

Early Childhood Intervention (ECI) Contractors & Medicaid Managed Care Organizations (MMCO) Frequently Asked Questions

Question 1: Aren't all Medicaid-enrolled children under age 3 enrolled in ECI?

Answer 1: No. Children must have a need and be eligible for ECI services. Eligibility is determined by an entity that has a contract with the State of Texas for the provision of ECI services. In addition, the parent(s) has the right to refuse all or some of the ECI services offered. A child is not considered enrolled in ECI until the parent signs the Individualized Family Service Plan (IFSP) Services Pages. To learn more about eligibility for ECI services go to: hhs.texas.gov/services/disability/early-childhood-intervention-services/eci-services-and-eligibility. To learn more about ECI contractors, please see Question 4.

Question 2: What is the Individualized Family Service Plan (IFSP)?

Answer 2: The IFSP is a written plan of care for providing ECI services and other medical, health, and social services to the child and the child's family. The IFSP Services Pages identify the discipline (scope), frequency (amount), intensity (duration), location, and method (individual or group) of the services necessary to enhance the child's development. The IFSP Services Pages template is available at: hhs.texas.gov/laws-regulations/forms/dars/dars4006-ifsp-services-pages.

Question 3: What are ECI services?

Answer 3: The full array of ECI services is in 34 CFR [§301.13](#). The ECI services included in the Medicaid managed care capitation are:

- Counseling
- Nutrition services
- Occupational therapy (OT)
- Physical therapy (PT)
- Psychological services
- Speech therapy (ST)

Question 4: Who provides ECI services?

Answer 4: The Texas Health and Human Services Commission (HHSC) contracts with 25 community centers, 2 school districts, 5 educational service centers, 14 private non-profit rehabilitation clinics, and an academic medical center, to provide ECI services. To locate ECI contractors go to: citysearch.hhsc.state.tx.us.

Question 5: Is the ECI contractor required to provide all of the services on the IFSP?

Answer 5: The IFSP must reflect all of the needs of the child and family and the services planned to address those needs (See [34 CFR §303.344\(e\)](#), [40 TAC §108.1004\(d\)](#)). There are, however, a number of reasons the family may not be receiving all of the needed services from the ECI contractor. For example, the parent may already have a relationship with a physical therapist but wants to receive the remaining IFSP services (e.g., OT, ST, specialized skills training) from the ECI contractor. In this circumstance the PT would be designated as "Parent Choice" on the IFSP. Another example would be the child needing a specific swallowing treatment, and the ECI contractor's therapist does not have the clinical expertise for that specific treatment. In this circumstance the therapy service would be designated as either "Program Arranged" or "Not Part C" on the IFSP.

Question 6: Can a child receive OT, PT, or ST from an ECI contractor and a non-ECI service provider?

Answer 6: Yes. A child can receive OT, PT, or ST services above and beyond what is authorized by ECI on the IFSP. If the parent wants more services than what the IFSP requires, then the family needs to talk to the child's primary care provider (PCP) and get a referral for the additional services. Then the non-ECI service provider can pursue prior authorization for the services as required by the MMCO. The authorization requirements and processes vary among MMCOs. NOTE: If a child has Medicaid, the child is entitled to receive all medically necessary services. [Section 1905\(r\)\(5\)](#) of the Social Security Act requires that a Medicaid recipient under age 21 have access to the Medicaid health care services for which she/he has medical need. The IFSP Services Pages is the authorizing document for services provided by the ECI contractor.

Question 7: How does an MMCO find out what services are currently being provided to the child by the ECI contractor?

Answer 7: The MMCO must obtain written consent from the parent to obtain the child's IFSP Services Pages from the ECI contractor currently serving the child because the Family Educational Rights and Privacy Act (FERPA) requires third party payers, including MMCOs, to obtain written consent from the parent to have access to a child's IFSP. Find more information about the release of personally identifiable information to third party payers here: <http://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf>. MMCOs and ECI contractors are encouraged to collaborate on establishing processes for obtaining parental consents for routine contacts such as submitting the IFSP Services Pages.

Question 8: Who is responsible for ensuring the child's access to services under the child's Medicaid entitlement and ECI entitlement?

Answer 8: Federal regulations require health care providers (e.g., hospitals, physicians, clinics), schools, and social service providers (e.g., homeless shelters) to refer potentially eligible children to ECI within seven days of identification ([34 CFR §303.303](#)). The state's ECI contractors are responsible for determining the child's eligibility for ECI services. In situations in which there is a recommendation or request for services (e.g., OT, PT, ST) in addition to the services provided by an ECI contractor, the request must be reviewed and approved by the MMCO. The authorization requirements and processes vary among MMCOs.

Question 9: If a pediatrician is concerned that the ECI contractor is not providing enough OT, PT, or ST, what should the pediatrician do?

Answer 9: The state recommends getting the parent's consent to obtain the child's current IFSP Services Pages and IFSP Child and Family Outcomes (that pertain only to the beneficiary) and contacting the child's ECI service coordinator. Once the pediatrician reviews the information, the pediatrician's order or referral for additional therapy services should acknowledge the ECI services being provided and explain how the additional therapy services will complement or enhance the current ECI services.

Question 10: How do the MMCOs determine if the additional services are complementary and not duplicative?

Answer 10: The MMCO must obtain written consent from the parent to obtain the child's IFSP Services Pages from the ECI contractor that is serving the child. The state recommends also requesting the IFSP Child and Family Outcomes (that are specific to the beneficiary) to review the child's current service goals. A service goal example is: When another child joins Blake at the Lego table, he will continue playing at the table for two minutes. He will do this at least twice a week for one month.

To see more information about the release of personally identifiable information to third party payers, please go to this link:

<http://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf>.

Question 11: When does the ECI contractor have to get the child's IFSP to the MMCO, PCP, and referring provider?

Answer 11: There is no requirement for the ECI contractor to provide the IFSP to the MMCO, PCP, or referring provider. ECI records are educational records and protected under FERPA. Each legally distinct entity must obtain written consent from the parent to obtain or release the child's educational record. The child's ECI service coordinator should be able to assist in obtaining the necessary consent. Similarly, MMCOs, providers, and ECI contractors are encouraged to collaborate on establishing processes for routine contacts such as submitting the IFSP Services Pages and progress updates to the PCPs. For more information about the release of information to third party payers go to:

<http://www2.ed.gov/policy/gen/guid/fpco/doc/ferpa-hipaa-guidance.pdf>.

Question 12: Are there ways to aid communication and coordination between the MMCO and ECI contractor regarding the child's needs and services?

Answer 12: Recommendations include:

- As soon as possible, obtain parental consents to allow the ECI and MMCO staff to contact each other regarding the child's service needs. With this consent, the IFSP should be incorporated into the child's MMCO service plan.
- Identify within the MMCO and ECI structures the appropriate point of contact for client care issues and the appropriate point of contact for reimbursement issues.
- Maintain routine meetings between MMCO and ECI staff to discuss any issues and to ensure coordination between ECI and the MMCO.

- Have ECI personnel routinely speak at MMCO events with physicians and case managers.
- Have the MMCO designate a representative to serve on the ECI local advisory committee.

Question 13: The entities that contract with the state to provide ECI services also provide other Medicaid covered services to children who are not enrolled in ECI and adults. If the entities that have ECI contracts are submitting Medicaid claims for ECI services as well as non-ECI services, how does the MMCO know which claims are for ECI services?

Answer 13: There are a variety of ways to accomplish this task. The state recommends including Benefit Code EC1 on ECI services claims as described in the Texas Medicaid Provider Procedures Manual (TMPPM), Volume 1, [Section 6.3.6](#).

Question 14: Where can I go to get a more detailed understanding of how ECI and Medicaid managed care can work together?

Answer 14: HHSC completed a webinar series to provide information to ECI contractor personnel and Medicaid managed care personnel to assist both parties with collaboration. There are four webinars: (1) Overview of Texas Medicaid Managed Care (2) Overview of Texas Early Childhood Intervention (3) Providing ECI Services through Medicaid Managed Care, and (4) Managing Care with ECI Contractors. The webinars are posted on the ECI training website:

http://reg.abcsignup.com/reg/reg_webpage.aspx?wk=0059-0006-9CCA1A97297C429F85F3AA8043C74C63#mco.