



Alliance for the Betterment of  
Citizens with Disabilities

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**Empowering People: Providers Shaping Policies**

**Comments Regarding the Centralized Early Intervention Referral System Request for Application**

We commend the Department of Health (DOH) for “challenging the norm” and moving towards a redesign of a system that has existed for many years. Regrettably, our review of the RFA has led to numerous questions from our members and fears about the consequences of dramatic changes to the front-end of the service system and the potential domino effect on the remaining portions of a sensitive service delivery model.

1. The RFA offered no information as to the staffing expectations for the project. To the public, the funding grants are included in the REIC total funding budgets and only made available through the Open Public Records Act which can take numerous weeks to receive. If the REIC’s are eligible to apply, why would they willingly provide this information to prospective candidates? Without some knowledge of the budgets (salaries, benefits, etc.), how does one construct a possible budget and determine whether adequate resources have been made available by the Department of Health (DOH)?
2. No data was provided to suggest that the existing SPOE Units were not performing their role or meeting the expectations of the Department. We would welcome the opportunity to see the DOH analysis and better understand their need to change this part of the system. We recommend that DOH offer financial support to the four SPOE Units to meet DOH’s goals instead of completely changing the entire front-end of the service system and risk referral failure.
3. The RFA requires the new SPOE Unit to absorb the Family Cost Participation (FCP) responsibilities that are currently being managed by Ongoing Service Coordination (OSC). Again, no data was provided to suggest the amount of time and resources that would be necessary to construct a new unit. We believe it would be less disruptive if the FCP responsibilities remain with OSC knowing that the Department is reviewing the possibility of eliminating FCP altogether in the future.
4. The timelines noted in the RFA are grossly underestimated to meet the specified objectives. We are particularly concerned with the lack of time and corresponding resources to develop, test and implement a successful digital platform. The expense alone could equal as much as \$300K. We recommend that the digital platform to be solicited via a separate RFA that is targeted towards an IT company and have the clinical services remain with the existing REIC’s.

Many of the above issues would have surfaced if the Department had held a “technical assistance” session with the potential applicants as part of the RFA protocol. Not having that opportunity, we unfortunately find ourselves in the position of suggesting that DOH reconsider the RFA and have public comments, a thorough review of the data suggesting the systems change, and any realignment with the NIEER study to support any changes moving forward.

We support DOH’s efforts and remain available to proceed in this technical course of action as a partner in this process.

January 23, 2025