI services. What could HHSC do to help support and encourage the interest of LEAs in the provision of ECI services? For an LEA that is currently providing ECI services, what are some the strengths and challenges have been experienced in the community?
17. Given this clear tie to educational outcomes and many children transition to school-based services when they graduate from ECI, HHSC is interested in enhancing the partnership with local schools. What challenges does the Respondent face, or may face, in working with schools in the Respondent's area? What are some strengths t when working with these schools to help children transition?

Relationships and Support:

18. In the ECI grant agreement, licensed and credentialed ECI service providers, as well as ECI service coordinators, are required to complete a specified amount of continuing education in their areas of specialization, usually either annually or every two years. For most of these providers, this includes periodic trainings on professional ethics and topics relevant to service delivery. For example, Early Intervention Specialists (EISes) must complete at least 20 hours of continuing education, along with 3 hours of ethics, every two years. Currently, ECI program directors are not required to obtain continuing education units, unless required by their licensure or other certifications. What are the benefits of requiring ECI program directors to complete ongoing professional development activities? What might be the benefits or negative consequences of requiring continuing education for ECI program directors? If continuing education were to be required for ECI program directors, what amount would be reasonable, and what topics should be included?
19. HHSC is considering adding a requirement for leadership training for ECI program directors in the next RFA. How would this impact recruitment and retention, both for

program directors and for other ECI personnel? If so, what amount and type of leadership training would be beneficial?

2.2. GENERAL INFORMATION

This RFI is issued to obtain information for consideration by HHSC. All interested parties are encouraged to respond to this RFI.

This RFI does not constitute an invitation to submit grant applications, a commitment to conduct a Request for Applications, or an offer of a contract or prospective contract. HHSC will not award a contract as a direct result of this RFI. HHSC is not liable for any costs incurred by Respondents in the preparation and submission of information in response to this RFI.

All information received by HHSC becomes the property of HHSC and will not be returned to the sender. There will be no acknowledgement by HHSC of receipt of the information. Acceptance of responses to this RFI places no obligations of any kind upon HHSC.

2.3. RESPONSE SUBMISSION DATE, TIME, AND LOCATION

2.3.1. Instructions

Respondents may submit questions regarding the RFI until 5:00 PM Central Time on April 9, 2024. Questions may be submitted via email to Michelle Boyd – PCS Buyer at Michelle.Boyd@hhs.texas.gov.

It is not the intent of HHSC to provide a question-and-answer period. However, if HHSC receives questions about the RFI, a question and answer document will be made available no later than April 15, 2024, on HHSC's website at the following link: [Grants Request for Applications \(RFA\) | Offices and Services \(texas.gov\)](#).

2.3.2. Submission Deadline

All responses must be submitted to Michelle Boyd – PCS Buyer at Michelle.Boyd@hhs.texas.gov before 5:00 PM, Central Time, on April 24, 2024. Respondents are solely responsible for ensuring timely receipt of their responses on or before the deadline. Responses received after this time and date may not be considered.

2.3.3. Response Format

The response should be organized such that Respondent's answers are numbered to correspond to the applicable RFI question. For any questions that Respondent does not wish to provide a response, please indicate "N/A" for that question.

All responses must be:

1. Clearly legible.
2. Sequentially page-numbered and include Respondent's name at the top of each page;

3. Correctly identified with the RFI number and RFI title in either the footer or header of each page;
4. Submitted by Respondent via e-mail;
5. In word or searchable pdf format;
6. Submitted without any portion of the submission containing a copyright or marking of “confidential” or “proprietary”; and
7. Signed by Respondent’s authorized representative.

Respondent should submit supporting material, if any, as attachments along with its RFI response.

2.4. TEXAS PUBLIC INFORMATION ACT

Copyrighted responses or responses marked “Confidential” or “Proprietary” are not acceptable and will be rejected as non-responsive.

Respondent acknowledges that HHSC is obligated to strictly comply with the Texas Public Information Act, Texas Government Code Chapter 552, in responding to any request for public information pertaining to this RFI, as well as any other disclosure of information required by applicable Texas law.

HHSC will process any request for information from a member of the public in accordance with the procedures outlined in the Texas Public Information Act. Respondents should consult the Texas Attorney General’s website at www.texasattorneygeneral.gov for information concerning the Act’s application to responses to this RFI.

2.5. DISCLAIMERS

Any information received from respondents to the RFI in any form may be used by HHSC without restriction for any purpose determined by HHSC.

By issuing this RFI and receiving responses, HHSC does not commit to issue a future RFA regarding the subject matter of this RFI.

Responding to this RFI is not a condition for eligibility to respond to any future RFA, and responses to this RFI will not have any bearing, positive or negative, on the evaluation and respondent selection in response to any future RFA.

HHSC may, at its sole discretion, withdraw or cancel this RFI at any time.