

How Do We Measure State Variation and Generosity in Adopting/Implementing Policies and Strategies?

Benefits and services vary considerably across states and effective solutions are not implemented similarly across all states, leaving children and families across the US with a patchwork of benefits and unequal outcomes. In addition to describing the adoption and implementation progress of each policy and strategy, the Prenatal-to-3 State Policy Roadmap provides additional information on the variation across states in the generosity of the benefit levels associated with each policy and strategy. Generosity and the percentage of eligible families served vary considerably, such that families with similar needs may receive substantially different services based on where they live.

Expanded Income Eligibility for Health Insurance

The percentage of adults with health insurance coverage through Medicaid varies substantially across states. States typically establish eligibility guidelines at different income levels based on whether an individual is a childless adult, pregnant, or parenting, as well as on the size of the individual’s household. Raising the maximum income to qualify for Medicaid increases the number of individuals eligible for coverage. These income eligibility guidelines vary not only from group to group but from state to state as well. Additionally, access to health insurance allows women of childbearing age to seek affordable medical care prior to becoming pregnant, and to begin prenatal care earlier once they become pregnant. In each state, the percentage of low-income women who lack health insurance indicates the proportion of women in that state who could be served by expanding eligibility and access to Medicaid.

State Variability and Generosity: Medicaid Income Eligibility and Health Insurance Coverage

Measure	Data Source	Data Vintage
1. Medicaid income eligibility limits for <u>childless adults</u> as a percentage of the federal poverty level	Kaiser Family Foundation (KFF)	As of January 1, 2020
2. Medicaid income eligibility for <u>parents</u> (in a family of three) as a percentage of the federal poverty level.	Kaiser Family Foundation (KFF)	As of January 1, 2020
3. Medicaid income eligibility limits for <u>pregnant women</u> as a percentage of the federal poverty level	Kaiser Family Foundation (KFF)	As of January 1, 2020
4. Medicaid income eligibility limits for <u>children</u> (ages 0 to 5) as a percentage of the federal poverty level	Kaiser Family Foundation (KFF)	As of January 1, 2020
5. State has adopted 12-month continuous eligibility for children’s Medicaid	Kaiser Family Foundation (KFF)	As of January 1, 2020
6. Percentage of low-income adult women	2018 American Community Survey	2018

of childbearing age who report they do not have any health insurance coverage	(ACS) 1-Year Public Use Microdata Sample (PUMS)	
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Measure 1: Medicaid income eligibility for childless adults as a percentage of the federal poverty level

Definition: The state's income eligibility limit as a percent of the FPL for a childless adult to receive coverage through Medicaid.

Source: Kaiser Family Foundation. (n.d.). *Medicaid and CHIP*. Retrieved on April 7, 2020, from <https://www.kff.org/state-category/medicaid-chip/medicaidchip-eligibility-limits/>

Notes:

1. Eligibility limits for other adults are presented as a percentage of the 2019 FPL for an individual, which is \$12,760.
2. Alaska, the dollar threshold is generally updated every January 1 based on the CPI-U plus an adjustment for annual dividend payments to Alaska residents. However, due to a calculation error in 2015, Alaska income limits have been frozen until the error has been offset by CPI-U adjustments in the interim.
3. Idaho and Utah implemented the Affordable Care Act Medicaid expansion for adults effective January 2020.
4. Indiana uses a state-specific income disregard that is equal to five percent of the highest income eligibility threshold for the group.
5. Massachusetts provides subsidies for Marketplace coverage for parents and childless adults with incomes up to 300% through its Connector Care program.
6. Minnesota and New York have implemented Basic Health Programs (BHPs) established by the Affordable Care Act (ACA) for adults with incomes between 138%-200% FPL.
7. In Oklahoma, individuals without a qualifying employer with incomes up to 100% FPL are eligible for more limited subsidized insurance through the Insure Oklahoma Section 1115 waiver program. Individuals working for certain qualified employers with incomes at or below 222% FPL are eligible for premium assistance for employer-sponsored insurance.
8. Vermont also provides a 1.5% reduction in the federal applicable percentage of the share of premium costs for individuals who qualify for advance premium tax credits to purchase Marketplace coverage with income up to 300% FPL.
9. Wisconsin covers adults up to 100% FPL in Medicaid but did not adopt the ACA Medicaid expansion.

Measure 2: Medicaid income eligibility for parents (in a family of three) as a percentage of the federal poverty level

Definition: The state's income eligibility limit for parents (in a family of three) as a percent of the FPL to receive coverage through Medicaid or CHIP.

Source: Kaiser Family Foundation. (n.d.). *Medicaid and CHIP*. Retrieved on April 7, 2020, from <https://www.kff.org/state-category/medicaid-chip/medicaidchip-eligibility-limits/>

Notes:

1. Eligibility limits for other adults are presented as a percentage of the 2019 FPL for a family of three, which is \$21,720.
2. Alaska, the dollar threshold is generally updated every January 1 based on the CPI-U plus an adjustment for annual dividend payments to Alaska residents. However, due to a

- calculation error in 2015, Alaska income limits have been frozen until the error has been offset by CPI-U adjustments in the interim.
3. Connecticut increased parent eligibility from 155% FPL to 160% FPL effective October 2019.
 4. Idaho and Utah implemented the Affordable Care Act Medicaid expansion for adults effective January 2020.
 5. In Illinois, traditional 1931 Medicaid coverage is based on a dollar threshold tied to TANF levels. Parents are also covered up to 133% FPL based on prior waiver eligibility and are not considered Section VIII expansion adults. In Illinois, the dollar threshold eligibility level for 1931 parents is linked to TANF levels, which increased in 2019.
 6. Indiana uses a state-specific income disregard that is equal to five percent of the highest income eligibility threshold for the group.
 7. Massachusetts provides subsidies for Marketplace coverage for parents and childless adults with incomes up to 300% through its Connector Care program. The state's Section 1115 waiver also authorizes MassHealth coverage for HIV-positive individuals with incomes up to 200% FPL, uninsured individuals with breast or cervical cancer with incomes up to 250% FPL, and individuals who work for a small employer and purchase employer-sponsored insurance (ESI) with incomes up to 300% FPL, as well as coverage through MassHealth CommonHealth for adults with disabilities with no income limit, provided that they have either met a one-time deductible or are working disabled adults.
 8. Minnesota and New York have implemented Basic Health Programs (BHPs) established by the Affordable Care Act (ACA) for adults with incomes between 138%-200% FPL.
 9. In Oklahoma, individuals without a qualifying employer with incomes up to 100% FPL are eligible for more limited subsidized insurance through the Insure Oklahoma Section 1115 waiver program. Individuals working for certain qualified employers with incomes at or below 222% FPL are eligible for premium assistance for employer-sponsored insurance.
 10. In Texas, the income limit for parents and other caretaker relatives is based on monthly dollar amounts which differ depending on family size and whether there are one or two parents in the family. The eligibility level shown is for a single parent household and a family size of three.
 11. Vermont also provides a 1.5% reduction in the federal applicable percentage of the share of premium costs for individuals who qualify for advance premium tax credits to purchase Marketplace coverage with income up to 300% FPL.
 12. In Virginia, eligibility levels for 1931 parents vary by region. The value shown is the eligibility level for Region 2, the most populous region.
 13. Wisconsin covers adults up to 100% FPL in Medicaid but did not adopt the ACA Medicaid expansion.

Measure 3: Medicaid income eligibility for pregnant women as a percentage of the federal poverty level

Definition: The income eligibility limit, as a percentage of the federal poverty level, for a pregnant woman to receive Medicaid coverage in this state.

Source: Kaiser Family Foundation. (n.d.). *Medicaid and CHIP*. Retrieved on April 7, 2020, from <https://www.kff.org/state-category/medicaid-chip/medicaidchip-eligibility-limits/>

Notes:

1. Income limits reflect Modified Adjusted Gross Income (MAGI)-converted income standards and include a disregard equal to five percentage points of the federal poverty level (FPL)

applied at the highest income level for Medicaid and separate CHIP coverage. Eligibility levels are reported as percentage of the FPL. The 2019 FPL for a family of three was \$21,330.

2. Arkansas provides the full Medicaid benefits to pregnant women with incomes up to levels established for the old Aid to Families with Dependent Children (AFDC) program, which is \$220 per month. Above those levels, more limited pregnancy-related benefits are provided to pregnant women covered under Medicaid and the unborn child option in CHIP with incomes up to 209% FPL.
3. District of Columbia, Massachusetts, New Jersey, New York, Oregon, and Washington provide some services not covered through emergency Medicaid for some income-eligible pregnant women or women in the post-partum period who are not otherwise eligible due to immigration status using state-only funds.
4. Indiana uses a state-specific income disregard that is equal to five percent of the highest income eligibility threshold for the group.
5. Michigan also provides coverage to pregnant women with incomes over 400% FPL affected by the Flint water crisis.
6. North Carolina provides full Medicaid benefits to pregnant women with incomes up to roughly 43% FPL. Above that level, more limited pregnancy-related benefits are provided to pregnant women covered under Medicaid.
7. Oklahoma offers a premium assistance program to pregnant women with incomes up to 205% FPL who have access to employer sponsored insurance through its Insure Oklahoma program.
8. South Carolina began using federal funds to cover lawfully residing immigrant pregnant women without the five-year wait in Medicaid as of January 1, 2018.
9. South Dakota provides full Medicaid benefits to pregnant women with incomes up to \$591 per month (for a family of three). Above that level, more limited pregnancy-related benefits are provided to pregnant women covered under Medicaid.
10. In Tennessee, women covered under the unborn child option receive comprehensive medical services but do not receive chiropractic, dental or vision benefits that CHIP children receive.

Measure 4: Medicaid income eligibility limits for children (ages 0 to 5) as a percentage of the federal poverty level

Definition: The state's income eligibility limit for children (ages 0 to 5) as a percent of the FPL to receive coverage through Medicaid, CHIP-funded Medicaid, or Separate CHIP programs.

Source: Kaiser Family Foundation. (n.d.). *Medicaid and CHIP*. Retrieved on April 7, 2020, from <https://www.kff.org/state-category/medicaid-chip/medicaidchip-eligibility-limits/>

Notes:

1. January 2020 income limits reflect Modified Adjusted Gross Income (MAGI)-converted income standards and include a disregard equal to five percentage points of the federal poverty level (FPL) applied at the highest income level for Medicaid and separate CHIP coverage. Eligibility levels are reported as percentage of the FPL. The 2019 FPL for a family of three was \$21,720.
2. States may use Title XXI CHIP funds to cover children through CHIP-funded Medicaid expansion programs and/or separate child health insurance programs for children not eligible for Medicaid. Use of Title XXI CHIP funds is limited to uninsured children. The

Medicaid income eligibility levels listed indicate thresholds for children covered with Title XIX Medicaid funds and uninsured children covered with Title XXI funds through CHIP-funded Medicaid expansion programs.

3. To be eligible in the infant category, a child has not yet reached his or her first birthday. To be eligible in the 1-5 category, the child is age one or older, but has not yet reached his or her sixth birthday.
4. Indiana uses a state-specific income disregard that is equal to five percent of the highest income eligibility threshold for the group.
5. Massachusetts also covers insured children in its separate CHIP program with Title XIX Medicaid funds under its Section 1115 waiver.
6. Michigan also provides CHIP-funded Medicaid expansion coverage to children with incomes between 212% FPL to 400% FPL affected by the Flint water crisis.
7. In Minnesota, the infant category under Title XIX-funded Medicaid includes insured and uninsured children up to age two with incomes up to 275% FPL
8. North Dakota moved its separate CHIP program to a Medicaid expansion program as of January 2020.

Measure 5: State has adopted 12-month continuous eligibility for children's Medicaid

Definition: "Yes" indicates state has adopted 12-Month continuous eligibility for children's Medicaid. "No" indicates state has not adopted 12-Month continuous eligibility for children's Medicaid.

Source: Kaiser Family Foundation. (n.d.). *State adoption of 12-month continuous eligibility for children's Medicaid and CHIP*. Retrieved on April 7, 2020, from <https://www.kff.org/health-reform/state-indicator/state-adoption-of-12-month-continuous-eligibility-for-childrens-medicaid-and-chip/>

Notes:

1. In Florida, children in Medicaid under the age of 5 receive 12-month continuous eligibility and children ages five and older receive six months of continuous eligibility.
2. Indiana provides 12-month continuous eligibility to children under age 3.
3. Montana and New York provide 12-month continuous eligibility to parents and expansion adults through a Section 1115 waiver.
4. Pennsylvania provides continuous eligibility for children under age 4.
5. Texas provides a child in CHIP with income below 185% FPL 12 months of continuous eligibility; children in CHIP at or above 185% FPL receives 12 months of continuous eligibility unless there is an indication of a change at a six-month income check that would make the child ineligible for CHIP.

Measure 6: Percentage of low-income adult women of childbearing age who report they do not have any health insurance coverage

Definition: The percentage of low-income ($\leq 138\%$ of the federal poverty level) adult women of childbearing age (19 to 44) who report they do not have any health insurance coverage.

Source: U. S. Census Bureau. (2019). *2018 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS)* [Data Set]. <https://www.census.gov/programs-surveys/acs/data/pums.html>

Calculation Notes:

The numerator is the number of low-income ($\leq 138\%$ of FPL) adult women of childbearing age (19 to 44) who reported not having health insurance coverage during the prior calendar year. For this particular measure, the sample was limited to women aged 19 to 44 as women aged 18 or under are eligible for Medicaid coverage. Women living in group quarters were excluded from the sample.

The denominator represents the number of adult (age 19 to 44) women of known age and with known poverty status whose poverty threshold is at or below 138% of the federal poverty level (FPL).

The poverty threshold uses the U.S. Census calculation of poverty and is based on the total income of all individuals aged 15 or older who are related to the head of household through marriage, birth or adoption. Income from cohabiting partners who are not married and unrelated children (including foster children) are not included in the calculation of family income. This family income is compared to federal poverty thresholds based on related family size and composition.¹

All estimates were calculated in Stata 16 using both ACS person-level weights, to provide national and state representative estimates, and replicate weights to appropriately adjust standard errors to account for any sampling bias. The U.S. Census Bureau recommends using a 90% confidence interval for evaluating the accuracy of estimates using ACS data.² Given the age and poverty limits imposed on the sample (women age 19-44 with incomes less than or equal to 138% FPL) and the calculation estimates by state, incorporating both population and sampling weights helps to account for exogenous sources of variance and improve the accuracy of estimates.

Four states (Alaska, North Dakota, South Dakota, and Wyoming) had estimates with confidence interval widths that were larger than the recommended 10% margin of error, with over criteria confidence intervals ranging from 10.5% to 13.4%.

¹ U.S. Census Bureau (n.d.). *How the Census Bureau measures poverty*. As of August 27, 2019. Retrieved on April 28, 2020 from <https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html>

² Appendix 3 "Measures of Sampling Error" in U.S. Census Bureau (2008). *A compass for understanding and using American Community Survey data: What general data users need to know*. U.S. Government Printing Office, Washington, DC.

Reduced Administrative Burden for SNAP

Benefit levels and general eligibility criteria for the Supplemental Nutrition Assistance Program (SNAP) are set at the federal level, but states have flexibility to adjust program administration, including the administrative burden associated with program participation. Recertification intervals longer than 12 months have been shown to increase SNAP participation among households with children. Participation in SNAP among those eligible has risen in recent years, but this percentage still varies considerably by state.

State Variability and Generosity: SNAP Recertification Intervals, Eligibility, and Take-Up Rates

Measure	Data Source	Data Vintage
1. Annual median recertification length (months) for households with SNAP-eligible children (under 18)	United States Department of Agriculture (USDA) Fiscal Year 2018 Supplemental Nutrition Assistance Program Quality Control Database and the QC Minimodel	2018
2. Length of recertification interval (months) specified in state's SNAP manual	State Supplemental Nutrition Assistance Program manuals	As of June 30, 2020
3. Percentage of SNAP beneficiary families with a child under age 3	United States Department of Agriculture (USDA) Fiscal Year 2018 Supplemental Nutrition Assistance Program Quality Control Database and the QC Minimodel	2018
4. Percentage of eligible families with children under age 18 not receiving SNAP	Urban Institute's TRIM3 Project	2015-2017

Measure 1: Median recertification interval length (months) for households with SNAP-eligible children (under 18)

Definition: The median recertification interval length for households with SNAP-eligible children (under 18) in the weighted QC Minimodel dataset.

Source: United States Department of Agriculture. (2019). *Fiscal Year 2018 Supplemental Nutrition Assistance Program quality control database* [Data Set]. Retrieved on March 26, 2020 from <https://www.fns.usda.gov/resource/snap-quality-control-data>

Calculation Notes:

The recertification interval length is provided for all SNAP recipient households in the dataset. The sample was limited to SNAP recipient households with any SNAP-eligible children (under 18) for each state. Median interval lengths were calculated in Stata 16 using household-level full-year sampling weights.

Measure 2: Length of recertification interval (months) specified in state's SNAP manual

Definition: The recertification interval (in months) that the state SNAP manual outlines for households that are not in the following categories: able bodied without dependents (ABAWD), elderly, and with disability and unable to work.

Sources: See table below for individual state sources

SNAP Manual Sources

STATE	SOURCE
Alabama	Alabama Department of Human Resources. (n.d.). <i>POE online manual</i> . Retrieved on June 19, 2020, from https://apps.dhr.alabama.gov/POE/POEhome
Alaska	Alaska Department of Health and Social Services, Division of Public Assistance. (2007). <i>Alaska Supplemental Nutrition Assistance Program (SNAP) manual</i> . Retrieved on June 19, 2020, from http://dpaweb.hss.state.ak.us/manuals/fs/fsp.htm
Arizona	Arizona Department of Economic Security. (n.d.). <i>CNAP manual</i> . Retrieved on June 19, 2020, from https://dbmefaapolicy.azdes.gov/#page/FAA5%2F5.E_FSAD.5.26.html%23wwpID0E06G0HA
Arkansas	Arkansas Department of Human Services, Division of County Operations. (2000, January 1). <i>Food Stamp certification manual</i> . Retrieved on June 19, 2020, from https://humanservices.arkansas.gov/images/uploads/dco/Complete_SNAP_Manual.pdf
California	California Department of Social Services. (2007, March 28). <i>Food Stamp regulations eligibility determinations</i> . Retrieved on June 19, 2020, from https://www.cdss.ca.gov/ord/entres/getinfo/pdf/fsman07.pdf
Colorado	Colo. Code Regs. 10 CCR § 2506-1 (2020).
Connecticut	Connecticut Department of Social Services. (n.d.). <i>SNAP policy manual</i> . Retrieved on June 19, 2020 from https://portal.ct.gov/DSS/SNAP/SNAP-Policy-Manual
Delaware	<i>Food stamp program</i> . Del. Code tit. 16, § 9000.
District of Columbia	District of Columbia, Department of Human Services. (n.d.). <i>Economic Security Administration manual</i> . Retrieved on June 19, 2020, from https://dhs.dc.gov/sites/default/files/dc/sites/dhs/publication/attachments/ESA-Policy-Manual-Combined-Revised-2.pdf
Florida	Florida Department of Children and Families. (n.d.). <i>ACCESS Florida program policy manual</i> . Retrieved on June 19, 2020, from https://www.myflfamilies.com/service-programs/access/docs/esspolicymanual/600.pdf
Georgia	Georgia Department of Human Services. (n.d.). <i>MAN3420 – Food Stamps</i> . Retrieved on June 19, 2020 from https://odis.dhs.ga.gov/General
Hawaii	Hawaii Administrative Rules Chapter 91 § 17-610. (n.d.). Retrieved on June 19, 2020 from https://humanservices.hawaii.gov/wp-content/uploads/2018/09/610.pdf
Idaho	Idaho Admin. Code r. 16.03.04 (2020).
Illinois	Ill. Admin. Code tit. 89, § 121 (2020).
Indiana	Indiana Family and Social Services Administration. (n.d.). <i>ICES program policy manual</i> . Retrieved on June 19, 2020, from https://www.in.gov/fssa/dfr/files/2200.pdf
Iowa	Iowa Department of Human Services. <i>Income maintenance manual</i> . Retrieved on June 19, 2020, from https://dhs.iowa.gov/policy-manuals/income-maintenance
Kansas	Kansas Department of Children and Families. (n.d.). <i>CSFP manual chapter 2</i> . Retrieved on June 19, 2020 from http://www.dcf.ks.gov/services/ees/Pages/USDA-Commodity-Programs/CSFP/CSFP%20Manual/CSFP-Manual-Chapter-2.aspx
Kentucky	Kentucky Division of Family Support. (n.d.). <i>OMTL-542</i> . Retrieved on June 19, 2020, from

STATE	SOURCE
	https://chfs.ky.gov/agencies/dCBS/dfs/Documents/OMVOLII.pdf
Louisiana	Louisiana Department of Children & Family Services (2013). <i>Strategic plan FY 2014-2015 through FY 2017-2018</i> . Retrieved on June 19, 2020, from http://www.dcfS.louisiana.gov/assets/docs/searchable/OS/20130701_DCFSSstrategicPlanUpdateFY2014-2019Final.pdf
Maine	Me. Stat. tit. 22, §3104 (2009).
Maryland	Maryland Department of Human Resources. <i>Food Supplement Program manual</i> . Retrieved on June 19, 2020, from http://www.dhr.state.md.us/blog/wp-content/uploads/2012/11/FSP_Manual_2011.pdf
Massachusetts	Department of Transitional Assistance. (2016, December). <i>Supplemental Nutrition Assistance Program (SNAP)</i> . Retrieved on June 19, 2020, from https://www.mass.gov/lists/department-of-transitional-assistance-regulations#supplemental-nutrition-assistance-program-(snap)-
Michigan	Michigan Department of Health and Human Services. (n.d.) <i>Current policy manuals</i> . Retrieved on June 19, 2020 from https://dhhs.michigan.gov/olmweb/ex/html/
Minnesota	Minnesota Department of Human Services. (2019, May 21). <i>Combined manual homepage</i> . Retrieved on June 19, 2020, from https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=CombinedManual
Mississippi	Mississippi Department of Human Services. (2011, March 1). <i>Revised SNAP manual</i> . Retrieved on June 19, 2020 from https://www.mdhs.ms.gov/wp-content/uploads/2018/02/RevisedSNAPManual-16.pdf
Missouri	Missouri Department of Social Services. (n.d.). <i>Food Stamps</i> . Retrieved on June 19, 2020, from https://dssmanuals.mo.gov/food-stamps/
Montana	Montana Health & Community Services Division. (2019). <i>State SNAP policy manual</i> . Retrieved June 19, 2020, from https://dphhs.mt.gov/hcsd/snapmanual
Nebraska	Nebraska Department of Health and Human Services. (2020). <i>Title 475 Supplemental Nutrition Assistance Program (SNAP)</i> . Retrieved on June 19, 2020, from http://dhhs.ne.gov/Pages/Title-475.aspx
Nevada	Nevada Department of Health and Human Services Division of Welfare and Supportive Services. (2020). <i>Eligibility and payments information manual</i> . Retrieved on June 19, 2020, from https://dwss.nv.gov/Home/Features/eligibility/Eligibility-N-Payment-Info-Manual/
New Hampshire	New Hampshire Department of Health and Human Services. (n.d.). <i>Food Stamp manual</i> . Retrieved on June 19, 2020, from https://www.dhhs.nh.gov/fsm_hfm/newfsm.htm
New Jersey	N.J. Admin. Code § 10:87 (2017).
New Mexico	New Mexico Administrative Code., tit. 8, §139.
New York	New York State Office of Temporary and Disability Assistance. (2011, July 20.) <i>Supplemental Nutrition Assistance Program (SNAP) source book</i> . Retrieved on June 19, 2020, from http://otda.ny.gov/programs/snap/SNAPSB.pdf
North Carolina	North Carolina Department of Health and Human Services (n.d.) <i>Food and nutrition services manual</i> . Retrieved on June 19, 2020 from https://policies.ncdhhs.gov/divisional/social-services/food-and-nutrition-services/policy-manuals
North Dakota	North Dakota Department of Human Services. (2020, September 1). <i>Supplemental Nutrition Assistance Program (SNAP) 430-05</i> . Retrieved on June 19, 2020, from http://www.nd.gov/dhs/policymanuals/43005/43005.htm
Ohio	Ohio Department of Job and Family Services. (n.d.). <i>Family assistance – cash/food assistance</i> . Retrieved on June 19, 2020, from http://emanuals.jfs.ohio.gov/

STATE	SOURCE
	CashFoodAssist/
Oklahoma	Oklahoma Human Services. (2020). <i>Supplemental Nutrition Assistance Program OAC340-050</i> . Retrieved on June 19, 2020, from http://www.okdhs.org/sites/searchcenter/Pages/okdhspolicycurrentresults.aspx#k=
Oregon	Oregon Department of Human Services. (n.d.). <i>Family services manual chapter 6- Supplemental Nutrition Assistance (SNAP) Program</i> . Retrieved on June 19, 2020, from https://www.oregon.gov/DHS/SSP/FSM/pages/SNAP.aspx
Pennsylvania	Pennsylvania Department of Human Services. (2020). <i>Supplemental Nutrition Assistance Program (SNAP) handbook</i> . Retrieved on June 19, 2020, from http://services.dpw.state.pa.us/oimpolicymanuals/snap/SNAP_Handbook.htm#Title_Page.htm
Rhode Island	R.I Gen. Laws § 218-RICR-20-00-1.
South Carolina	South Carolina Department of Social Services. (2020, April). <i>Supplemental Nutrition Assistance Program (SNAP) policy manual</i> . Retrieved on June 19, 2020, from https://dss.sc.gov/media/2333/snap_manual_v46_revised_2020-04-01.pdf/
South Dakota	South Dakota Department of Social Services. (n.d.). <i>Supplemental Nutrition Assistance Program (SNAP) policy and procedure manual</i> . Retrieved on June 19, 2020, from https://dss.sd.gov/economicassistance/snap/manual.aspx
Tennessee	Tennessee Dept. of Human Services. (2017, July 13). <i>Supplemental Nutrition Assistance Program (SNAP) policy manual</i> . Retrieved on June 19, 2020, from https://www.tn.gov/content/dam/tn/human-services/documents/SNAP_Manual_07142017_revision.pdf
Texas	Texas Health and Human Services. (2016-2020). <i>Texas Works Handbook</i> . Retrieved on June 19, 2020, from https://hhs.texas.gov/laws-regulations/handbooks/twh/texas-works-handbook
Utah	Utah Department of Workforce Services. (2020). <i>DWS financial/SNAP/child care eligibility manual</i> . Retrieved on June 19, 2020, from https://jobs.utah.gov/Infosource/eligibilitymanual/Eligibility_Manual.htm
Vermont	Vermont Agency of Human Services. (2019, July 19). <i>3SquaresVT program manual</i> . Retrieved on June 19, 2020, from https://www.ahsnet.ahs.state.vt.us/Public/3sVT/index.htm#t=Application.htm%23Certification_Periods
Virginia	Virginia Department of Social Services. (2017). <i>Manuals</i> . Retrieved on June 19, 2020, from https://www.dss.virginia.gov/about/manuals.cgi
Washington	Washington State Department of Social and Health Services. (n.d.). <i>Eligibility A-Z manual</i> . Retrieved on June 19, 2020, from https://www.dshs.wa.gov/esa/manuals/eaz
West Virginia	West Virginia Department of Health and Human Resources. (n.d.) <i>WV income maintenance manual, chapter 2.2</i> . Retrieved on June 19, 2020, from https://dhhr.wv.gov/bcf/Services/familyassistance/PolicyManual/Documents/Chapter%202/ch2_2.pdf
Wisconsin	State of Wisconsin Department of Health Services. (2020). <i>FoodShare Wisconsin handbook</i> . Retrieved on June 19, 2020, from http://www.emhandbooks.wisconsin.gov/fsh/fsh.htm
Wyoming	Wyoming Department of Family Services. (2020). <i>SNAP and POWER policy manual</i> . Retrieved on June 19, 2020, from https://dfs.wyo.gov/about/policy-manuals/snap-and-power-policy-manual/

Measure 3: Percentage of SNAP beneficiary families with child under age 3

Definition: The percentage of households receiving SNAP benefits that have children under age 3 in the weighted QC Minimodel dataset.

Source: United States Department of Agriculture. (2019). *Fiscal Year 2018 Supplemental Nutrition Assistance Program quality control database* [Data Set]. Retrieved on March 26, 2020 from <https://www.fns.usda.gov/resource/snap-quality-control-data>

Calculation Notes: The sample was limited to households receiving SNAP benefits. The numerator is all households receiving SNAP benefits which have any children under 3. The denominator for this calculation is all households receiving SNAP benefits included in the model. All estimates were calculated in Stata 16 using household-level full-year sampling weights.

Measure 4: Percentage of eligible families with children under age 18 not receiving SNAP

Definition: The percentage of families with children under 18 who are eligible for SNAP benefits but did not receive them.

Source: TRIM3. (2016-2018). *Transfer Income Model, Version 3* [Data set]. Retrieved on May 10, 2020, from <https://trim3.urban.org>

Calculation Notes:

The sample was limited to SNAP-eligible families with children under age 18. The numerator is the number of SNAP-eligible families with at least one child under age 18 who did not report receiving SNAP during the prior calendar year. The denominator is the number of SNAP-eligible families with at least one child under 18.

These data are the pooled TRIM3 model adjusted values based on the Census Bureau's Current Population Survey Annual Social and Economic Supplement (CPS ASEC) 2018, 2017, and 2016 datasets. The model adjusts Census data, based on program eligibility requirements and program administrative data on recipients, to account for underreporting of benefit receipt. The TRIM3 project microdata uses the actual date of the data. For example, as the 2018 CPS ASEC survey questioned respondents about activities and benefits from 2017, the TRIM3 model refers to these data as the 2017 input files.

All estimates (national and state-level) were calculated in Stata 16 using family-level weights. To improve data quality and accuracy of state-level estimates, per U.S. Census Current Population Survey guidance, estimates were calculated using the three most recent years of CPS ASEC data and family-level population weights were adjusted by three to account for the multi-year dataset.³ The U.S. Census Bureau recommends using a 90% confidence interval for evaluating the accuracy of estimates using CPS data. All state-level estimates fell within this recommended 10% margin of error. Information presented here is derived in part from the Transfer Income Model, Version 3 (TRIM3) and associated databases. TRIM3 requires users to input assumptions

³ U.S. Census Bureau (n.d.). *Which data source to use*. As of March 20, 2018. Retrieved on April 28, 2020 from <https://www.census.gov/topics/income-poverty/poverty/guidance/data-sources.html>

and/or interpretations about economic behavior and the rules governing federal programs. Therefore, the conclusions presented here are attributable only to the authors of this report.

Paid Family Leave

State paid family leave programs require employers to allow eligible parents time off from work to bond with a new child while receiving a portion of their wages. States vary in the number of weeks offered and the portion of wages paid, with some states capping benefits at a fixed amount while others cap benefits at a percentage of the respective states' average weekly wage.

State Variability and Generosity: Paid Family Leave Benefits

Measure	Data Source	Data Vintage
1. Maximum number of weeks of paid family leave benefit	State statutes and legislation on paid family leave	As of October 1, 2020
2. Maximum paid family leave benefit value	State statutes and legislation on paid family leave	As of October 1, 2020

Measure 1: Maximum number of weeks of paid family leave benefit

Definition: Maximum number of weeks available in the paid family leave benefit.

Sources: See table below for individual state sources

Measure 2: Maximum paid family leave benefit value

Definition: Maximum dollar value of the weekly paid family leave benefit.

Sources: See table below for individual state sources

Paid Family Leave Sources

STATE	SOURCE
California	Cal. Unemp. Ins. Code § 2601 et seq. (2015).
Connecticut	(2019) Conn. Acts No. 19-25 (Reg. Sess.).
District of Columbia	<i>Paid Leave Compensation Act of 2017</i> . D.C. Code § 32-541.01 et seq. (2017).
Massachusetts	Mass. Gen. Laws Ch. 23, §1-25.
New Jersey	N.J. Stat. Ann. § 43:21-25 et seq. (2014).
New York	N.Y. Workers' Comp. Law § 200 et seq.
Oregon	Or. Rev. Stat. § 657B.015 (2019).
Rhode Island	R.I. Gen. Laws § 28-41-35 et seq.
Washington	Wash. Rev. Stat. § 50A.04.005 et seq.

Notes:

1. In California, premiums and benefits became effective in 2004. On July 1, 2020, the maximum number of weeks will increase to 8 weeks from 6 weeks.
2. In Connecticut, premiums will become effective in January 2021 and benefits will become effective in January 2022.
3. In the District of Columbia, premiums became effective in July 2019 and benefits will become effective in July 2020.
4. In Massachusetts, premiums became effective in July 2019 and benefits will become effective in January 2021.
5. In New Jersey, premiums and benefits became effective in 2008. On July 1, 2020, the maximum number of weeks will increase to 12 weeks from 6 weeks.

6. In New York, premiums and benefits became effective in January 2018. On January 1, 2021, the maximum number of weeks will increase to 12 weeks from 10 weeks.
7. In Oregon, premiums will become effective in January 2022 and benefits will become effective in January 2023.
8. In Rhode Island, premiums and benefits became effective on January 1, 2014.
9. In Washington state, premiums became effective in January 2019 and benefits became effective in January 2020.

State Minimum Wage

The minimum wage establishes a floor for workers’ hourly wages. The federal minimum wage requires that most hourly workers be paid at least \$7.25, but states can establish higher thresholds. States vary in the “real” value of their minimum wage. The current state hourly minimum wage ranges from a nominal value of \$7.25 (the federal minimum) to \$15 per hour. The nominal value refers to the current value of the wage without taking inflation, the cost of living, or other adjustments into account. The cost-of-living adjusted (COLA) minimum wage accounts for the cost of living in a given state; in doing so, it provides an indication of the purchasing power of a state’s nominal minimum wage. A minimum wage with a higher COLA value than nominal value has greater purchasing power than a minimum wage with a lower COLA value relative to the nominal value.

State Variability and Generosity: Current Minimum Wage (Nominal and COLA) and Parents Earning Less Than \$10 per Hour

Measure	Data Source	Data Vintage
1. Current (nominal) state minimum wage	State labor statutes	As of October 1, 2020
2. Cost-of-living adjusted current minimum wage	State labor statutes; Bureau of Economic Analysis	As of October 1, 2020; As of May 12, 2020
3. Value of nominal minimum wage necessary for a \$10 cost-of-living adjusted minimum wage	State labor statutes; Bureau of Economic Analysis	As of October 1, 2020; As of May 12, 2020
4. Percentage of parents with children under age 3 who earn less than \$10 per hour	2017-2019 Current Population Survey, Annual Social and Economic Supplement (CPS ASEC) Public-Use Microdata Sample (PUMS)	2016-2018

Measure 1: Current state minimum wage

Definition: Current state hourly minimum wage for large employers.

Source: See [forthcoming] table below for individual state sources

Notes:

According to the U.S. Dept. of Labor, Wage and Hour Division, workers can be covered by the Fair Labor Standards Act (FLSA) through “enterprise coverage” or “individual coverage.” Enterprise coverage applies to businesses with an annual dollar volume of sales or business of at least \$500,000, and to hospitals, businesses providing medical or nursing care for residents, schools and preschools, and hospital agencies. Workers without enterprise coverage can be protected by the FLSA through individual coverage if their work involves interstate commerce or if they are domestic service workers, such as housekeepers, full-time babysitters, or cooks. Some exceptions for FLSA coverage apply to workers with disabilities, full-time students, individuals under 20 years old in their first 90 consecutive calendar days of employment, tipped employees, and students enrolled in vocational education programs. States often have different minimum wages designated for small employers, employees under the age of 18, employees in an initial "training" window of employment, and tipped employees.

Measure 2: Cost-of-living adjusted minimum wage

Definition: Current cost-of-living adjusted minimum wage.

Sources:

1. Individual state minimum wage legislation (see [forthcoming] source table for current minimum wage above)
2. Bureau of Economic Analysis. (2020, May 18). *GDP and personal income* [Data set]. Retrieved on May 20, 2020, from <https://apps.bea.gov/iTable/iTable.cfm?reqid=70&step=1&isuri=1&acrdn=8#reqid=70&step=1&isuri=1>

Notes:

This is a measure of the minimum wage accounting for state-level differences in cost of living. It is calculated by applying the state's 2018 regional price parities index value for all items to the state's 2020 nominal minimum wage. Regional Price Parities (RPPs) measure the differences in price levels across states and metropolitan areas for a given year and are expressed as a percentage of the overall national price level. All items RPPs cover all consumption goods and services, including housing rents. Areas with high/low RPPs typically correspond to areas with high/low price levels for rents. The nominal minimum wage used in this calculation is the minimum wage required to be paid by employers in state statute. For states where there is no legislated minimum wage, or it is below the federally mandated minimum wage of \$7.25, the federal minimum wage is used.

Measure 3: Value of nominal wage necessary for a \$10 cost-of-living adjusted minimum wage

Definition: The level the nominal minimum wage would need to be in a state for its cost-of-living-adjusted minimum wage to be \$10.

Sources:

1. Individual state minimum wage legislation (see [forthcoming] source table for current minimum wage above)
2. Bureau of Economic Analysis. (2020, May 18). *GDP and personal income* [Data set]. Retrieved on May 20, 2020, from <https://apps.bea.gov/iTable/iTable.cfm?reqid=70&step=1&isuri=1&acrdn=8#reqid=70&step=1&isuri=1>

Notes:

This value indicates what the nominal minimum wage would need to be set at by statute for the purchasing power of the minimum wage (the cost-of-living adjusted minimum wage) to be \$10. The cost-of-living adjusted minimum wage is a measure of the minimum wage accounting for state-level differences in cost of living. It is calculated by applying the state's 2018 regional price parities index value for all items to the state's 2020 nominal minimum wage. Regional Price Parities (RPPs) measure the differences in price levels across states and metropolitan areas for a given year and are expressed as a percentage of the overall national price level. All items RPPs cover all consumption goods and services, including housing rents. Areas with high/low RPPs typically correspond to areas with high/low price levels for rents. The nominal minimum wage used in this calculation is the minimum wage required to be paid by employers in state statute. For states where there is no legislated minimum wage, or it is below the federally mandated minimum wage of \$7.25, the federal minimum wage is used.

Measure 4: Percentage of parents with children under age 3 who earn less than \$10 per hour

Definition: The percentage of parents with children under the age of 3 who reported earning less than \$10 per hour during the prior calendar year.

Source: U.S. Bureau of Labor Statistics and U.S. Census Bureau. (2017- 2019). *2017-2019 Current Population Survey – Annual Social and Economic Supplement (CPS ASEC) Public-Use Microdata Sample (PUMS)* [Data Set]. <https://www.census.gov/programs-surveys/cps.html>

Calculation Notes:

The sample was limited to parents with at least one child under the age of 3 who reported they were in the labor force and working during the prior calendar year. Workers who reported being paid hourly provided their hourly wage. For non-hourly wage workers, we calculated the hourly wage using reported pre-tax annual earnings and work hours variables from the prior calendar year (hours usually worked per week and number of weeks worked). The numerator included all labor force participating parents with at least one child under 3 whose reported or calculated hourly wage was less than \$10 per hour. The denominator included all labor force participating parents with at least one child under age 3.

All estimates (national and state-level) were calculated in Stata 16 using both person-level weights, to provide national and state representative estimates, and replicate weights to appropriately adjust standard errors to account for any sampling bias. To improve data quality and accuracy of state-level estimates, per U.S. Census Current Population Survey guidance, estimates were calculated using the three most recent years of CPS ASEC data and family-level population weights were adjusted by three to account for the multi-year dataset.⁴ The U.S. Census Bureau recommends using a 90% confidence interval for evaluating the accuracy of estimates using CPS data. One state (South Dakota) had a confidence interval that exceeded the recommended 10% margin of error (10.8%).

⁴ U.S. Census Bureau (n.d.). *Which data source to use*. As of March 20, 2018. Retrieved on April 28, 2020 from <https://www.census.gov/topics/income-poverty/poverty/guidance/data-sources.html>

State Earned Income Tax Credit

The federal Earned Income Tax Credit (EITC) is a refundable tax credit for low-income workers; households with at least one working adult can receive the federal EITC either as a reduction in taxes owed or as a refund if the household has no tax liability. The state EITC is an additional credit based on a percentage of the federal EITC. The value and administration of the state EITC is determined by each state, including whether the state credit is refundable or nonrefundable. States vary both in the refundability of the state EITC and the percentage of the federal EITC. Data on the receipt of state EITC are not reliably and consistently available across states; in the absence of such data, the receipt of federal EITC can serve as a proxy for those who would theoretically be eligible for state EITC.

State Variability and Generosity: State EITC Detail and Value, and Lack of Federal EITC Take-Up

Measure	Data Source	Data Vintage
1. State EITC detail	State income tax statutes	As of October 1, 2020
2. State EITC value as a percentage of the federal EITC	State income tax statutes	As of October 1, 2020
3. Percentage of tax filers who do not claim federal EITC out of eligible households	2017-2019 Current Population Survey, Annual Social and Economic Supplement (CPS ASEC) Public-Use Microdata Sample (PUMS)	2016-2018

Measure 1: State EITC Detail

Definition: State has refundable, non-refundable, or no EITC.

Source: See table below for individual state sources

Measure 2: State EITC value as a percentage of the federal EITC

Definition: State EITC generosity as a percentage of federal EITC.

Source: See table below for individual state sources

State EITC Sources

STATE	SOURCES
Alabama	Ala. Code. Tit. 40 § 18-4 (1939, rev. 1940).
Alaska	Alaska Stat. § 43.20.013 (2019).
Arizona	Ariz. Rev. Stat. § 43-1071 et seq. (2020).
Arkansas	Ark. Code Ann. § 26-1 et seq.
California	Cal. Rev. & Tax Code § 17052.1 et. seq. (2019).
Colorado	Colo. Rev. Stat. § 39-22-123.5 (1998).
Connecticut	Colo. Rev. Stat. § 39-22-123.5 (1998).
Delaware	Del. Code tit. 30, § 1117.
District of Columbia	D.C. Code Ann. § 47-1806.04.
Florida	Fla. Stat. §220. (2019).
Georgia	Ga. Code Ann. § 48-7A.
Hawaii	Haw. Code R. tit. 14 § 235-55.75.

STATE	SOURCES
Idaho	Idaho Code § 63-30.
Illinois	35 Ill. Comp. Stat. 5/212 (2017).
Indiana	Ind. Code § 6-3.1-21 (2015).
Iowa	Iowa Code § 422.12B.
Kansas	K.S.A. 32,79-32, 205 (2019).
Kentucky	Ky. Rev. Stat. § 144.066 (2020).
Louisiana	La. Stat. Ann. §47:297.8. (2018).
Maine	Me. Stat. tit. 36, § 5219-S. (2019).
Maryland	Md. Code §10–704, Tax Code.
Massachusetts	Mass. Gen. Laws ch. 62, §6.
Michigan	Mich. Comp. Laws § 206.272.
Minnesota	Minn. Stat. § 290.0671. (2019).
Mississippi	Miss. Code Ann. § 27-7.
Missouri	Mo. Rev. Stat. § 143.781-143.841.
Montana	Mont. Code Ann. § 15-30-2318. (2019).
Nebraska	Neb. Stat. § 77-2715.07.
Nevada	Nev. Rev. Stat. tit. 32. ch. 360.
New Hampshire	N.H. Rev. Stat. Ann. ch. 77.
New Jersey	N.J. Stat. Ann. § 54A:4-7.
New Mexico	N.M. Stat. § 7-2-18.15 (2019).
New York	N.Y. Tax Law § 606 (2019).
North Carolina	N.C. Gen. Stat. § 105-4.
North Dakota	N.D. Cent. Code § 57-38.
Ohio	Ohio Rev. Code Ann. § 5747.05 (2020).
Oklahoma	Okla. Stat. tit. 68, § 2357.43 (2016).
Oregon	Or. Stat. § 315.266.
Pennsylvania	72 Pa. Cons. Stat. § 9932-C.
Rhode Island	R.I. Gen. Laws § 44-30-2.6.
South Carolina	S.C. Code Ann. §12-6-3632.
South Dakota	S.D. Codified Laws. § 60-11-3.2. S.D. Codified Laws. tit 10.
Tennessee	Tenn. Code Ann. § 35-6-505.
Texas	Tex. Tax Code, tit. 2A (2019).
Utah	Utah Code § 59-10.
Vermont	Vt. Stat. Ann. tit. 32, §151:002.
Virginia	Va. Stat. § 58.1-339.8.
Washington	Wash. Rev. Stat. §82.08.0206.
West Virginia	W. Va. Code §11-21-22.
Wisconsin	Wis. Stat. § 71.07 (9e)(aj).
Wyoming	Wyo. Stat. § 39-7-101 (repealed 1998).

Notes (Measures 1 and 2):

1. Alaska, Florida, Nevada, South Dakota, Texas, Washington, and Wyoming have no personal income tax at all. New Hampshire and Tennessee have no personal income tax on earned income, though there is tax assessed on some dividends, interest, and other income from investments.
2. Delaware, Hawaii, Ohio, Oklahoma, South Carolina, and Virginia have nonrefundable state EITCs for tax year 2020.
3. Despite enacting a state EITC in 2008, Washington does not currently offer a state-level EITC because it has yet to be funded by the Washington legislature. Were it to be fully implemented, Washington's EITC would be refundable in the amount of 10 percent of the federal EITC or \$10, whichever is greater.
4. Connecticut's EITC cannot be claimed if an individual's investment income is more than \$3,600.
5. The District of Columbia and New York have EITCs which can be claimed by non-custodial parents, even though these taxpayers are ineligible for the federal credit.
6. Maryland offers either a refundable EITC of 28 percent or a non-refundable EITC of 50 percent; Taxpayers can choose to claim either but not both.
7. Wisconsin's EITC is not available for childless workers. The state EITC is refundable at 4 percent of the Federal credit for individuals with 1 qualifying child, 11 percent for individuals with 2 qualifying children, and 34 percent for individuals with 3 or more qualifying children.
8. California does not calculate its EITC as a simple percentage of the federal credit, as most states do. California's credit is available to working families and individuals with wage or self-employment income of \$30,000 or less. The credit is worth 85 percent of a household's federal EITC until household income reaches approximately half of the level at which the federal credit is fully phased in; it then begins phasing out at varying rates, depending on family size. In tax year 2019, the maximum credit ranges from up to \$240 for workers without dependent children to up to \$2,982 for workers with three or more children. The value of the credit is set each year by the legislature and the credits phase in and out at different income levels. The majority of state EITC recipients receive a credit that is 85 percent of the Federal credit.
9. Indiana's state EITC is more limited for some taxpayers than the federal credit as it does not increase in benefit for families that have three or more children and does not begin the credit phase-out at a higher income for married couples.
10. Minnesota's EITC calculated as total projected state spending for the Working Family Credit divided by projected federal spending on the EITC in Minnesota as modeled by Minnesota's House Research Department; this average fluctuates from year to year and is estimated to be 34 percent for tax year 2020. Minnesota's EITC is a percentage of a person's income rather than a percentage of the federal EITC. Currently, eligibility begins at the age of 21. For individuals with no qualifying children, the credit equals 3.9 percent of the first \$7,150 of earned income. For individuals with one qualifying child, the credit equals 9.35 percent of the first \$11,950 of earned income. For individuals with two qualifying children, the credit equals 11 percent of the first \$19,600 of earned income. For individuals with three or more qualifying children, the credit equals 12.5 percent of the first \$20,000 of earned income.

11. The New York state EITC can be reduced for some taxpayers by the household credit. Additionally, taxpayers in New York City are eligible for an additional EITC, which is 5 percent of the federal EITC.
12. South Carolina's EITC will gradually increase every year until it reaches 125% of the federal EITC in 2023.
13. Maine's EITC is refundable at 25 percent of the Federal EITC for workers without dependent children and at 12 percent of the Federal EITC for all other eligible filers.
14. Oregon's EITC is refundable at 12 percent of the federal credit for filers with children under the age of three and 9 percent for all other eligible filers.

Measure 3: Percentage of federal EITC-eligible tax filers who did not claim federal EITC

Definition: The percentage of federal EITC-eligible tax filers who did not claim federal EITC during the prior tax year.

Source: U.S. Bureau of Labor Statistics and U.S. Census Bureau. (2017- 2019). *2017-2019 Current Population Survey – Annual Social and Economic Supplement (CPS ASEC) Public-Use Microdata Sample (PUMS)* [Data Set]. <https://www.census.gov/programs-surveys/cps.html>

Calculation Notes:

The sample was limited to tax filers who met the federal EITC eligibility criteria for the prior tax year.⁵ The IRS eligibility criteria are defined using maximum adjusted gross income limits based on filing status (single, head of household, or widowed or married filing jointly) and the number of qualifying children. Qualifying children are defined as children younger than 19 (or younger than 24 if the child was a full-time student), who are related to the tax filer through birth, marriage, or adoption or extended familial relationship such as a grandchild, sibling, other relative, or foster child. Children who were not related to the head of household or were a spouse or married child under 18 were not included.⁶ The numerator included all tax filers who met the federal EITC eligibility criteria for the prior tax year and reported receiving no federal earned income tax credit (\$0). The denominator included all tax filers who met the federal EITC eligibility criteria for the prior tax year.

All estimates (national and state-level) were calculated in Stata 16 using both household-level weights, to provide national and state representative estimates, and replicate weights to appropriately adjust standard errors to account for any sampling bias. To improve data quality and accuracy of state-level estimates, per U.S. Census Current Population Survey guidance, estimates were calculated using the three most recent years of CPS ASEC data and household-level population weights were adjusted by three to account for the multi-year dataset.⁷ The U.S. Census Bureau recommends using a 90% confidence interval for evaluating the accuracy of

⁵ Internal Revenue Service (n.d.). *Earned Income Tax Credit income limits and maximum credit amounts*. As of August 27, 2020. Retrieved on September 1, 2020 from <https://www.irs.gov/credits-deductions/individuals/earned-income-tax-credit/earned-income-tax-credit-income-limits-and-maximum-credit-amounts#:~:text=The%20maximum%20amount%20of%20credit%20for%20Tax%20Year%202019%20is,%243%2C526%20with%20one%20qualifying%20child>

⁶ Internal Revenue Service (n.d.). *Qualifying child rules*. As of July 31, 2020. Retrieved on September 1, 2020 from <https://www.irs.gov/credits-deductions/individuals/earned-income-tax-credit/qualifying-child-rules>

⁷ U.S. Census Bureau (n.d.). *Which data source to use*. As of March 20, 2018. Retrieved on April 28, 2020 from <https://www.census.gov/topics/income-poverty/poverty/guidance/data-sources.html>

estimates using CPS data. One state (Rhode Island) had a confidence interval that exceeded the recommended 10% margin of error (12.3%).

Comprehensive Screening and Referral Programs

Comprehensive screening and referral programs assess children and parents for a range of factors that contribute to long-term child and family wellbeing, including physical development, behavioral issues, parental mental and physical health, and social predictors of health. Two models of comprehensive screening and referral programs, Family Connects and Healthy Steps, have been rigorously studied and have demonstrated effectiveness in impacting prenatal-to-3 goals. To assess variation across the states, we describe whether states have implemented either of these two evidence-based comprehensive screening programs.

State Variability and Generosity: Evidence-Based Comprehensive Screening and Referral Programs

Measure	Data Source	Data Vintage
State has evidence-based comprehensive screening and referral programs	Family Connects and Healthy Steps national websites	As June 12, 2020

Measure: State has evidence-based comprehensive screening and referral programs

Definition: State has both/either/neither Healthy Steps or Family Connects programs.

Sources:

1. Healthy Steps. (n.d.). *Our sites*. Retrieved on June 12, 2020, from <https://www.healthysteps.org/sites>
2. Family Connects. (n.d.). *Family Connects locations*. Retrieved on June 12, 2020, from <https://familyconnects.org/family-connects-model/family-connects-sites/>

Child Care Subsidies

Child care subsidy programs provide financial assistance to help make child care more affordable for low-income families. Subsidy programs are financed largely through federal funds but are administered by states. States have considerable flexibility in setting rules on program policies and administration (e.g., eligibility requirements, application procedures, family copayment levels, and provider policies), resulting in substantial state variation in subsidy policy.

The federal government considers state base reimbursement rates at the 75th percentile or above (covering three-fourths of slots in the state based on a state market rate survey or alternative cost assessment tool that is no older than 2 years) as providing low-income families with equal access to the child care market. Despite federal guidance to set base reimbursement rates at the 75th percentile of the market, states vary considerably in the level at which they set subsidy rates and the methods used to set these rates.

State Variability and Generosity: Child Care Subsidy Rates, Market Rate Surveys, and Waiting Lists

Measure	Data Source	Data Vintage
1. Base reimbursement rate for infants in center-based care	State children and families department websites and state market rate surveys	As of July 1, 2020
2. Base reimbursement rate for infants in center-based care IF rate was set to 75 th percentile	State market rate surveys	As of July 1, 2020
3. Base reimbursement rate for toddlers in center-based care	State children and families department websites and state market rate surveys	As of July 1, 2020
4. Base reimbursement rate for toddlers in center-based care IF rate was set to 75 th percentile	State market rate surveys	As of July 1, 2020
5. Base reimbursement rate for infants in family child care	State children and families department websites and state market rate surveys	As of July 1, 2020
6. Base reimbursement rate for infants in family child care IF rate was set to 75 th percentile	State market rate surveys	As of July 1, 2020
7. Base reimbursement rate for toddlers in family child care	State children and families department websites and state market rate surveys	As of July 1, 2020
8. Base reimbursement rate for toddlers in family child care IF rate was set to 75 th percentile	State market rate surveys	As of July 1, 2020
9. Year of market rate survey used to establish base rates	State children and families department websites and state market rate surveys	As of July 1, 2020
10. Year of most recent market rate survey	State children and families department websites and state market rate surveys	As of July 1, 2020
11. Waiting list for subsidies (number of children on waiting	National Women's Law Center	As of February 2019

list)		
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Measure 1: Base reimbursement rate for infants in center-based care

Definition: The lowest current subsidy amount (in dollars) paid to providers for full-time monthly care for infants in center-based settings.

Sources: See [forthcoming] table below for individual state sources

Measure 2: Base reimbursement rate for infants in center-based care IF rate was set to 75th percentile

Definition: The subsidy amount (in dollars) hypothetically available to providers if the base reimbursement rate was set to the 75th percentile of market rates for full-time monthly care for infants in center-based settings.

Sources: See [forthcoming] table below for individual state sources

Measure 3: Base reimbursement rate for toddlers in center-based care

Definition: The lowest current subsidy amount (in dollars) paid to providers for full-time monthly care for toddlers in center-based settings.

Sources: See [forthcoming] table below for individual state sources

Measure 4: Base reimbursement rate for toddlers in center-based care IF rate was set to 75th percentile

Definition: The subsidy amount (in dollars) hypothetically available to providers if the base reimbursement rate was set to the 75th percentile of market rates for full-time monthly care for toddlers in center-based settings.

Sources: See [forthcoming] table below for individual state sources

Measure 5: Base reimbursement rate for infants in family child care

Definition: The lowest current subsidy amount (in dollars) paid to providers for full-time monthly care for infants in family child care settings.

Sources: See [forthcoming] table below for individual state sources

Measure 6: Base reimbursement rate for infants in family child care IF rate was set to 75th percentile

Definition: The subsidy amount (in dollars) hypothetically available to providers if the base reimbursement rate was set to the 75th percentile of market rates for full-time monthly care for infants in family child care settings.

Sources: See [forthcoming] table below for individual state sources

Measure 7: Base reimbursement rate for toddlers in family child care

Definition: The lowest current subsidy amount (in dollars) paid to providers for full-time monthly care for toddlers in family child care settings.

Sources: See [forthcoming] table below for individual state sources

Measure 8: Base reimbursement rate for toddlers in family child care IF rate was set to 75th percentile

Definition: The subsidy amount (in dollars) hypothetically available to providers if the base reimbursement rate was set to the 75th percentile of market rates for full-time monthly care for toddlers in family child care settings.

Sources: See [forthcoming] table below for individual state sources

Measure 9: Year of market rate survey used to establish base rates

Definition: The year of the market rate survey currently used to establish provider reimbursement rates.

Sources: See [forthcoming] table below for individual state sources

Measure 10: Year of most recent market rate survey

Definition: The year of the most recent market rate survey available to the state to set provider reimbursement rates.

Sources: See [forthcoming] table below for individual state sources

Measure 11: Waiting list for subsidies (number of children on waiting list)

Definition: The status of waiting lists for child care assistance, including the number of children currently on the waitlist.

Source: National Women’s Law Center. (2019). *State by state fact sheets: child care assistance policies 2019*. Retrieved on June 2, 2020, from <https://nwlc.org/resources/state-by-state-fact-sheets-child-care-assistance-policies-2019/>

Notes:

1. In California, there is no state-level, centralized waiting list; most local contractors and some counties maintain waiting lists.
2. In Colorado, waiting lists are kept at the county level, rather than at the state level.
3. In Florida, families receiving TANF and subject to federal work requirements and children up to age nine receiving protective services, although not statutorily exempt from the waiting list, are prioritized for child care assistance.
4. In Georgia, intake is frozen for families who did not meet priority criteria. Children and families that received priority for child care assistance included families participating in TANF, children with disabilities, grandparents raising grandchildren, children requiring court-ordered supervision, children receiving protective services, foster children, parents ages 20 or younger, families who lacked regular and adequate housing, families experiencing domestic violence, families with children participating in the state-funded prekindergarten program, families experiencing state- or federally declared natural disasters, and families with very low incomes (defined as families with incomes below 50 percent of poverty as of July 2019).
5. In Indiana, families receiving TANF and with parents participating in the state’s employment and training program or searching for a job are served without being placed on the waiting list.
6. In Louisiana, families with parents participating in the TANF employment and training program, children participating in the Early Head Start-Child Care Partnership program, foster children, homeless families, and children with special needs are served without being placed on the waiting list.
7. In Massachusetts, the state does not determine children’s eligibility at the time they are added to the waiting list. Also note that families receiving TANF and with parents participating in the employment services program, families referred by the child welfare agency based on open cases of abuse or neglect, siblings of children already in care, and children of actively deployed members of the military are served without being placed on

- the waiting list. In addition, homeless families residing in state-funded shelters may be served through dedicated contracts without being placed on the waiting list.
8. In Minnesota, families receiving TANF, families transitioning from TANF (for up to one year after their TANF case closes), and parents under age 21 pursuing a high school degree or GED (and not receiving TANF) are served without being placed on the waiting list.
 9. In New York, waiting lists are kept at the local district level and statewide data are not available. Each local district also has the authority to freeze intake and stop adding names to its waiting list. Families receiving TANF, families eligible to receive TANF who need child care services for a child under age 13 in order to enable the parents to engage in work or participate in required work activities, and families who are transitioning off public assistance are served without being placed on the waiting list.
 10. As of March 2019, North Carolina was placing all families on the waiting list except those families receiving child protective services, children receiving protective services and removed from their home to avoid foster care placement, foster children, children experiencing homelessness, and children with special needs.
 11. In Pennsylvania, families receiving or transitioning from TANF are exempt from the waiting list. In addition, the state prioritizes certain children and families for services, including foster children, children enrolled in the state prekindergarten program, Head Start, or Early Head Start who need wrap-around child care, newborn siblings of children who are already enrolled, homeless children, teen parents who are attending high school or participating in a GED program on a full-time basis, and parents ages 18 through 22 who are attending high school on a full-time basis.
 12. In Texas, local workforce development boards maintain waiting lists. The data displayed is the aggregate number of children on waiting lists across all of the state's 28 local boards. In 2019, 20 local boards had waiting lists and 3 local boards had frozen intake. Families in the TANF work program (Choices), families transitioning from TANF, families in the Supplemental Nutrition Assistance Program (SNAP) Employment and Training program, and children receiving protective services are served without being placed on the waiting list.
 13. In Virginia, families receiving or transitioning from TANF and families participating in the TANF work program are served without being placed on the waiting list.

States set subsidy eligibility at a specific dollar amount of family income, relative to the family size and/or structure. Federal eligibility requirements restrict states from setting income eligibility for subsidies above 85% of the state median income, regardless of family size or structure. Many states set income limits below this level, meaning fewer families are eligible for subsidies than would be allowed by federal law. States with eligibility set at 85% of the state median income do not have the ability to expand eligibility to any additional families based on income, because they are already at the maximum level stipulated by federal legislation.

The base reimbursement rate does not represent the full value of the child care subsidy for the parent, but rather the value of the subsidy for the child care provider. Families may be required to participate in cost-sharing for child care received through subsidies. The child care subsidy reimbursement rate represents the amount a provider receives to cover the cost of caring for a child, including a payment from the state government and the family copayment. States can set family copayment rates at a dollar value or as a percentage of the total cost of care based on various factors, including family size, family structure, and family income. Additionally, some states allow providers to charge parents the

difference between the reimbursement rate (subsidy amount) and the rate the provider charges to families who do not have a subsidy.

State Variability and Generosity: Child Care Subsidy Income Eligibility Criteria, Copayments, and Additional Fees

Measure	Data Source	Data Vintage
12. Income eligibility as a percentage of the federal poverty level	National Women's Law Center	As of February 2019
13. Income eligibility as a percentage of state median income	National Women's Law Center	As of February 2019
14. Monthly copayment as a percentage of income for a family of 3 at 150% of FPL	National Women's Law Center	As of February 2019
15. Monthly copayment as a percentage of income for a family of 3 at 100% of FPL	National Women's Law Center	As of February 2019
16. Monthly copayment dollar amount for a family of 3 at 150% of FPL	National Women's Law Center	As of February 2019
17. Monthly copayment dollar amount for a family of 3 at 100% of FPL	National Women's Law Center	As of February 2019
18. State allows provider to charge parents the difference between reimbursement rate and provider rate	National Women's Law Center	As of February 2019

Measure 12: Income eligibility as a percentage of the federal poverty level (FPL)

Definition: The state's income eligibility limit as a percent of the FPL for a family to receive child care assistance.

Measure 13: Income eligibility as a percentage of state median income

Definition: The state's income eligibility limit as a percent of the state's median income for a family to receive child care assistance.

Source for Measures 12 and 13: National Women's Law Center. (2019). *State by state fact sheets: child care assistance policies 2019*. Retrieved on June 2, 2020, from <https://nwlc.org/resources/state-by-state-fact-sheets-child-care-assistance-policies-2019/>

Notes for Measures 12 and 13:

1. All income limits are calculated as annual amounts for a family of three.
2. The income eligibility limits shown in the tables represent the maximum income families can have when they apply for child care assistance. Many states allow families, once receiving assistance, to continue receiving assistance up to a higher income level than that initial limit.
3. In Alaska, the Alaska Permanent Fund Dividend (PFD) payment, which the majority of families in the state receive, is not counted when determining eligibility.
4. In Colorado, counties set their income limits to qualify for assistance within state guidelines

5. Nebraska disregards 10 percent of a family's income at redetermination if the family had been continuously eligible for assistance for 12 months.
6. In South Dakota, income limits include state's 4% disregard.
7. In Tennessee, income limits for teen parents and families receiving assistance through Smart Steps (program serves parents who are working/pursuing postsecondary education and are not receiving /transitioning from TANF) is \$52,272 (85% of SMI) as of October 2019.
8. In Texas, local workforce development boards set their income limits to qualify for assistance within state guidelines; the ranges shown in the tables indicate the lowest and highest income limits set by local boards.
9. In Utah, the income limits shown in the tables take into account a standard deduction of \$100 per month (\$1,200 per year) for each working parent, assuming there is one working parent in the family, and a standard deduction of \$100 per month (\$1,200 per year) for all families to help cover any medical expenses.
10. In Virginia, there are different income limits for different regions of the state.
11. In Wyoming, the income limits take into account a standard deduction of \$200 per month (\$2,400 per year) for each working parent, assuming there is one working parent in the family

Measure 14: Monthly copayment dollar amount for a family of 3 at 150% FPL

Definition: The dollar amount of a monthly copayment for a family of three with one child in care and an income at 150% FPL.

Measure 15: Monthly copayment dollar amount for a family of 3 at 100% FPL

Definition: The dollar amount of a monthly copayment for a family of three with one child in care and an income at 100% FPL.

Source for Measures 14 and 15: National Women's Law Center. (2019). *State by state fact sheets: child care assistance policies 2019*. Retrieved on June 2, 2020, from <https://nwlc.org/resources/state-by-state-fact-sheets-child-care-assistance-policies-2019/>

Notes for Measures 14 and 15:

1. For a family of three, an income at 150 percent of poverty was equal to \$31,995 a year in 2019.
2. For a family of three, an income at 100 percent of poverty was equal to \$21,330 a year in 2019.
3. Many states exempt families from copayment requirements if they meet specific criteria. Among the most common of these criteria are families receiving TANF, children receiving protective services, children in foster care, and homeless families.
4. For nonexempt families, copayment amounts are based on a sliding fee scale, determined by each state and dependent on income level and family size. Copayment amounts vary, partly because of differences in the price of child care between states and territories. Higher copayment amounts do not necessarily mean that a state pays a smaller proportion of the price of care.
5. For states that calculate their copayments as a percentage of the cost of care, it is assumed that the family was purchasing care at the state's maximum base payment rate for licensed center care for a four-year-old.

6. Monthly copayments were calculated from hourly, daily, and weekly copayments assuming the child was in care 9 hours a day, 5 days a week, 4.33 weeks a month.
7. Copayments for states with standard income deductions were determined based on adjusted income.
8. All states have income eligibility criteria for families to receive subsidy assistance. Many states allow families to continue to receive assistance once they are enrolled in the program up to a higher income level than the initial eligibility limit.

Measure 16: Monthly copayment as a percentage of income for a family of 3 at 150% of FPL

Definition: The state's income eligibility limit as a percent of the FPL for a family to receive child care assistance.

Measure 17: Monthly copayment as a percentage of income for a family of 3 at 100% of FPL

Definition: The state's income eligibility limit as a percent of the FPL for a family to receive child care assistance.

Source for Measures 16 and 17: National Women's Law Center. (2019). *State by state fact sheets: child care assistance policies 2019*. Retrieved on June 2, 2020, from <https://nwlc.org/resources/state-by-state-fact-sheets-child-care-assistance-policies-2019/>

Notes for Measures 16 and 17:

1. All income limits are calculated as annual amounts for a family of three.
2. The income eligibility limits shown in the tables represent the maximum income families can have when they apply for child care assistance. Many states allow families, once receiving assistance, to continue receiving assistance up to a higher income level than that initial limit.
3. In Alaska, the Alaska Permanent Fund Dividend (PFD) payment, which the majority of families in the state receive, is not counted when determining eligibility.
4. In Colorado, counties set their income limits to qualify for assistance within state guidelines
5. Nebraska disregards 10 percent of a family's income at redetermination if the family had been continuously eligible for assistance for 12 months.
6. In South Dakota, income limits include state's 4% disregard.
7. In Tennessee, income limits for teen parents and families receiving assistance through Smart Steps (program serves parents who are working/pursuing postsecondary education and are not receiving /transitioning from TANF) is \$52,272 (85% of SMI) as of October 2019. Families can continue receiving assistance for up to 90 days after their recertification if their income exceeds the limit for their category of assistance.
8. In Texas, local workforce development boards set their income limits to qualify for assistance within state guidelines; the ranges shown in the tables indicate the lowest and highest income limits set by local boards.
9. In Utah, the income limits shown in the tables take into account a standard deduction of \$100 per month (\$1,200 per year) for each working parent, assuming there is one working parent in the family, and a standard deduction of \$100 per month (\$1,200 per year) for all families to help cover any medical expenses.
10. In Virginia, there are different income limits for different regions of the state.

11. In Wyoming, the income limits take into account a standard deduction of \$200 per month (\$2,400 per year) for each working parent, assuming there is one working parent in the family

Measure 18: State allows provider to charge parents the difference between reimbursement rate and provider rate

Definition: Provider can charge parents the difference between market rate and subsidy reimbursement rate.

Source: National Women’s Law Center. (2019). *State by state fact sheets: child care assistance policies 2019*. Retrieved on June 2, 2020, from <https://nwlc.org/resources/state-by-state-fact-sheets-child-care-assistance-policies-2019/>

Notes:

1. Many states exempt families from copayment requirements if they meet specific criteria. Among the most common of these criteria are families receiving TANF, children receiving protective services, children in foster care, and homeless families.
2. For nonexempt families, copayment amounts are based on a sliding fee scale, determined by each state and dependent on income level and family size. Copayment amounts vary, partly because of differences in the price of child care between states and territories. Higher copayment amounts do not necessarily mean that a state pays a smaller proportion of the price of care.

States typically use quality rating improvement systems (QRIS) as a means to systematically assess key standards of child care environments and communicate the quality of care in settings to a variety of audiences. Additionally, some states reimburse at higher levels for providers meeting higher quality standards (e.g., higher rating levels in the state’s QRIS). States that require all licensed providers to participate in their QRIS or that require QRIS participation to serve subsidy recipients may or may not tie QRIS level of quality to subsidy levels.

State Variability and Generosity: QRIS Participation and Requirements

Measure	Data Source	Data Vintage
19. State QRIS detail	The Build Initiative & Child Trends’ Quality Compendium data system; Administration of Children and Families, Office of Child Care Approved CCDF Plans.	As of December 1, 2019; As of June 2016 but effective October 1, 2018
20. QRIS participation requirement	The Build Initiative & Child Trends’ Quality Compendium data system	As of December 1, 2019
21. Subsidy reimbursement rate tied to QRIS quality tier	The Build Initiative & Child Trends’ Quality Compendium data system	As of December 1, 2019

Measure 19: State QRIS Detail

Definition: Provides a description of the current status of a state’s QRIS.

Sources:

1. Office of Child Care. (n.d.). *Approved CCDF plans (FY 2019-2021)*. U.S. Department of Health & Human Services. Retrieved on June 16, 2020, from <https://www.acf.hhs.gov/occ/resource/state-plans>
2. The Build Initiative & Child Trends' Quality Compendium. (2019, December 31). *QRIS Compendium profile report* [Data set]. Retrieved on July 13, 2020, from <https://qualitycompendium.org/profile-report>

Notes:

1. Alaska is currently in the process of implementing its statewide QRIS. Only 2 out of 5 levels have been implemented. The classification as "pilot" matches the state's own description in its CCDF plan.
2. Arizona implemented their QRIS starting in 2011, however they are currently carrying out an additional pilot which will be scheduled for completion in 2020.
3. A QRIS can be administered through various entities. California's QRIS are administered by 42 QRIS consortia across the state. In Florida, the Office of Early Learning offers statewide quality improvement system (<http://www.floridaearlylearning.com/statewide-initiatives/early-learning-performance-funding-project>), but local counties administer specific rating programs.
4. Connecticut began the pilot of its QRIS in 2017 and expects full implementation of the ratings system in 2021.
5. Mississippi no longer has a QRIS. Rather, the state is in the process of implementing an alternative quality system with two designations: (1) Standard = "Meets basic quality standards for health, safety, nutrition, care, and learning," and (2) Comprehensive = "Cultivating partnerships and facilitating continuity of care and learning for children ages 0-8." Additional information in the state CCDF plan.

Measure 20: QRIS Participation requirement

Definition: State requires licensed center-based and family child care providers to participate in the state QRIS.

Measure 21: Subsidy reimbursement rate tied to QRIS quality tier

Definition: QRIS includes any link between quality tier and subsidy base reimbursement rate for licensed centers and licensed family child care programs.

Sources for Measures 20 and 21: The Build Initiative & Child Trends' Quality Compendium. (2019, December 31). *QRIS Compendium profile report* [Data set]. Retrieved on July 13, 2020, from <https://qualitycompendium.org/profile-report>

Notes for Measures 20 and 21:

1. Alabama has a QRIS, but it was not fully implemented until the end of 2019; its data is not reported in the 2019 QRIS Compendium.
2. Hawaii, Mississippi, Missouri, and Wyoming do not currently have a QRIS.
3. Connecticut, Kansas, South Dakota, and West Virginia are currently piloting or planning their QRIS and their data are not reported in the 2019 QRIS Compendium.
4. In Louisiana tiered reimbursements are provided via the unified bonus, which is a percentage multiplied by the amount paid through CCDF, based on rating level.
5. Florida has three regional QRIS systems and there is no tiered reimbursement rate in the Guiding Stars of Duval QRIS

6. Ohio and Georgia's QRIS are transitioning to require programs serving children receiving subsidies to participate. This policy will be in full effect in both states in 2020.
7. Louisiana does not include licensed family child care programs in its QRIS and Utah will not include any family child care programs in its QRIS until 2020.
8. DC is currently developing tiered rates.
9. Delaware, Indiana, Kentucky, and Michigan all require providers to participate in their QRIS if they receive other public funding, but not subsidy reimbursement

Group Prenatal Care

Group prenatal care (GPNC) is a model of prenatal care facilitated by a trained healthcare provider, but delivered in a group setting, integrating health assessments, education and skills building, and peer support. Participation in group prenatal care improves the likelihood that mothers receive adequate prenatal care and improves mothers' physical and emotional health. CenteringPregnancy is the predominant model of GPNC; it is the most widely studied and the model on which other forms of GPNC are often based.

State Variability and Generosity: Type of Support for Group Prenatal Care, Number of Sites, and Lack of Adequate Prenatal Care

Measure	Data Source	Data Vintage
1. Type of state support for group prenatal care	State health department websites and proposed and passed state legislation	as of June 8, 2020.
2. Number of CenteringPregnancy program sites	Centering Healthcare Institute	As of May 11, 2020
3. Percentage of women NOT receiving adequate prenatal care	CDC Vital Statistics – Natality Expanded 2018 (from CDC WONDER)	2018

Measure 1: Type of state support for group prenatal care

Definition: State support for group prenatal care falls into one of seven mutually exclusive categories, ranging from no support to enhanced fee-for-service reimbursement.

Source: See table below for individual state sources

State Group Prenatal Care Sources

STATE	SOURCE
Alabama	Alabama Medicaid. (2020, April). <i>Alabama Medicaid provider manual</i> . Retrieved on June 4, 2020, from https://medicaid.alabama.gov/content/Gated/7.6.1G_Provider_Manuals/7.6.1.2G_Apr2020/Apr20_40.pdf
Alaska	Alaska Department of Health and Human Services. (2020, June 1). <i>Alaska Medicaid recipient handbook</i> . Retrieved on August 3, 2020, from http://dhss.alaska.gov/dhcs/Documents/PDF/Recipient-Handbook.pdf
Arizona	Arizona Health Care Cost Containment System. (n.d.). <i>Programs and covered services</i> . Retrieved on August 3, 2020, from https://www.azahcccs.gov/Members/ProgramsAndCoveredServices/
Arkansas	1. Arkansas Department of Human Services. (2020). <i>Episodes of Care documentation</i> . Retrieved on June 5, 2020, from https://humanservices.arkansas.gov/about-dhs/dms/apii/eoc/episodes-of-care-documentation 2. Davis, A. (2017, December 26). <i>Program cited for reduction in costs associated with delivering babies in Arkansas</i> . Arkansas Democrat Gazette. https://www.arkansasonline.com/news/2017/dec/26/perinatal-program-cited-for-costs-fall-/
California	1. California Department of Public Health. (2018). <i>Medi-Cal comprehensive perinatal service program provider manual</i> . Retrieved on May 7, 2020, from https://custom.cvent.com/C506006261F8428CB7CCB91AAA9A05B4/files/

STATE	SOURCE
	<p>8a01c5b0dd744c0aa06f0dece9dec3f1.pdf</p> <p>2. Lighthouse for Children. (n.d.). <i>GLOW! initiative</i>. Retrieved on May 4, 2020, from https://www.lcfresno.org/families/glow/</p>
Colorado	<p>1. Colorado Department of Health Care Policy and Financing. (2009, September 3). <i>Benefits collaborative policy statement</i>. Retrieved on June 5, 2020, from https://www.colorado.gov/pacific/sites/default/files/Maternity.pdf</p> <p>2. Colorado Department of Health Care Policy and Financing. (n.d.). <i>Bundled payments</i>. Retrieved on June 5, 2020, from https://www.colorado.gov/pacific/hcpf/bundled-payments</p> <p>3. Colorado Department of Public Health & Environment. (n.d.). <i>Recommendations to reduce preterm birth in Colorado</i>. Retrieved on June 5, 2020, from https://www.colorado.gov/pacific/sites/default/files/PF_Preterm-BirthRecs.pdf</p>
Connecticut	<p>1. Connecticut Department of Social Services, Medicaid and CHIP Services. (n.d.). <i>HUSKY health for Connecticut children & adults</i>. Retrieved on June 5, 2020, from https://portal.ct.gov/husky</p> <p>2. Desloge, A. (2019, January 1). <i>Scaling up group prenatal care: Analysis of the current situation and recommendations for future research and policy actions</i>. Eli Scholar – A Digital Platform for Scholarly Publishing at Yale. Retrieved on June 5, 2020, from https://elischolar.library.yale.edu/cgi/viewcontent.cgi?article=1817&context=ysphtdl</p>
Delaware	Delaware Department of Health and Social Services. (n.d.). <i>Medicaid and medical assistance</i> . Retrieved on May 20, 2020, from https://dhss.delaware.gov/dhss/dmma/
District of Columbia	<p>1. DC Health Matters Collaborative. (n.d.). <i>Centering Pregnancy program</i>. Retrieved on June 5, 2020, from http://www.dchealthmatters.org/promiseppractice/index/view?pid=3261</p> <p>2. Nesbitt, L. (2018, October 23). <i>Mayor Bower's Maternal and Infant Health Summit – the path ahead</i>. Retrieved on June 5, 2020, from https://dchealth.dc.gov/sites/default/files/dc/sites/doh/event_content/attachments/Oct23_DrNesbitt.pdf</p>
Florida	Agency for Health Care Administration. <i>Reproductive services coverage policy</i> . (July 2016). Retrieved on May 15, 2020, from https://ahca.myflorida.com/medicaid/review/specific_policy.shtml
Georgia	<p>1. H.B. 684, 2017-2018 Leg., Reg. Sess., (Ga. 2018).</p> <p>2. Toledo, A. (n.d.). <i>2019 legislative summary</i>. Georgia Obstetrical and Gynecological Society. Retrieved on May 28, 2020, from https://gaobgyn.org/2019-legislative-summary/</p>
Hawaii	Hawaii Health Matters. (n.d.). <i>Centering Pregnancy program</i> . Retrieved on May 28, 2020, from http://www.hawaiihealthmatters.org/promiseppractice/index/view?pid=3261
Idaho	<p>1. Idaho Division of Medicaid. (2018). <i>2019 Strategic plan & annual key initiatives</i>. Retrieved on May 28, 2020, from https://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/2019MedicaidStrategicPlan.pdf</p> <p>2. Kaye, N. (2019, December 9). <i>Idaho develops a Medicaid value-based payment model for its FQHCs, based on cost and quality</i>. National Academy for State Health Policy. Retrieved on May 28, 2020, from https://www.nashp.org/idaho-develops-a-medicaid-value-based-payment-model-for-its-fqhcs-based-on-cost-and-quality/</p> <p>3. Idaho Department of Health and Welfare. (n.d.). <i>Sample provider agreement</i>. Retrieved on May 28, 2020, from https://healthandwelfare.idaho.gov/Portals/0/Medical/MedicaidCHIP/Healthy%20Connections/HCVCFinalContractDHW011320.pdf</p>
Illinois	1. Illinois Department of Healthcare and Family Services. (n.d.). <i>Model contract</i> . Retrieved on May 15, 2020, from, https://www.illinois.gov/hfs/SiteCollectionDocuments/

STATE	SOURCE
	<p>2018MODELCONTRACTadministrationcopy.pdf</p> <p>2. Illinois Department of Public Health. (2012, November 1). <i>Preterm birth in Illinois: understanding the problem, forging a solution</i>. Retrieved on May 15, 2020, from http://www.idph.state.il.us/pdf/Prematurity_TF_Report12.pdf</p>
Indiana	<p>1. Indiana Department of Health. (n.d.). <i>Appendix G: group prenatal care service standard</i>. Retrieved on June 8, 2020, from https://www.in.gov/isdh/files/Appendix%20G%20Group%20Prenatal%20Care%20Service%20Standard.pdf</p> <p>2. Desloge, A. (2019, January 1). <i>Scaling up group prenatal care: Analysis of the current situation and recommendations for future research and policy actions</i>. Eli Scholar – A Digital Platform for Scholarly Publishing at Yale. Retrieved on June 5, 2020, from https://elischolar.library.yale.edu/cgi/viewcontent.cgi?article=1817&context=ysphtdl</p> <p>3. Indiana Department of Health. (n.d.). <i>Group prenatal care</i>. Retrieved on June 8, 2020, from https://www.in.gov/isdh/27277.htm</p>
Iowa	<p>1. Iowa Dept. of Human Services. (2020). <i>Health Link member resources</i>. Retrieved on May 20, 2020, from https://dhs.iowa.gov/iahealthlink/resources/member-specific</p> <p>2. Iowa TotalCare. (2020). <i>Value-added services</i>. Retrieved on May 20, 2020, from https://www.iowatotalcare.com/members/medicaid/benefits-services/value-adds.html</p>
Kansas	<p>KanCare Medicaid for Kansas. (n.d.). <i>Medical coverage for pregnant women fact sheet</i>. Retrieved on July 24, 2020, from https://www.kancare.ks.gov/consumers/program-fact-sheets/docs/default-source/Consumers/benefits-and-services/fact-sheets/fs-11-medical-coverage-for-pregnant-women-fact-sheet</p>
Kentucky	<p>1. Gregory, A. (2016, July 19). <i>Pre-term birth prevention with Kristin Ashford</i>. University of Kentucky. Retrieved on June 8, 2020, from https://www.research.uky.edu/news/pre-term-birth-prevention-kristin-ashford</p> <p>2. Miranda, M. & Edwards, S. (2009, May). <i>Strategic opportunities for improving pregnancy outcomes in Guilford County, NC</i>. http://www.conehealthfoundation.com/app/files/public/34cbad95-6fb7-4978-b0e5-78db5ebb36c8/doc-foundation-IBO.pdf</p>
Louisiana	<p>1. Louisiana State Department of Health. (March 2020). <i>Quality companion guide for healthy Louisiana managed care organizations</i>. Retrieved on May 29, 2020 from http://ldh.la.gov/assets/docs/bayouhealth/companionguides/la_qcg_mco.pdf</p> <p>2. Healthy Blue LA. (2020, August). <i>Healthy Blue Medicaid managed care provider manual</i>. Retrieved on May 29, 2020, from https://providers.healthybluela.com/Documents/LALA_CAID_ProviderManual.pdf</p> <p>3. Hill et al. (October 2018). <i>Strong start for mothers and newborns evaluation year 5 project synthesis</i>. Retrieved on June 8, 2020, from https://downloads.cms.gov/files/cmmi/strongstart-prenatal-finalevalrpt-v1.pdf</p>
Maine	<p>Maine Department of Health and Human Services. (n.d.). <i>Health care assistance</i>. Retrieved on May 8, 2020, from https://www.maine.gov/dhhs/mainecare.shtml</p>
Maryland	<p>1. Maryland Department of Health. (n.d.). <i>Coverage for pregnant women</i>. Retrieved on June 30, 2020, from https://mmcp.health.maryland.gov/healthchoice/Pages/Pregnancy-Coverage.aspx</p> <p>2. Maryland Department of Health. (2020, Jan. 23). <i>Fiscal year 2021 operating budget</i>. Retrieved on May 8, 2020, from https://dbm.maryland.gov/budget/FY2021Testimony/M00.pdf</p>
Massachusetts	<p>Massachusetts Department of Health and Human Services, MassHealth. (n.d.). <i>Covered services</i>. Mass.gov. Retrieved on August 3, 2020, from https://www.mass.gov/service-</p>

STATE	SOURCE
	details/covered-services
Michigan	<ol style="list-style-type: none"> 1. Michigan Department of Health and Human Services. (n.d.). <i>Contract for comprehensive health care program</i>. Retrieved on June 8, 2020, from https://www.michigan.gov/documents/contract_7696_7.pdf 2. Michigan Department of Health and Human Services. (n.d.). <i>Mother infant health and equity improvement plan 2020-2023</i>. Retrieved on June 8, 2020, from https://www.michigan.gov/documents/infantmortality/FINAL_MIHEIP_665052_7.pdf 3. Priority Health. (2020, February 21). <i>Priority Health first insurer in Michigan to support CenteringPregnancy® care model through provider-based incentives</i>. Retrieved on June 8, 2020, from https://www.priorityhealth.com/about-us/for-the-media/news-release/02-21-20-priority-health-first-insurer-in-michigan-to-support-centeringpregnancy
Minnesota	<ol style="list-style-type: none"> 1. Minnesota Department of Human Services. (2016, June 14). <i>Obstetric services and HIV Counseling</i>. Retrieved April 29, 2020, from https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=DHS16_137814 2. Minnesota Department of Human Services. (2019, January). <i>Integrated care for high risk pregnancies</i> [Legislative report]. Retrieved on April 29, 2020, from https://healthyblackpregnancies.org/assets/PDFs/ICHRP-Legislative-Report.pdf 3. Minn. Stat. § 256B.79. (2019).
Mississippi	<ol style="list-style-type: none"> 1. Mississippi State Division of Medicaid. (2019). <i>Programs: women</i>. Retrieved on June 9, 2020, from https://medicaid.ms.gov/programs/women/ 2. Mississippi State Department of Health. (2018). <i>Infant mortality report: 2018</i>. Retrieved on June 9, 2020, from https://msd.ms.gov/msdhsite/index.cfm/31,8015,299,pdf/InfantMortality2018.pdf
Missouri	<ol style="list-style-type: none"> 1. Missouri Dept. of Social Services. (n.d.). <i>Medical services: MO HealthNet for families, kids, pregnant women and newborns</i>. Retrieved April 30, 2020, from https://mydss.mo.gov/msmcp 2. Flourish St. Louis. (2017, Sept. 19). <i>Integrated health network offers enhanced CenteringPregnancy with MFH grant</i>. Retrieved April 30, 2020, from https://www.flourishstlouis.org/integrated-health-network-offers-enhanced-centeringpregnancy-with-mfh-grant/
Montana	<ol style="list-style-type: none"> 1. Mon. Admin. R. 37.86.45. Retrieved on June 8, 2020, from http://www.mtrules.org/gateway/Subchapterhome.asp?scn=37%2E86.45 2. Montana Dept. of Public Health and Human Services. <i>Priority area 4: Healthy mothers, babies and youth</i>. Retrieved on June 8, 2020, from https://dphhs.mt.gov/healthiermontana/HealthyMothers 3. United States Health Resources and Services Administration. (2019, Sept. 27). <i>FY20 Maternal and child health services Title V block grant: Montana</i>. Retrieved on June 8, 2020, from https://mchb.tvisdata.hrsa.gov/uploadedfiles/StateSubmittedFiles/2020/MT/MT_TitleV_PrintVersion_FY20.pdf 4. HELP Act Oversight Committee. (2016, July 15). <i>Report to the Governor and Legislative Finance Committee pursuant to Montana Code Ann. § 53-6-1317</i>. Retrieved on June 8, 2020, from https://leg.mt.gov/content/Committees/Interim/2015-2016/Children-Family/Meetings/Aug-2016/aug2016-help-act-oversight-committee-report.pdf
Nebraska	<ol style="list-style-type: none"> 1. Nebraska Department of Health and Human Services. (n.d.). <i>Medicaid services</i>. Retrieved on June 9, 2020, from http://dhhs.ne.gov/Pages/Medicaid-Services.aspx 2. Nebraska's 2015 MCH/Infant Need's Assessment, Committee. (2015). <i>Access to and adequacy of prenatal care for Nebraska's infants</i> [Issue brief].

STATE	SOURCE
	http://dhhs.ne.gov/Title%20V%20Documents/7_Access_Prenatal%20Care_MCH_Assessment.pdf#search=prenatal%20care
Nevada	<p>1. Health Plan of Nevada. (2020). <i>Pregnancy information</i>. Retrieved on June 9, 2020, from https://www.hpnmedicaidnvcheckup.com/Member/Pregnancy-Information</p> <p>2. Nevada Maternal and Child Health Bureau. (2018, Sept. 25). <i>Maternal and child health services Title V Block Grant: Nevada fiscal year 2019 application and fiscal year 2017 annual report</i>. Retrieved on June 9, 2020, from http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Programs/TitleV/dta/Publications/NV_TitleV_PrintVersion_9_25_2018.pdf</p>
New Hampshire	New Hampshire Division of Public Health Services. (2013, December). <i>New Hampshire 2013-20 state health improvement plan</i> . Retrieved on June 9, 2020, from https://www.dhhs.nh.gov/dphs/documents/nhship2013-2020.pdf
New Jersey	<p>1. New Jersey State Legislature. (2019). <i>An Act concerning Medicaid coverage for group prenatal care services and amending P.L.1968, c.413</i>. Retrieved on June 9, 2020, from https://www.njleg.state.nj.us/2018/Bills/A9999/5021_R2.PDF</p> <p>2. Partnership for Maternal & Child Health of Northern New Jersey. (2018, December 6). <i>Initiative to reduce infant mortality</i>. Retrieved on June 9, 2020, from https://partnershipmch.org/initiative-reduce-infant-mortality-2/</p> <p>3. New Jersey Department of Health. (2018, April 20). <i>Healthy women, healthy families</i>. Retrieved on June 9, 2020, from https://healthapps.state.nj.us/noticeofgrant/documents/DFHS19OTR_rfa.pdf</p>
New Mexico	<p>1. S.B. 69, 49th Leg., (N.M. 2014).</p> <p>2. Foster, C. (2015, June 17). <i>UNM and NM Office of African American Affairs to launch prenatal care initiative</i>. The University of New Mexico Health Sciences Newsroom. Retrieved on June 9, 2020, from http://hscnews.unm.edu/news/prenatal-care-initiative061715</p>
New York	<p>1. Alshaer, K. (2018, December 20). <i>CenteringPregnancy Pilot Project (focused clinical study)</i>. Presentation to the New York State Taskforce on Maternal Mortality and Disparate Racial Outcomes. Retrieved on June 9, 2020, https://www.health.ny.gov/community/adults/women/task_force_maternal_mortality/docs/meeting3/2018-12-20_Centering_Pregnancy.pdf</p> <p>2. Centering Healthcare Institute. (n.d.). <i>New York State Department of Health technical assistance awards</i>. Retrieved on June 9, 2020, https://www.centeringhealthcare.org/what-we-do/in-kind-service-awards-overview/new-york-state-first-1000-days</p>
North Carolina	<p>1. North Carolina Department of Health & Human Services. (n.d.) <i>Pregnancy medical home</i>. Retrieved on June 8, 2020, from https://medicaid.ncdhhs.gov/providers/programs-services/family-planning-and-maternity/pregnancy-medical-home</p> <p>2. North Carolina Institute of Medicine. (2020, April). <i>Healthy moms, health babies: building a risk-appropriate system of care for North Carolina</i>. Retrieved on June 8, 2020, from http://nciom.org/wp-content/uploads/2020/04/Perinatal-Report-FINAL.pdf</p>
North Dakota	<p>1. North Dakota Department of Human Services. (2016, March 10). <i>Health babies right from the start. Targeted case management services for high risk pregnant women and their infants under one year of age</i>. Retrieved on June 9, 2020, from https://www.nd.gov/dhs/services/medicalserv/medicaid/docs/targeted-case-management-high-risk-pregnant-women.pdf</p> <p>2. Authorization to Accept the March of Dimes' Grant Entitled "Group Prenatal Care Project" in the Amount of \$10,000." Three Affiliated Tribes for the Fort Berthold Indian Reservation. Resolution No. 19-258-FWF. (N.D. 2019).</p>

STATE	SOURCE
	https://static1.squarespace.com/static/5a5fab0832601e33d9f68fde/t/5dfa4abc833c9f2038ab1c50/1576684220632/19-258-FWF.pdf
Ohio	<ol style="list-style-type: none"> 1. Ohio Department of Medicaid. (n.d.). <i>Episodes of care</i>. Retrieved on June 9, 2020, https://medicaid.ohio.gov/provider/PaymentInnovation/Episodes 2. H.B. 11, 133rd Leg., Reg. Sess., (Ohio 2019-2020). 3. Ohio Department of Medicaid. (2017, April 5). <i>MMCP progress in infant mortality initiatives in priority communities and implementing enhanced care management services - SFY 2016 and 2017 update</i>. Retrieved on June 9, 2020, https://medicaid.ohio.gov/Portals/0/Resources/Reports/Medicaid-Infant-Mortality-Report-SFY16-17.pdf?ver=2017-04-06-094011-667 4. The City of Columbus. (2019, December 2). <i>CelebrateOne awarded \$4.5 million grant to address disparities in the infant mortality rate</i> [News release]. Retrieved on June 8, 2020, https://www.columbus.gov/Templates/Detail.aspx?id=2147512992
Oklahoma	Oklahoma Health Care Authority. (n.d.). Retrieved on June 8, 2020, from http://www.okhca.org/
Oregon	<ol style="list-style-type: none"> 1. Oregon Health Authority. (2019, March 21). <i>Timely postpartum care</i>. Retrieved on May 7, 2020, from https://www.oregon.gov/oha/HPA/ANALYTICS/CCOMetrics/2019-postpartum-care-guidance-doc-FINAL.pdf 2. Muoto et al. (2016). Oregon's coordinated care organizations increased timely prenatal care initiation and decreased disparities. <i>Health Affairs</i>, 35(9), 1625–1632. Retrieved on May 7, 2020, from https://doi.org/10.1377/hlthaff.2016.0396 3. Managed Healthcare Executive. (2011, Aug. 1). <i>Oregon Medicaid shifts to global payments, coordinated care</i>. Retrieved on May 7, 2020, from https://www.managedhealthcareexecutive.com/view/oregon-medicaid-shifts-global-payments-coordinated-care
Pennsylvania	<ol style="list-style-type: none"> 1. Pennsylvania Department of Health. (n.d.). <i>Bureau of Family Health</i>. Retrieved on April 28, 2020, from https://www.health.pa.gov/About/Pages/BFH.aspx 2. <i>Meaningful solutions to maternal mortality – doula care and coverage: Hearings before the House of Representatives, Commonwealth of Pennsylvania, House Democratic Policy Committee</i> (2019). https://www.pahouse.com/files/Documents/Testimony/2019-04-04_041430_hdpc040319.pdf
Rhode Island	State of Rhode Island Department of Health. (n.d.). <i>Rhode Island state innovation model (SIM) test grant</i> . Retrieved on May 29, 2020, https://health.ri.gov/publications/summaries/StateInnovationModel.pdf
South Carolina	<ol style="list-style-type: none"> 1. BlueChoice HealthPlan. (20139, June 13). <i>Provider administrative office manual</i>. Retrieved on April 17, 2020, from https://www.bluechoicesc.com/sites/default/files/documents/BlueChoice_Provider_Administrative_Office%20Manual.pdf 2. South Carolina Department of Health and Human Services. (2017, May 25). <i>Medicaid bulletin</i>. Retrieved on April 8, 2020, https://www.scdhhs.gov/sites/default/files/CenteringPregnancy%20Benefit%20Medicaid%20Bulletin_UPDATED%20v9%20Final%20w%20DTS%20Signature.pdf
South Dakota	South Dakota Department of Social Services. (n.d.). <i>Medicaid programs available in South Dakota</i> . Retrieved on May 20, 2020, from https://dss.sd.gov/medicaid/generalinfo/medicalprograms.aspx#preg
Tennessee	1. Tennessee Division of Health Care Finance & Administration. (2019, December 27). <i>Executive summary: Perinatal episode</i> . Retrieved on May 20, 2020, from https://www.tn.gov/content/dam/tn/tennicare/documents2/PeriSumm2020v6.pdf

STATE	SOURCE
	2. National Institute for Children's Health Quality. (2017, October). <i>Case study: Tennessee's perinatal episode of care payment strategy promotes improved birth outcomes</i> . Retrieved on June 8, 2020, from https://www.nashp.org/wp-content/uploads/2017/10/Tennessee-Case-Study-Final.pdf
Texas	1. Texas Medicaid & Healthcare Partnership. (2020, August). <i>Texas Medicaid provider procedures manual</i> . Retrieved on July 23, 2020, from http://www.tmhp.com/Manuals_HTML1/TMPPM/Current/index.html#t=TMPPM%2F2_Med_Specs_and_Phys_Srvs%2F2_Med_Specs_and_Phys_Srvs.htm&rhsearch=%22Group%20Clinical%20Visits%22&rhhlterm=%22Group%20Clinical%20Visits%22&rhsyns=%20&ux=search 2. S.B. 750, 86th Leg., Reg. Sess., (Tex. 2019).
Utah	Utah Department of Health. (2019, October). <i>Utah Medicaid provider manual, Division of Medicaid and Health Financing. Section 2 physician services manual</i> . Retrieved on April 30, 2020, from https://medicaid.utah.gov/Documents/manuals/pdfs/Medicaid%20Provider%20Manuals/Physician%20Services/Physician%20Services%20Manual/PhysicianServices.pdf
Vermont	1. Vermont Agency of Human Services Department of Vermont Health Access. (2020). <i>Vermont Medicaid general billing and forms manual</i> . Retrieved on June 8, 2020, from http://www.vtmedicaid.com/assets/manuals/GeneralBillingFormsManual.pdf 2. Vermont Agency of Human Services Department of Vermont Health Access. (n.d.). <i>Codes/fee schedules</i> . Retrieved on June 8, 2020, from https://dvha.vermont.gov/providers/codesfee-schedules
Virginia	1. Virginia Premier. (2019, June 28). <i>Provider manual</i> . Retrieved on April 30, 2020, from https://www.virginiapremier.com/wp-content/uploads/PROVIDERMANUAL.pdf 2. Lent, M. (2018, November). <i>Virginia's BabyCare program: Working to improve birth outcomes through Medicaid</i> . The National Academy for State Health Policy. Retrieved on June 8, 2020, from https://www.nashp.org/wp-content/uploads/2018/12/Babycare-VA-Fact-Sheet.pdf 3. VirginiaPremier. (n.d.). <i>Prenatal and postpartum resources</i> . Retrieved June 8, 2020, from https://www.virginiapremier.com/members/medicaid/health-programs/prenatal-resources/
Washington	Washington State Health Care Authority. (2019). <i>Value-based purchasing roadmap</i> . Retrieved on May 20, 2020, from https://www.hca.wa.gov/assets/program/vbp-roadmap.pdf
West Virginia	West Virginia Perinatal Partnership. (n.d.). <i>Committee recommendations for establishing priorities for perinatal care actions</i> . Retrieved on April 28, 2020, from https://www.wvperinatal.org/initiatives/maternity-care-provider-coverage/committee-recommendations-for-establishing-priorities-for-perinatal-care-actions-for-the-state-of-west-virginia/
Wisconsin	Department of Health Services. (n.d.). <i>Healthy babies through healthy families</i> [Brochure]. https://www.dhs.wisconsin.gov/healthybirths/brochure.pdf
Wyoming	Laramie County Health Matters. (n.d.). <i>Centering Pregnancy program</i> . Retrieved April 28, 2020, from http://www.laramiecountyhealthmatters.org/promisepractice/index/view?pid=3261

Measure 2: Number of CenteringPregnancy program sites

Definition: The total number of active CenteringPregnancy program sites in the state.

Source: Centering Healthcare Institute. (n.d.). *Locate Centering Sites*. Retrieved on May 11, 2020 from <https://centeringhealthcare.secure.force.com/WebPortal/LocateCenteringSitePage>

Measure 3: Percentage of women not receiving adequate prenatal care

Definition: The percentage of women who received no prenatal care, whose prenatal care started after the fourth month of pregnancy, or who received fewer than 50% of expected prenatal visits based on when prenatal care started and the gestational age at delivery.

Sources:

1. United States Department of Health and Human Services (US DHHS), Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2016-2018, on CDC WONDER Online Database, September 2019 [Data Set]. Accessed at <http://wonder.cdc.gov/nativity-expanded-current.html> on Jun 18, 2020.
2. Kotelchuck, M. (1994). An evaluation of the Kessner Adequacy of Prenatal Care Index and a proposed Adequacy of Prenatal Care Utilization Index. *American Journal of Public Health*, 84, 1414-1420.

Calculation Notes:

Calculation parameters were based on the Adequacy of Prenatal Care Utilization Index and identified those women who either had no prenatal care, whose prenatal care started after the fourth month of pregnancy, or who received fewer than 50% of expected prenatal visits based on when prenatal care started and the gestational age at delivery. The American College of Gynecologists recommends 14 prenatal visits for a normal term pregnancy, with 1 visit per month up to 28 weeks, 1 visit every two weeks from 29 to 36 weeks, and 1 visit per week from 37 to 40 weeks. Data for gestational age (obstetric estimated), month of prenatal care start, and the number of prenatal care visits were downloaded from the CDC's Division of Vital Statistics expanded natality public-use file available through CDC WONDER Online Database. Data were downloaded in groups in order to identify the appropriate denominator and numerator for each group (e.g., those with no prenatal care; those initiating prenatal care after the fourth month of pregnancy, etc.). Gestational age data available through CDC WONDER are only available for those births occurring at 17 weeks gestation or later. Only records with known gestational age, valid information associated with the start of prenatal care (including receiving no prenatal care), and non-missing number of prenatal care visits were included in the calculations.

Evidence-Based Home Visiting

Home visiting programs, which provide support and education to parents in the home through a trained professional (e.g., nurse or social worker) or paraprofessional, have a growing evidence base and have expanded rapidly over the last decade as a state-based investment to support parents and children. As a state strategy, evidence-based home visiting programs are effective at improving parenting skills, but research does not provide a specific state policy lever to guide the optimal funding or implementation of home visiting programs. In the absence of a clear state policy lever to assess variation across the states, we describe instead how states compare to one another in their progress toward implementing evidence-based home visiting programs.

State Variability and Generosity: Supplementing Federal Funding, Number of Programs, and Children Served

Measure	Data Source	Data Vintage
1. State supplements federal funding to implement home visiting programs	National Conference of State Legislatures; FY19 state documents, such as statutes and adopted budgets	As of June 11, 2020
2. Number of evidence-based program models with demonstrated impact in parenting being implemented in the state (out of a possible 10)	National Home Visiting Resource Center; Home Visiting Evidence of Effectiveness – Positive Parenting Practices	2018; As of June 11, 2020
3. Estimated percentage of eligible children under age 3 served by home visiting programs	National Home Visiting Resource Center; 2018 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS)	2018

Measure 1: State supplements federal funding to implement home visiting programs

Definition: State supplements federal funding to implement home visiting programs.

Source: See table below for individual state sources

State Home Visiting Sources

STATE	SOURCES
All States	1. Health Resources and Services Administration. (2019, September). <i>Maternal, Infant, and Early Childhood Home Visiting Awards FY19</i> . https://mchb.hrsa.gov/maternal-child-health-initiatives/home-visiting/fy19-awards 2. National Conference of State Legislatures. (2019, July 19). <i>Early Care and Education State Budget Actions FY 2019</i> . https://www.ncsl.org/research/human-services/early-care-and-education-state-budget-actions-fy-2019.aspx
Alabama	Alabama Executive Budget Office. (2019, February 6). <i>1st quarter performance report FY19</i> . https://budget.alabama.gov/wp-content/uploads/sites/9/2019/02/FY2019-1st-Qtr-State-Non-State-QPR.pdf
Delaware	S.B. 235. 149th General Assembly. (De. 2018).
District of Columbia	D.C. Department of Health. (2019). <i>FY 2019 proposed budget and financial plan</i> . https://cfo.dc.gov/sites/default/files/dc/sites/ocfo/publication/attachments/

STATE	SOURCES
	hc_doh_chapter_2019j.pdf
Hawaii	State of Hawaii Department of Health. (n.d.). <i>Testimony in support of S.C.R. 84/S.R. 61</i> . Retrieved on June 22, 2020, https://www.capitol.hawaii.gov/Session2019/Testimony/SCR84_TESTIMONY_CPH_03-20-19_.PDF
Illinois	Illinois Governor's Office of Early Childhood Development. (n.d.). <i>Illinois home visiting</i> . Retrieved on June 22, 2020, from https://www2.illinois.gov/sites/OECD/Pages/HomeVisiting.aspx
Indiana	Indiana Department of Child Services. (n.d.). <i>Healthy Families Indiana</i> . Retrieved on June 22, 2020, from https://www.in.gov/dcs/2459.htm
Massachusetts	Department of Early Education and Care. (2018, August 10). <i>Fiscal Year 2019 budget summary</i> . Retrieved on June 22, 2020, from https://budget.digital.mass.gov/bb/gaa/fy2019/app_19/dpt_19/hleec.htm
Minnesota	Minnesota Department of Health. (n.d.). <i>Family home visiting program</i> . Retrieved on June 22, 2020, from https://www.health.state.mn.us/communities/fhv/index.html#HowFamilyHomeVisitingIsFunded6/11/2020
New Hampshire	H.B. 144, 2017 Leg., Reg. Sess., (N.H. 2017).
Oklahoma	Oklahoma Partnership for School Readiness. (2020, Feb. 3). <i>Oklahoma home visiting annual outcomes report</i> . https://www.okschoolreadiness.org/uploads/documents/OK%20HV%20Report%20SFY19.pdf
Pennsylvania	H.B. 790, 2019-2020 Leg., Reg. Sess., (Pa. 2019).
Washington	Washington State Department of Children, Youth, and Families. (n.d.). <i>Home visiting service account</i> . Retrieved on June 22, 2020, from https://www.dcyf.wa.gov/services/child-dev-support-providers/home-visiting/hvsa6/11/2020

Measure 2: Number of evidence-based program models with demonstrated impact in parenting being implemented in the state (out of a possible 10)

Definition: The total number out of the ten evidence-based program models with demonstrated impact in parenting that are currently active in the state: (1) Attachment & Bio Behavioral Catch-Up (ABC), (2) Early Head Start-Home Based Option (EHS), (3) Family Check-Up for Children (FCU), (4) Family Connects (FC), (5) Family Spirit, (6) Healthy Families America (HFA), (7) Home Instruction for Parents of Preschool Youngsters (HIPPY), (8) Maternal Early Childhood Sustained Home Visiting Program (MECSH), (9) Nurse Family Partnership (NFP), and (10) Parents as Teachers (PAT).

Sources:

1. National Home Visiting Resource Center. (2019). *2019 Home Visiting Yearbook*. Retrieved on June 11, 2020, from <https://nhvrc.org/yearbook/2019-yearbook/>
2. Administration for Children & Families. (n.d.). *Positive Parenting Practices. Home Visiting Evidence of Effectiveness*. Retrieved on June 11, 2020, from <https://homvee.acf.hhs.gov/index.php/outcomes/Positive%20Parenting%20Practices/In%20Brief>

Measure 3: Estimated percentage of eligible children under age 3 served by home visiting programs

Definition: Children under 3 served by home visiting programs out of all children under 3 in households with incomes below 150% of FPL.

Sources:

1. National Home Visiting Resource Center. (2019). *2019 Home Visiting Yearbook*. Retrieved on June 11, 2020, from <https://nhvrc.org/yearbook/2019-yearbook/>
2. U. S. Census Bureau. (2019). *2018 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS) [Data Set]*. <https://www.census.gov/programs-surveys/acs/data/pums.html>

Calculation Notes:

The numerator reflects the total number of children under 3 who were served by home visiting in 2018. (Data in the home visiting yearbook are presented with the total number of children served by home visiting and the percentage of those children who were under three. We multiplied the percentage of children under three by the total number of children served to get the number of children under three who were served by home visiting.)

The denominator reflects population level estimates from the 2018 ACS PUMS for the sample of children under the age of 3 whose family poverty value was below 150% of the federal poverty level (FPL). We used the 150% FPL cutoff as a proxy for the high-priority eligibility criteria typically used across home visiting programs (e.g., pregnant women, mothers under 21, single/never married mothers, parents with less than a high school education, and families with incomes below 100% FPL). Sample size estimates were calculated in Stata 16 using person-level weights. Children living in group quarters or whose family poverty status was not available (e.g., foster children or children who were unrelated to the head of household) were excluded from the calculation.

The U.S. Census calculation of poverty is based on the total income of all individuals aged 15 or older who are related to the head of household through marriage, birth or adoption. Income from cohabiting partners who are not married and unrelated children (including foster children) are not included in the calculation of family income. This family income is compared to federal poverty thresholds based on related family size and composition.⁸

⁸ U.S. Census Bureau (n.d.). *How the Census Bureau measures poverty*. As of August 27, 2019. Retrieved on April 28, 2020 from <https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html>

Early Head Start

Early Head Start (EHS) is a federally funded program serving low-income pregnant women, infants, and toddlers, and their families. Early Head Start can be home-based, center-based, focused on family child care, or an alternative locally designed approach. By providing comprehensive services to the family, including mental and physical health services to children and a variety of supports to parents, EHS aims to bolster the child’s social support through family members.

The current evidence base does not provide clear guidance to states on the necessary level of resources to make EHS an effective statewide policy – such as the best funding methods, the optimal program dosage, and the most effective components of EHS. States currently support EHS through various funding strategies, including, supplemental funding, leveraging federal funding, or through other mechanisms within early childhood systems.

State Variability and Generosity: Supplementing Federal Funding, and Income-Eligible Children With Access to EHS

Measure	Data Source	Data Vintage
1. State supplements federal funding for Early Head Start programs	National Head Start Association report and confirmation emails and phone calls with state EHS experts	As of June 2020
2. Estimated percentage of income-eligible children with access to EHS	2019 Early Head Start (EHS) Program Information Report (PIR) and 2018 American Community Survey (ACS) Public-Use Microdata Sample (PUMS)	2018-2019

Measure 1: State supplements federal funding for EHS programs

Definition: The state supplemented federal funding to support EHS programs in FY2020 (e.g., line item budget allocation).

Source: See table below for individual state sources

State Early Head Start Sources

STATE	SOURCES
All States	National Head Start Association. (2020). <i>State investments in Head Start to support at-risk children and families</i> [Fact sheet]. Retrieved on May 30, 2020 from https://www.nhsa.org/files/state_investments_in_head_start.pdf
Connecticut	1. Conn. Gen. Stat. §10-16n. 2. E. Trueworthy, personal communication, July 23, 2020.
Maine	N.M. Cunningham, personal communication, June 12, 2020.
Massachusetts	C. Nolan, personal communication, June 16, 2020.
Minnesota	G. Kelly, personal communication, June 3, 2020.
Missouri	Blunt, R. (2020, July 10). <i>Blunt commends HHS For awarding nearly \$11 million to Missouri Head Start programs</i> . Roy Blunt, United States Senator for Missouri. Retrieved on June 10, 2020, from https://www.blunt.senate.gov/news/press-

STATE	SOURCES
	releases/blunt-commends-hhs-for-awarding-nearly-11-million-to-missouri-head-start-programs
Oklahoma	D. Andersen, personal communication, July 2, 2020.
Oregon	H.B. 3427, 80 th Leg., Reg. Sess., (Or. 2019).
Wisconsin	J. Mauer, personal communication, June 16, 2020.

Measure 2: Estimated percentage of income eligible children with access to Early Head Start

Definition: The estimated percentage of income-eligible children (those in families whose poverty status was less than 100% FPL) with access to Early Head Start (as measured through the total number of funded EHS slots).

Sources:

1. U.S. Department of Health & Human Services, Office of Head Start. (n.d.). *2019 Early Head Start (EHS) Program Information Report*. Retrieved on August 5, 2020, from <https://hses.ohs.acf.hhs.gov/pir/>
2. U. S. Census Bureau. (2019). *2018 American Community Survey (ACS) 1-Year Public Use Microdata Sample (PUMS)* [Data Set]. <https://www.census.gov/programs-surveys/acs/data/pums.html>

Calculation Notes:

The numerator reflects the total number of EHS slots (regardless of funding source) available in all EHS programs (traditional EHS, American Indian, Alaska Native (AIAN) and migrant EHS) as provided in state-level 2019 PIRs.

The denominator reflects population level estimates from the 2018 ACS PUMS for the sample of children under the age of 3 whose family poverty value was below 100% of the federal poverty level (FPL). Sample size estimates were calculated in Stata 16 using person-level weights. Children living in group quarters or whose family poverty status was not available (e.g., foster children or children who were unrelated to the head of household) were excluded from the calculation.

The U.S. Census calculation of poverty is based on the total income of all individuals aged 15 or older who are related to the head of household through marriage, birth or adoption. Income from cohabiting partners who are not married and unrelated children (including foster children) are not included in the calculation of family income. This family income is compared to federal poverty thresholds based on related family size and composition.⁹

⁹ U.S. Census Bureau (n.d.). *How the Census Bureau measures poverty*. As of August 27, 2019. Retrieved on April 28, 2020 from <https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html>

Early Intervention Services

Early Intervention (EI) is a federal grant program that provides funds to states to coordinate services for infants and toddlers (birth to age 3) with disabilities or developmental delays, regardless of family income. EI services are authorized by Part C of the Individuals with Disabilities Education Act (IDEA). States are charged with developing eligibility rules and ensuring that children who may have a developmental delay or who may be at risk for developing a delay are evaluated for Part C eligibility in a timely manner. States can serve children who do not meet eligibility criteria (based on medical conditions or the percentage delay in a given developmental area) if the children experience other conditions or circumstances that put them at risk for later delays or disabilities. Each state can independently define the “at-risk” criteria; the broader the eligibility criteria, the more children eligible for EI services.

State Variability and Generosity: EI Eligibility Criteria and Children Served

Measure	Data Source	Data Vintage
1. Criteria used to determine eligibility for Early Intervention services	IDEA Infant & Toddler Coordinators Association; State regulations retrieved from state legal statutes, health department regulations, and Early Intervention program websites	As of June 2020
2. Categorical assessment of state’s eligibility criteria	IDEA Infant & Toddler Coordinators Association	As of June 2018
3. Percentage of all children under age 3 receiving EI services	IDEA Infant & Toddler Coordinators Association	As of June 2018

Measure 1: Criteria used to determine eligibility for Early Intervention services

Definition: Detailed description of a state’s minimum threshold used to determine a child’s eligibility for Early Intervention services.

Sources:

- IDEA Infant & Toddler Coordinators Association. (2020). *Percentage of all children under the age of three receiving services by eligibility. (Single day count 10/1-12/1/2018)*. Prepared by the IDEA Infant & Toddler Coordinators Association in January 2020. Document provided to the Prenatal-to-3 Policy Impact Center by Maureen Greer, Executive Director at the IDEA Infant & Toddler Coordinators Association, via email on April 1, 2020.
- See table below for individual state sources

Note:

- Delays are diagnosed in specific developmental areas using appropriate diagnostic instruments and procedures, per federal law, though independent clinical judgment and informed professional opinion are also permitted.

State Early Intervention Sources

STATE	SOURCES
All States	IDEA Infant & Toddler Coordinators Association. (2020). <i>Percentage of all children under the age of three receiving services by eligibility. (Single day count 10/1-12/1/2018)</i> . Prepared by the IDEA Infant & Toddler Coordinators Association in January 2020.

STATE	SOURCES
	Document provided to the Prenatal-to-3 Policy Impact Center by Maureen Greer, Executive Director at the IDEA Infant & Toddler Coordinators Association, via email on April 1, 2020.
Alabama	Alabama Department of Rehabilitation Services. (n.d.). <i>Alabama Early Intervention System (EI)</i> . Retrieved on June 23, 2020, from http://www.rehab.alabama.gov/individuals-and-families/early-intervention
Alaska	Alaska Department of Health and Social Services. (n.d.). <i>Alaska Infant Learning Program</i> . Retrieved on June 23, 2020, from http://dhss.alaska.gov/dsds/Pages/infantlearning/program/program_faq.aspx
Arizona	Arizona Department of Economic Security. (n.d.). <i>Glossary</i> . Retrieved on June 23, 2020, from https://des.az.gov/services/disabilities/early-intervention/glossary
Arkansas	Arkansas Department of Human Services. (n.d.). <i>First Connections</i> . Retrieved on June 23, 2020, from https://dhs.arkansas.gov/dds/firstconnectionsweb/#fc-home
California	California Department of Developmental Services. (n.d.). <i>What is Early Start?</i> . Retrieved on June 23, 2020, from https://www.dds.ca.gov/services/early-start/what-is-early-start/
Colorado	Colo. Code Regs. 12 CCR § 2509-10 (2015).
Connecticut	Connecticut Office of Early Childhood. (n.d.). <i>Eligibility</i> . Retrieved on June 23, 2020, from https://www.birth23.org/referral/eligibility/eligibility/
Delaware	Delaware Health and Social Services. (2006, April 17). <i>Definitions for eligible infants and toddlers to be served under Part C of the Individuals with Disabilities Education Improvement Act of 2004 in Delaware</i> . Retrieved on June 23, 2020, from https://dhss.delaware.gov/dhss/dms/epqc/birth3/files/de_partc_eligibilityrev.pdf
District of Columbia	Division of Early Learning. (n.d.). <i>Strong Start, DC Early intervention comprehensive system of personnel development</i> . Retrieved on June 23, 2020, from https://osse.dc.gov/sites/default/files/dc/sites/osse/publication/attachments/Strong%20Start%20Service%20Guideline.pdf
Florida	Early Steps Program, Fla. Stat. § 391.308 (2019).
Georgia	Georgia Department of Public Health. (n.d.). <i>Eligibility for BCW</i> . Retrieved on June 23, 2020, from https://dph.georgia.gov/eligibility-bcw
Hawaii	Early Intervention for Infants and Toddlers, Haw. Rev. Stat. § 11-140 (2013).
Idaho	Idaho Department of Health and Welfare. (n.d.). <i>Infant and Toddler program eligibility</i> . Retrieved on June 23, 2020, from https://healthandwelfare.idaho.gov/Children/InfantToddlerProgram/ProgramEligibility/tabid/4118/Default.aspx
Illinois	Illinois Department of Human Services. (2016, August 1). <i>Chapter 9 – Early Intervention eligibility criteria, evaluation and assessment</i> . http://www.dhs.state.il.us/page.aspx?item=96963
Indiana	Indiana First Steps. (2018, September 1). <i>Indiana First Steps early intervention policy manual</i> . https://www.in.gov/fssa/firststeps/files/First_Steps_Policy_Manual_FINAL.pdf
Iowa	Iowa Dept. of Education. (2016, Feb. 1). <i>Infants and toddlers eligible to receive Early ACCESS early intervention services</i> . Retrieved on June 23, 2020, from https://www.iowaideainfo.org/vimages/shared/vnews/stories/56c742980ee0f/Eligibility%20Criteria%20Updated%202017.pdf
Kansas	Kansas Department of Health and Environment. (n.d.) <i>Eligibility</i> . Retrieved on June 23, 2020, from http://www.ksits.org/download/part_c_manual/ELIGIBILITY.pdf
Kentucky	Kentucky Cabinet for Health and Family Services. (2015). <i>First Steps policy & procedure manual</i> . Retrieved on June 23, 2020, from

STATE	SOURCES
	https://chfs.ky.gov/agencies/dph/dmch/ecdb/fs/FirstStepsPPManual.pdf
Louisiana	Louisiana Department of Health. (n.d.). <i>Medicaid: EarlySteps (Infant & Toddler Early Intervention Services)</i> . Retrieved on June 23, 2020, from http://ldh.la.gov/index.cfm/page/332
Maine	Maine Department of Education. (2017, August 25). <i>Maine unified special education regulation birth to age twenty</i> . Retrieved on June 26, 2020, from https://www.maine.gov/doe/sites/maine.gov/doe/files/inline-files/State%20Regulation%20Chapter%20101MUSER.pdf
Maryland	Maryland State Department of Education. (n.d.). <i>Maryland's Infant and Toddlers Program</i> . Retrieved on June 23, 2020, from http://marylandpublicschools.org/programs/Pages/Special-Education/MITP/index.aspx
Massachusetts	Massachusetts Department of Public Health. (2013, July). <i>Early intervention operational standards</i> . Retrieved June 23, 2020, from https://www.mass.gov/files/documents/2019/05/31/early-intervention-operational-standards.docx
Michigan	Michigan.gov. (n.d.). <i>Eligibility for Early On</i> . Retrieved on June 23, 2020, from https://www.michigan.gov/documents/mde/Eligibility_for_Early_On_352750_7.pdf
Minnesota	Minnesota Department of Education. (n.d.). <i>Part C evaluation, eligibility and assessment compliance standards 2017-2018</i> . https://education.mn.gov/mdeprod/idcplg?IdcService=GET_FILE&dDocName=051945&RevisionSelectionMethod=latestReleased&Rendition=primary
Mississippi	Mississippi State Department of Human Services. (n.d.) <i>Early intervention program (First Steps)</i> . Retrieved on June 23, 2020, from https://msdh.ms.gov/msdhsite/_static/41,0,74.html
Missouri	Missouri First Steps Early Intervention. (n.d.). <i>First Steps eligibility criteria</i> . Retrieved June 23, 2020, from https://dese.mo.gov/sites/default/files/se-fs-eligibility-criteria.pdf
Montana	Montana Department of Public Health and Human Services. (2013, July). <i>Montana's Part C compliance document: Conformity with federal rules and regulations for the Early Intervention program of infants and toddlers with disabilities (Part C of IDEA)</i> . Retrieved on June 23, 2020, from https://dphhs.mt.gov/Portals/85/dsd/documents/DDP/fsaac/MontanaPartCRulesAndRegulations.pdf
Nebraska	Nebraska Department of Education. (n.d.). <i>Title 92, Chapter 52 regulations and standards for the provision of Early Intervention services</i> . https://www.nebraska.gov/nesos/rules-and-regs/regtrack/proposals/0000000000001368.pdf
Nevada	State of Nevada Department of Health and Human Services. (2016, March). <i>Nevada early intervention program referral form</i> . Retrieved on June 23, 2020, from http://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/IDEA/Early%20Intervention%20Program%20Referral%20Form%20MAR2016.pdf
New Hampshire	Monadnock Developmental Services. (n.d.). <i>Children's services</i> . Retrieved on June 23, 2020, from http://www.mds-nh.org/index.php/services/children/11--sp-742/-sp-450/63-early-supports-and-services
New Jersey	New Jersey Department of Health. (2015, October 29). <i>Early intervention services in New Jersey frequently asked questions</i> . Retrieved on June 23, 2020, from https://www.nj.gov/health/fhs/eis/documents/njeis_faq.pdf
New Mexico	N. M. Admin. Code, Tit. 7, § 30.8. (2012).
New York	New York Department of Health. (2002, June). <i>Clinical practice guidelines, Appendix E – New York State Early Intervention Program, program information</i> . Retrieved on June 23,

STATE	SOURCES
	2020, from https://www.health.ny.gov/community/infants_children/early_intervention/disorders/appendix_e.htm
North Carolina	North Carolina Infant Toddler Program. (2006, July 1). <i>New eligibility definition for the NC infant toddler program</i> . Retrieved on June 23, 2020 from https://beearly.nc.gov/data/files/pdf/EligibilityDefn.pdf
North Dakota	North Dakota Department of Human Services. (2004, March 31). <i>Part C information</i> . Retrieved on June 23, 2020, from http://www.nd.gov/dhs/services/disabilities/earlyintervention/partcinfo/nd-annual-performance.html
Ohio	Ohio Admin. Code § 5123:2-10-01 (2019).
Oklahoma	Oklahoma State Department of Health. (n.d.). <i>Criteria for eligibility</i> . Retrieved on June 23, 2020, from https://sde.ok.gov/sites/ok.gov.sde/files/1401%20Criteria%20for%20Eligibility.pdf
Oregon	Early Childhood CARES. (2011, March 24). <i>Referrals to Early Childhood CARES</i> . https://pages.uoregon.edu/ecweb/Referrals2.shtml
Pennsylvania	Pennsylvania Office of Child Development and Early Learning. (2013, December 13). EI 13-#08. <i>Eligibility for infant/toddler and preschool early intervention program</i> . [Announcement] https://www.education.pa.gov/Documents/Early%20Learning/Early%20Intervention/Laws%20Regulations%20and%20Announcements/Announcements/2013/EI%2013-08%20Eligibility%20for%20Infant%20Toddler%20and%20Preschool%20Early%20Intervention.pdf
Rhode Island	Rhode Island Executive Office of Health and Human Services. (2013, November). <i>Early intervention certification standards - Rhode Island early intervention policies and procedures multidisciplinary evaluation/assessment</i> . http://www.eohhs.ri.gov/Portals/0/Uploads/Documents/EI%20Policies%20and%20Procedures%203.Eval%20and%20Assessment%20Novemb.pdf
South Carolina	South Carolina Department of Health and Human Services. (n.d.). <i>Determination of initial eligibility</i> . Retrieved on June 23, 2020, from https://msp.scdhhs.gov/babynet/sites/default/files/BabyNet%20Procedures%20for%20Determination%20of%20Initial%20Elgibility.pdf
South Dakota	South Dakota Department of Education. (2016). <i>Eligibility guide</i> . Retrieved on June 23, 2020, from https://sdlegislature.gov/docs/interim/2018/documents/DECF07262018-C.pdf
Tennessee	Tennessee Department of Education. (2018, November). <i>Developmental delay evaluation guidance</i> . Retrieved on June 23, 2020, from https://www.tn.gov/content/dam/tn/education/special-education/eligibility/se_development_delay_evaluation_guidance.pdf
Texas	Texas Health and Human Services. (n.d.). <i>Early childhood intervention services</i> . Retrieved on June 23, 2020, from https://hhs.texas.gov/services/disability/early-childhood-intervention-services
Utah	Utah Department of Health. Baby Watch Early Intervention Program. (2019, April 15). <i>1.B.6 eligibility criteria</i> . Retrieved on June 23, 2020, from https://health.utah.gov/cshcn/pdf/BabyWatch/Eligibility%20Criteria%20policy.pdf
Vermont	Agency of Human Services Department for Children and Families. (n.d.). <i>IDEA Part C – early intervention services for infants and toddlers</i> . Retrieved on June 23, 2020, from https://dcf.vermont.gov/child-development/cis/IDEA_part_C
Virginia	Infant & Toddler Connection of Virginia. (2013, April). <i>Practice manual. Chapter 5</i> .

STATE	SOURCES
	<i>Eligibility determination.</i> http://www.infantva.org/documents/PracManCh5-5-12.pdf
Washington	Washington State Department of Children, Youth, and Families. (n.d.). <i>Early Intervention eligibility.</i> Retrieved on June 23, 2020, from https://www.dcyf.wa.gov/services/child-development-supports/esit/eligibility
West Virginia	West Virginia Dept. of Health & Human Resources. (n.d.). <i>Definition of developmental delay.</i> Retrieved on June 23, 2020 from https://www.wvdhhr.org/birth23/eligibility/reveligibilitypolicyformat2013.pdf
Wisconsin	Wisconsin Department of Health Services. (2019, May 9). <i>Birth to 3 program: program eligibility.</i> Retrieved on June 23, 2020, from https://www.dhs.wisconsin.gov/birthto3/family/eligibility.htm
Wyoming	Wyoming Department of Health. (2019, February 11). <i>Wyoming administrative rules, chapter 8: services for infants and toddlers with developmental delays.</i> https://health.wyo.gov/wp-content/uploads/2019/02/CHAPTER-8-FINAL-Rules.pdf

Measure 2: Categorical assessment of state's eligibility criteria

Definition: Categorical assessment (i.e., broad, moderate, or narrow) of the criteria used to determine a child's eligibility for Early Intervention services.

Source: IDEA Infant & Toddler Coordinators Association. (2020). *Percentage of all children under the age of three receiving services by eligibility. (Single day count 10/1-12/1/2018).* Prepared by the IDEA Infant & Toddler Coordinators Association in January 2020. Document provided to the Prenatal-to-3 Policy Impact Center by Maureen Greer, Executive Director at the IDEA Infant & Toddler Coordinators Association, via email on April 1, 2020.

Notes:

1. Eligibility categories were established by the ITCA Data Committee as of 2010. These categories are defined as: (1) Most inclusive, category A, determines eligibility as "at risk, any delay, atypical development, one standard deviation in one domain, 20% delay in two or more domains, 22% in two or more domains, or 25% delay in one or more domains." (2) Moderately inclusive, category B, determines eligibility as "25% in two or more domains, 30% delay in one or more domains, 1.3 standard deviations in two domains, 1.5 standard deviations in any domain, or 33% delay in one domain." (3) Least inclusive, category C, determines eligibility, as "3% delay in two or more domains, 40% delay in one domain, 50% delay in one domain, 1.5 standard deviations in 2 or more domains, 1.75 standard deviations in one domain, 2 standard deviations in one domain, or 2 standard deviations in two or more domains."
2. States self-declare the category that most closely aligns with their eligibility criteria.
3. California, New Hampshire, New Mexico, Massachusetts, and West Virginia serve children determined to be at risk.

Measure 3: Percentage of all children under age 3 receiving EI services

Definition: Percentage of all children under the age of three receiving early intervention services

Source: IDEA Infant & Toddler Coordinators Association. (2020). *Percentage of all children under the age of three receiving services by eligibility. (Single day count 10/1-12/1/2018).* Prepared by the IDEA Infant & Toddler Coordinators Association in January 2020. Document provided to the

Prenatal-to-3 Policy Impact Center by Maureen Greer, Executive Director at the IDEA Infant & Toddler Coordinators Association, via email on April 1, 2020.

Notes:

1. Single day count from 10/1/2018 - 12/1/2018.
2. Percentages reflect the total count, including at-risk.
3. California, New Hampshire, New Mexico, Massachusetts, and West Virginia serve children determined to be at risk.
4. Using definition of "at-risk" children served (CA, NH, NM, MA, and WV) from IDEA ITCA data, as it is based on 2018 data and analysis conducted in 2020, therefore determined to be the most updated.