

2021 Prenatal-to-3 State Policy Roadmap

EARLY INTERVENTION SERVICES

How can states effectively implement Early Intervention services?

State	Implementation
Alabama	Alabama serves 4.4% of its 0-to-3 population in EI over the course of a year, which puts it among the bottom five states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Alabama served 4.5% of White children, 2.7% of Hispanic children, 4.5% of Black children, and 4.4% of children who reported other races/ethnicities from December 1, 2019, to November 30, 2020. The state reports that it uses broad eligibility criteria for developmental delays, requiring that children exhibit a 25% or greater delay in one or more developmental areas to qualify for EI services. Alabama includes extremely preterm birth (earlier than 26 weeks) and extremely low birthweight (less than 1,000 grams) on its list of qualifying conditions for EI services. The state makes efforts to connect children who do not qualify for EI to the statewide Help Me Grow program to receive alternative services that may support their healthy development. Alabama reports that it primarily uses state funding to pay for EI services, rather than relying on federal funding, and the state does not collect family fees, which may help low-income families to access EI. The state does not access private insurance to pay for services; billing private insurance may allow other resources to remain available to pay for EI services for children without private coverage, and other states have taken this approach successfully. In a 2020 survey, the state did not report taking steps to maximize federal Medicaid matching funds for EI through data sharing between its Medicaid agency and Part C program.
Alaska	Alaska serves 6.1% of its 0-to-3 population in EI over the course of a year, which puts it in the bottom half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Alaska served 6.2% of White children, 5.3% of Hispanic children, 5.3% of Black children, and 6.2% of children who reported other races/ethnicities from July 1, 2019, to June 30, 2020. Alaska is among the 10 states with the smallest gaps in the percentage of children served across all four of the race/ethnicity categories. The state reports that it uses narrow eligibility criteria for developmental delays, requiring children to exhibit a 50% or greater delay in one or more developmental areas to qualify for EI services. Alaska does not serve children born low birthweight or preterm (at any threshold) based on its list of qualifying conditions for EI. A total of 33 states include low birthweight and 23 states include prematurity (at various thresholds in grams and weeks) on their lists of established conditions or risk factors that can qualify children for EI services. In some of these states, low birthweight or prematurity must be accompanied by additional conditions to qualify a child for services. Alaska is one of only nine states that report that they refer 100% of eligible children who have experienced maltreatment to Part C agencies, based on 2019 federal data. It is one of 12 states that report that they refer children who have experienced substantiated abuse or neglect directly to an EI evaluation without requiring an initial screening first. This process may link children to needed services faster. Alaska reports that it primarily uses state funds for EI, rather than relying on federal funding, and it also accesses private insurance to support EI services, which can free up other resources for children without private coverage. The state collects family fees, which is a practice that most states have eliminated because such cost-sharing may deter low-income families' participation. In a 2020 survey, Alaska reported that it makes efforts to cross-reference Medicaid and Part C data to improve services for infants and toddlers.

State	Implementation
Arizona	Arizona serves 4.6% of its 0-to-3 population in EI over the course of a year, which puts it in the bottom 10 states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Arizona served 5.9% of White children, 3.6% of Hispanic children, 4.1% of Black children, and 4.1% of children who reported other races/ethnicities from January 1, 2020, to December 31, 2020.
Arkansas	Arkansas serves 2.1% of its 0-to-3 population in EI over the course of a year, putting the state last among all 51 states (including the District of Columbia) on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Arkansas served 2.2% of White children, 1.5% of Hispanic children, 2.3% of Black children, and 1.7% of children who reported other races/ethnicities from November 2, 2019, to November 1, 2020. Arkansas is among the 10 states with the smallest gaps in the percentage of children served across all four of the race/ethnicity categories, but the service rates are low for all children. The state has recently made efforts to increase outreach and Child Find efforts specifically for Black and Hispanic children, according to a report by the federal Office of Special Education Programs. The state reports that it uses broad eligibility criteria for developmental delays, requiring that children exhibit a 25% or greater delay in one or more developmental areas to qualify for EI services. Arkansas does not serve children born low birthweight or preterm (at any threshold) based on its list of qualifying conditions for EI services. A total of 33 states include low birthweight and 23 states include prematurity (at various thresholds in grams and weeks) on their lists of established conditions or risk factors that can qualify children for EI services. In some of these states, low birthweight or prematurity must be accompanied by additional conditions to qualify a child for services. Arkansas reports that it primarily relies on federal funding for EI rather than state resources, but the state accesses private insurance, which may free up other resources for children without private coverage. The state does not collect family fees, which may help low-income families to access EI services. Arkansas did not report in a 2020 survey that it had taken any recent steps to maximize Medicaid funding for EI or to increase Medicaid reimbursement rates (in the previous 5 years).
California	California serves 6.5% of its 0-to-3 population in EI over the course of a year, which puts it in the bottom half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that California served 5.5% of White children, 7.5% of Hispanic children, 6.7% of Black children, and 5.2% of children who reported other races/ethnicities from January 1, 2020, to December 31, 2020. The state reports that it uses moderately inclusive eligibility criteria for developmental delays, requiring children to exhibit a 33% or greater delay in one or more developmental areas to qualify for EI services. California is one of six states that report to the federal government that they choose to serve children who are at risk for delays or disabilities, even if they do not exhibit a developmental delay that meets the state's threshold or have a qualifying diagnosed condition. California requires that at-risk children have two or more of the factors on its list to qualify. In addition to factors such as very preterm birth (earlier than 32 weeks) and very low birthweight (less than 1,500 grams), the state includes factors such as prenatal substance exposure and low Apgar scores, among others. California reports that it primarily uses state funds for EI, rather than relying on federal funding. It collects family fees to pay for services, but most states do not report this practice, and family fees may deter low-income families from participating in EI. California accesses private insurance for EI, which is an important way to ensure other resources remain available to pay for services for children without private coverage. In a 2020 survey, the state did not report that it makes efforts to maximize Medicaid funding for EI through data sharing between its Medicaid agency and Part C program.

State	Implementation
Colorado	<p>Colorado’s EI program has numerous strengths that make it a leader, including relative equity in service rates by race/ethnicity (smaller gaps compared to other states), and its efforts to access a variety of funding streams to serve more children. Colorado serves 7.1% of its 0-to-3 population in EI over the course of a year, which puts it in the top half of states on this indicator (23rd out of all states, including the District of Columbia). The percentage of children served varies by race and ethnicity; the most recent data show that Colorado served 7.6% of White children, 6.6% of Hispanic children, 6.7% of Black children, and 5.9% of children who reported other races/ethnicities from October 1, 2019 to September 30, 2020. Colorado is among the 10 states with the smallest gaps in the percentage of children served across all four of the race/ethnicity categories. The state reports that it uses moderately inclusive eligibility criteria for developmental delays, requiring children to demonstrate a 33% or greater delay in one or more developmental areas to qualify for EI services. Colorado serves children born very low birthweight (1,199 grams or less), and children who are determined to be “small for gestational age” at specific gram thresholds between 33 and 40 weeks, as part of its list of qualifying conditions for EI. The state reports that it primarily uses state, rather than federal, funding for EI services, and it does not collect family fees, which may help low-income families to access services. Colorado was one of the first states to leverage private insurance for EI services, and the state has been recognized by the Early Childhood Technical Assistance Center for creating an administrative insurance trust to better manage the reimbursement of EI services and ensure more services are covered by private plans (all services are covered other than respite and assistive technology). Accessing private insurance for EI is an important way to ensure other resources remain available to pay for services for children without private coverage. In addition, Colorado reported in a 2020 survey that it makes efforts to maximize federal Medicaid matching funds for its EI program by cross-referencing data from its Medicaid agency and Part C program. The state is one of five that reported in the survey that they formally train their EI providers on infant mental health through collaborations with state infant mental health associations. In the last year, legislation passed in Colorado (S.B. 21-275) to transfer Child Find responsibilities to the Department of Human Services, where Part C services are housed, from their original location in the Department of Education. This step to streamline EI services will become effective on July 1, 2022.</p>
Connecticut	<p>Connecticut has one of the strongest EI programs among all states based on the share of infants and toddlers served and the state’s efforts to leverage Medicaid to serve more children. The state serves 10.7% of its 0-to-3 population in EI over the course of a year, which puts Connecticut in the top 10 states on this indicator (8th out of all states, including the District of Columbia). The percentage of children served varies by race and ethnicity; the most recent data show that Connecticut served 10.0% of White children, 13.3% of Hispanic children, 10.0% of Black children, and 7.4% of children who reported other races/ethnicities from December 2, 2019, to December 1, 2020. Connecticut reports that its eligibility category for developmental delays is narrow, and the state requires children to score 2 standard deviations below the mean in one developmental area, or 1.5 standard deviations below the mean in two or more areas, to qualify for EI services. Connecticut also serves children born extremely low birthweight (999 grams or less) or extremely preterm (27 weeks or earlier) based on its list of qualifying conditions for EI. The state reports that it primarily invests its own state resources to support its EI program, rather than relying on federal funding, and it uses private insurance to cover services. Accessing private insurance is an important way to ensure other resources remain available to pay for services for children without private coverage. The state recently eliminated the use of family fees through S.B. 2, which went into effect on July 1, 2021, and this change may allow more children to access EI services, especially low-income children. Connecticut also reported in a 2020 survey that it had recently (in the previous 5 years) expanded the number of EI services, settings, and providers that can be reimbursed by Medicaid, which may free up other funding for EI services for those children who are not eligible for Medicaid. The state is one of five that reported in the 2020</p>

State	Implementation
	survey that they formally train their EI providers on infant mental health through collaborations with state infant mental health associations.
Delaware	<p>Delaware serves 7.7% of its 0-to-3 population in EI over the course of a year, which puts it in the top half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Delaware served 7.3% of White children, 8.4% of Hispanic children, 8.4% of Black children, and 6.4% of children who reported other races/ethnicities from December 2, 2019, to December 1, 2020. The state reports that it uses moderately inclusive eligibility criteria for developmental delays, requiring a 25% or greater delay in one or more developmental areas, or a score that is 1.75 standard deviations below the mean in any developmental area, to qualify for EI services. Children born extremely low birthweight at less than 1,000 grams are also eligible, but not children born preterm, unless they qualify through other criteria. Delaware reports that it primarily uses state resources for its EI program, rather than federal funding, and it accesses private insurance, which may allow other resources to remain available for children without private coverage. Delaware reports that it does not collect family fees, which may help low-income children to access services. The state reported in a 2020 survey that it had increased Medicaid reimbursement rates for EI providers in the previous 5 years, which may support staff retention. Delaware took steps in the last legislative session to strengthen its EI program. For example, the state legislature passed S.B. 136, which transfers governance of Part C to the Department of Education from the Department of Health and Social Services. This change may provide children with a more seamless transition from EI to special education services when they reach school age. The bill also requires that EI providers receive the same background checks and the same child abuse training that public school employees receive. Another bill that passed in the most recent Delaware session, H.B. 202, will require child care providers to ensure that children between ages 0 and 5 are screened to identify developmental and social-emotional needs. Both bills are awaiting the governor’s signature as of August 1, 2021.</p>
District of Columbia	<p>The District of Columbia serves 7.4% of its 0-to-3 population in EI over the course of a year, which puts it in the top half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that DC served 4.7% of White children, 7.6% of Hispanic children, 9.6% of Black children, and 7.6% of children who reported other races/ethnicities from December 2, 2019, to December 1, 2020. DC reports that it uses broad eligibility criteria for developmental delays, serving children with a 25% or greater delay in one or more areas of development. This threshold was recently changed from a 50% delay in 2018, reflecting DC’s efforts to proactively serve children with more modest delays, which may prevent the later development of severe delays. Children born extremely low birthweight (less than 1,000 grams) and extremely preterm (28 weeks or earlier) are eligible for EI in DC as well. These conditions can only qualify children until they reach 6 months chronological age, after which they must meet other criteria. DC reports that it does not collect family fees for services, which may facilitate low-income families’ participation. DC does not report that it accesses private insurance, but other states leverage private insurance for EI because this practice may allow other resources to remain available to pay for services for children without private coverage. DC reports that it relies more heavily on state, rather than federal, funding for EI as well. The District recently expanded the use of Medicaid for EI services through an administrative rule, which has allowed DC to increase reimbursement rates and broaden the types of EI services reimbursed through Medicaid.</p>
Florida	<p>Florida serves 5.3% of its 0-to-3 population in EI over the course of a year, which puts it in the bottom 10 states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Florida served 4.5% of White children, 6.4% of Hispanic children, 5.4% of Black children, and 4.5% of children who reported other races/ethnicities from July 1, 2019 to June 30, 2020. The state reports that it uses narrow eligibility criteria for developmental delays, requiring children to score 1.5 standard</p>

State	Implementation
	<p>deviations below the mean in two or more developmental areas, or 2 standard deviations below the mean in one or more areas, to qualify for EI services. Florida is one of six states that report to the federal government that they choose to serve children who are at risk for delays or disabilities, even if children do not exhibit a developmental delay that meets the state’s threshold or have a qualifying diagnosed condition. Florida serves infants with neonatal abstinence syndrome (drug exposure) and infants born very low birthweight (1,200 to 1,500 grams) through its at-risk criteria, but these children are entitled to a shorter list of services than children who qualify through a developmental delay or other diagnosed medical condition. Children with birthweight under 1,200 grams can receive a more expansive set of EI services because birthweight in that range is considered an established condition rather than a risk factor. Florida relies primarily on state, rather than federal, funding for its EI program, and it does not collect family fees, which may facilitate low-income families’ participation. The state leverages private insurance to cover services, which may allow other resources to remain available to pay for services for children without private coverage. In a 2020 survey, the state did not report that it had taken steps to share data between agencies to maximize Medicaid funding for EI or to increase Medicaid reimbursement rates for EI in the previous 5 years.</p>
Georgia	<p>Georgia serves 5.0% of its 0-to-3 population in EI over the course of a year, which puts it in the bottom 10 states on this indicator. The state is on an upward trajectory, however, and the federal Office of Special Education Programs reports that Georgia’s Part C program has recently increased its outreach to birthing hospitals, pediatricians, and child care centers. The percentage of children served varies by race and ethnicity; the most recent data show that Georgia served 5.3% of White children, 4.7% of Hispanic children, 5.0% of Black children, and 3.6% of children who reported other races/ethnicities from July 1, 2019 to June 30, 2020. The state reports that it uses moderately inclusive eligibility criteria for developmental delays, requiring children to score at least 2 standard deviations below the mean in one or more developmental areas, or at least 1.5 standard deviations below the mean in two or more developmental areas, to qualify for EI services. Georgia does not serve children born low birthweight or preterm (at any threshold) based on its list of qualifying conditions, but EI staff are considering adding these conditions to Georgia’s list. A total of 33 states include low birthweight and 23 states include prematurity (at various thresholds in grams and weeks) on their lists of established conditions or risk factors that can qualify children for EI services. In some of these states, low birthweight or prematurity must be accompanied by additional conditions to qualify a child for services. Georgia reports that it primarily relies on federal funding for EI rather than state funding, and it collects family fees, which may deter low-income families’ participation. However, the state accesses private insurance to reimburse EI providers for services, which may allow other resources to remain available to pay for services for children without private coverage. The state did not report in a 2020 survey that it makes efforts to maximize Medicaid funding for EI through data sharing between its Medicaid agency and Part C program.</p>
Hawaii	<p>Hawaii serves 7.6% of its 0-to-3 population in EI over the course of a year, which puts it in the top half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Hawaii served 7.0% of White children, 5.1% of Hispanic children, 7.0% of Black children, and 8.5% of children who reported other races/ethnicities from July 1, 2019 to June 30, 2020. The state reports that it uses broad eligibility criteria to qualify children for EI through developmental delays, requiring children to score 1.4 standard deviations or more below the mean in at least one developmental area, or 1 standard deviation or more below the mean in at least two developmental areas. Hawaii’s EI staff report that the state serves children born very preterm (26 weeks or earlier), but not low birthweight, unless they qualify through other criteria. Hawaii reports that it primarily uses state, rather than federal, funding for EI, and it does not use family fees to pay for services, which may facilitate low-income families’ participation. The state does not report that it accesses private insurance, but private insurance can be an important</p>

State	Implementation
	<p>funding stream for EI, because it may allow other resources to remain available to pay for services for children without private coverage. The state did not report in a 2020 survey that it makes efforts to maximize Medicaid funding for EI through data sharing between its Medicaid agency and Part C program.</p>
Idaho	<p>Idaho serves 6.4% of its 0-to-3 population in EI over the course of a year, which puts it in the bottom half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Idaho served 6.8% of White children, 4.8% of Hispanic children, 7.4% of Black children, and 6.5% of children who reported other races/ethnicities from December 1, 2019, to November 30, 2020. The federal Office of Special Education Programs reports that Idaho has recently made efforts to increase engagement with Black families to increase access to EI services. The state reports that it uses moderately inclusive eligibility criteria for developmental delays, requiring children to score 30% below age norm or exhibit a 6-month delay (whichever is less), or score at least 2 standard deviations below the mean in one developmental area, or score at least 1.5 standard deviations below the mean in two or more developmental areas, to qualify for EI services. Idaho also serves children born very preterm (32 weeks or earlier) and very low birthweight (less than 1,500 grams) based on its list of qualifying conditions for EI. Idaho reports that it primarily uses state resources for EI, rather than relying on federal funding, and it does not collect family fees to pay for services, which may support low-income children’s participation. The state also accesses private insurance, which may allow other resources to remain available to pay for services for children without private coverage. Idaho did not report in a 2020 survey that it makes efforts to maximize Medicaid funding for EI through data sharing between its Medicaid agency and Part C program. The state is one of five that reported in the survey that they formally train their EI providers on infant mental health through collaborations with state infant mental health associations, and it is also one of five states that reported that they provide screenings for maternal depression to mothers with children in EI services.</p>
Illinois	<p>Illinois is a leader in EI based on the state’s efforts to provide children with continuity of services and its efforts to access a variety of funding streams to increase the program’s capacity and reach. The state serves 10.1% of its 0-to-3 population in EI over the course of a year, which puts it in the top half of states on this indicator (it ranks 12th out of all states, including the District of Columbia). The percentage of children served varies by race and ethnicity; the most recent data show that Illinois served 10.4% of White children, 11.3% of Hispanic children, 9.0% of Black children, and 7.2% of children who reported other races/ethnicities from July 1, 2019, to June 30, 2020. To qualify for EI services based on developmental delays in Illinois, children must exhibit a 30% or greater delay in one or more developmental areas, which the state reports is a moderately inclusive threshold. Illinois also serves children born extremely low birthweight (less than 1,000 grams), but prematurity is not a qualifying condition. Illinois serves children who have various risk factors as well, including children experiencing homelessness, children with teen parents, and children whose parents have diagnosed mental health conditions, among other factors. Illinois does not report its at-risk criteria to the federal government in the same way that other states do, so it is not designated as one of the six states that serve at-risk children in federal data. Illinois uses a variety of funding streams to support EI. The state reports primarily using state resources, rather than relying on federal funding, and it accesses private insurance to pay for services, which may allow other resources to remain available to pay for services for children without private coverage. The state also reports collecting family fees, but cost-sharing may hinder low-income families’ participation. Illinois reported in a 2020 survey that it makes efforts to maximize federal Medicaid matching funds for EI through data sharing between its Medicaid agency and Part C program. Illinois also reported in the survey that it had recently increased Medicaid reimbursement rates for EI services (in the previous 5 years). Most states are facing personnel shortages partly as a result of insufficient reimbursement rates, so raising the rates is an important step toward retention of providers and may allow Illinois to serve more children in need. In the last year, two laws related to EI (H.B. 2170 and H.B. 3308) were enacted in Illinois. Starting in 2022, H.B. 2170 will allow</p>

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	children who receive EI services and who turn 3 years old during the summer (May 1 through August 31) to continue to receive services until the school year begins. H.B. 3308 became effective in July 2021 and will allow telehealth delivery of EI services to continue beyond the COVID-19 pandemic and to receive the same reimbursement coverage as in-person services.
Indiana	Indiana serves 10.7% of its 0-to-3 population in EI over the course of a year, which puts it in the top 10 states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Indiana served 10.5% of White children, 9.6% of Hispanic children, 9.8% of Black children, and 14.8% of children who reported other races/ethnicities from October 1, 2019, to September 30, 2020. To qualify for EI services based on a developmental delay, children must exhibit a 25% delay or score 2 standard deviations below the mean in one or more developmental areas, or have a 20% delay or score 1.5 standard deviations below the mean in two areas. Indiana reports that this is a moderately inclusive threshold. Indiana also serves children born very low birthweight (1,500 grams or less) based on its list of qualifying conditions, but it does not serve those born preterm unless they qualify through other criteria. Indiana reports that it primarily uses state funds for EI, rather than relying on federal funding, and it accesses private insurance, which may allow other resources to remain available to pay for services for children without private coverage. The state reports that it collects family fees, but this practice may deter families from participating in EI, and most states do not report family cost-sharing through fees. Indiana reported in a 2020 survey that it uses data sharing between its Medicaid agency and Part C program to improve and better coordinate EI services. The state also reported in the survey that it had recently (in the previous 5 years) increased Medicaid reimbursement rates for EI services and had expanded the range of EI providers and services eligible for Medicaid reimbursement.
Iowa	Iowa serves 5.7% of its 0-to-3 population in EI over the course of a year, which puts it in the bottom half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Iowa served 5.5% of White children, 4.7% of Hispanic children, 6.8% of Black children, and 8.4% of children who reported other races/ethnicities from July 1, 2019, to June 30, 2020. The state reports that it uses broad eligibility criteria for developmental delays, requiring children to exhibit a 25% delay in one or more developmental areas to qualify for EI services. Iowa also serves children born very preterm (less than 32 weeks) and very low birthweight (less than 1,500 grams) based on its list of qualifying conditions. Iowa is one of just nine states that report that they refer 100% of eligible children who have experienced maltreatment to Part C agencies, based on 2019 federal data. Iowa reports that it primarily uses federal, rather than state, funding for EI. Iowa is one of five birth mandate states, which means that children with disabilities are guaranteed a free appropriate public education from ages 0 to 21, including EI services (if eligible) from ages 0 to 3. Family fees are therefore prohibited. Iowa also reported in a 2020 survey that it makes efforts to maximize Medicaid funding for EI services by sharing data between its Medicaid agency and Part C program.
Kansas	Kansas serves 9.9% of its 0-to-3 population in EI over the course of a year, which puts it in the top half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Kansas served 10.0% of White children, 10.5% of Hispanic children, 8.9% of Black children, and 8.7% of children who reported other races/ethnicities from July 1, 2019, to June 30, 2020. The state reports that it uses broad eligibility criteria for developmental delays, requiring that children exhibit a 25% delay in one area or a 20% delay in two or more areas to qualify for EI services. Kansas also serves children born extremely preterm (earlier than 27 weeks) and extremely low birthweight (less than 1,000 grams) based on its list of qualifying conditions for EI. Kansas is one of 12 states that report that they refer children who have experienced substantiated abuse or neglect directly to an EI evaluation without requiring an initial screening. This process may link children to needed services faster. In a 2020 survey, Kansas reported that

State	Implementation
	it had recently (in the previous 5 years) expanded the number of EI providers who can be reimbursed by Medicaid, which may help more children receive services.
Kentucky	Kentucky serves 7.2% of its 0-to-3 population in EI over the course of a year, which puts it in the top half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Kentucky served 7.1% of White children, 7.3% of Hispanic children, 6.7% of Black children, and 8.8% of children who reported other races/ethnicities from July 1, 2019, to June 30, 2020. The state reports that it uses narrow eligibility criteria for developmental delays, requiring children to score 2 standard deviations below the mean in one developmental area or at least 1.5 standard deviations below the mean in two developmental areas to qualify for EI services. Kentucky does not include low birthweight or prematurity (at any threshold) on its list of diagnosed conditions that can qualify children for EI, even though these are conditions (at various thresholds in grams and weeks) that may qualify children for EI in 33 and 23 other states, respectively, either alone or in combination with other factors, depending on the state. Kentucky reports that it primarily uses state, rather than federal, funding for EI, and it accesses private insurance, which may allow other resources to remain available to pay for services for children without private coverage. The state reports collecting family fees, however, which may deter low-income families' participation, and most states do not report using family fees. The state did not report in a 2020 survey that it makes efforts to maximize Medicaid funding for EI through data sharing between Part C and its Medicaid agency.
Louisiana	Louisiana serves 5.8% of its 0-to-3 population in EI over the course of a year, which puts it in the bottom half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Louisiana served 5.2% of White children, 4.2% of Hispanic children, 6.9% of Black children, and 6.3% of children who reported other races/ethnicities from December 2, 2019, to December 1, 2020. The state reports that it uses narrow eligibility criteria for developmental delays, requiring children to score 1.5 standard deviations below the mean in two or more developmental areas to qualify for EI services. Louisiana serves children born very preterm (32 weeks or earlier) and very low birthweight (less than 1,500 grams) based on its list of qualifying conditions for EI. These conditions can qualify children until they are 12 months old; children older than 12 months must meet other criteria to qualify for EI services. Louisiana is one of 12 states that report that they refer children who have experienced substantiated abuse or neglect directly to an EI evaluation without requiring an initial screening. This process may link children to needed services faster. Louisiana reports that it primarily uses state, rather than federal, funding for EI, but it does not access private insurance. Other states have moved toward billing private insurance for EI because this practice may allow other resources to remain available to pay for services for children without private coverage. The state reports collecting family fees, which may deter low-income families' participation, and most other states do not report this practice. Louisiana reported in a 2020 survey that it uses data sharing between Part C and its Medicaid agency to maximize federal Medicaid matching funds for EI services, which is another important way to free up other resources for children who are not Medicaid-eligible.
Maine	Maine serves 6.5% of its 0-to-3 population in EI over the course of a year, which puts it in the bottom half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Maine served 6.4% of White children, 6.0% of Hispanic children, 9.6% of Black children, and 7.2% of children who reported other races/ethnicities from April 4, 2019, to April 3, 2020. The state reports that it uses narrow eligibility criteria for developmental delays, requiring children to score 2 or more standard deviations below the mean in at least one developmental area, or 1.5 or more standard deviations below the mean in at least two developmental areas, to qualify for EI services. Maine also includes very low birthweight (less than 1,200 grams) and very preterm birth (earlier than 29 weeks) on its list of qualifying conditions for EI. Maine is one of just nine states that report that they refer 100% of eligible children who

State	Implementation
	<p>have experienced maltreatment to Part C agencies, based on 2019 federal data. Maine reports that it primarily uses state, rather than federal, funding for EI, and it does not collect family fees to pay for services, which may facilitate low-income families' participation in EI. The state also accesses private insurance for EI, which may allow other resources to remain available to pay for services for children without private coverage. The state reported in a 2020 survey that it had recently (in the previous 5 years) increased Medicaid reimbursement rates for EI services and increased the number of services that can be covered by Medicaid.</p>
Maryland	<p>Maryland serves 7.7% of its 0-to-3 population in EI over the course of a year, which puts it in the top half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Maryland served 7.7% of White children, 7.6% of Hispanic children, 7.6% of Black children, and 8.1% of children who reported other races/ethnicities from October 2, 2019, to October 1, 2020. After Ohio, Maryland is the state with the second smallest gap in the percentage of children served across all four of the race/ethnicity categories. The state reports that it uses broad eligibility criteria for developmental delays, requiring children to exhibit a 25% delay in at least one developmental area to qualify for EI services. Maryland also serves children born very low birthweight (less than 1,200 grams), but not those who are born preterm unless they qualify through other conditions or delays. Maryland reports that it primarily uses local funds for EI. Because Maryland is a birth mandate state, children with disabilities are guaranteed a free appropriate public education from ages 0 to 21, including EI services (if eligible) from ages 0 to 3. Family fees are therefore prohibited. Maryland also reported in a 2020 survey that it makes efforts to cross-reference Medicaid and Part C data to help maximize federal matching funds for Medicaid and for quality improvement purposes.</p>
Massachusetts	<p>Massachusetts has one of the strongest EI programs in the country based on the share of children served and the state's use of Medicaid to expand access for infants and toddlers in need. States aiming to improve their services for children with delays and disabilities may learn from Massachusetts' efforts. The state is among the top two states in the percentage of children served in EI over the course of a year, serving 20.1% of its 0-to-3 population (second only to New Mexico). The percentage of children served varies by race and ethnicity; the most recent data show that Massachusetts served 19.0% of White children, 23.5% of Hispanic children, 22.1% of Black children, and 17.9% of children who reported other races/ethnicities from July 1, 2019, to June 30, 2020. Massachusetts reports that it uses broad eligibility criteria for developmental delays, requiring children to score 1.5 standard deviations below the mean in one or more developmental areas to qualify for EI services. Massachusetts is one of six states that report to the federal government that they choose to serve children who are at risk for delays or disabilities, even if children do not exhibit a developmental delay that meets the state's threshold or have a qualifying diagnosed condition. Massachusetts requires that children have four or more of the risk factors on the state's list to qualify through the at-risk policy. In addition to factors such as very preterm birth (earlier than 32 weeks) and very low birthweight (less than 1,200 grams), the state includes factors such as lead levels in the blood, insecure attachment, trauma, feeding difficulties, and others. Many of these factors can only qualify children for services until they are 12 months or 18 months old, depending on the specific risk factor. Massachusetts is one of 12 states that report that they refer children involved in substantiated cases of abuse or neglect to an EI evaluation (rather than referring children to an initial screening first, which is the case in many states). This process may help link children to needed services faster. Massachusetts reports that it primarily uses state funds to pay for EI services, rather than relying on federal funding, and it does not collect family fees to pay for services, which may increase access for low-income families. The state also bills private insurance to reimburse EI providers, which may allow other resources to remain available to pay for services for children without private coverage. Massachusetts also stands out in its efforts to maximize Medicaid</p>

State	Implementation
	funding for EI through close collaboration and data sharing between its Medicaid agency and Part C program, which contributes to the high percentage of children served in the state.
Michigan	<p>Michigan serves 7.0% of its 0-to-3 population in EI over the course of a year, which puts it in the top half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Michigan served 7.5% of White children, 6.1% of Hispanic children, 6.7% of Black children, and 4.7% of children who reported other races/ethnicities from October 4, 2019, to October 3, 2020. The state reports using broad eligibility criteria for developmental delays, requiring that children exhibit a 20% delay or score at least 1 standard deviation below the mean in one or more developmental areas to qualify for EI services. Children born very low birthweight (less than 1,500 grams) are eligible for EI services, but not those who are born preterm, unless they qualify through other criteria. Michigan is one of 12 states that report that they refer children who have experienced substantiated abuse or neglect directly to an EI evaluation without requiring an initial screening. This process may link children to needed services faster. Michigan reports that it primarily uses federal, rather than state, funding for EI. Michigan is one of five birth mandate states, which means that children with disabilities are guaranteed a free appropriate public education from ages 0 to 21, including EI services (if eligible) from ages 0 to 3. Family fees are therefore prohibited. In a 2020 survey, Michigan reported that it had made recent efforts to maximize Medicaid funding for EI services. For example, the state reported that it cross-references Part C and Medicaid data to better identify and serve dually-eligible children, and it also reported that it had recently (in the previous 5 years) increased Medicaid reimbursement rates for EI and expanded the number of EI services, settings, and providers that can be reimbursed by Medicaid.</p>
Minnesota	<p>Minnesota’s EI program is one that other states can learn from for several reasons. The state works to provide a seamless transition for children from Part C into the special education system at later ages, because Part C is housed in its Department of Education and Minnesota’s EI providers are licensed as part of the public school system. State EI leaders have also expressed that they are working to improve access for children of color, children from immigrant families, children experiencing homelessness, and children in the child welfare system. Minnesota reports that it has no waitlists for services, but rather guarantees, per state law, that all children under age 3 who are determined to be eligible for EI services receive services in a timely manner. The state serves 6.5% of its 0-to-3 population in EI over the course of a year, ranking 30th out of all states, including the District of Columbia. The percentage of children served varies by race and ethnicity; the most recent data show that Minnesota served 6.2% of White children, 7.3% of Hispanic children, 7.1% of Black children, and 7.0% of children who reported other races/ethnicities from July 1, 2019, to June 30, 2020. Minnesota is among the 10 states with the smallest gaps in the percentage of children served across all four of the race/ethnicity categories. Minnesota reports that it uses moderately inclusive eligibility criteria for developmental delays, requiring children to score 1.5 standard deviations below the mean in one or more developmental areas to qualify for EI services. The state serves children born very low birthweight (less than 1,500 grams) based on its qualifying conditions list, but not those who are born preterm, unless they qualify through other criteria. The very low birthweight condition can only qualify children until age 2. Minnesota is one of just nine states that report that they refer 100% of eligible children who have experienced maltreatment to Part C agencies, based on 2019 federal data. Minnesota is one of five birth mandate states, and this designation means that children with disabilities are guaranteed a free appropriate public education from ages 0 to 21, including EI services (if eligible) from ages 0 to 3. Family fees are therefore prohibited. Minnesota reports that it primarily uses state, rather than federal, funding for EI. State EI leaders report that they are working to increase Medicaid funding for EI through coordinated efforts between Part C, the state’s Department of Health, and the state’s Department of Human Services.</p>

State	Implementation
Mississippi	<p>Mississippi serves 3.2% of its 0-to-3 population in EI over the course of a year, which puts it in the bottom five states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Mississippi served 3.2% of White children, 1.8% of Hispanic children, 3.3% of Black children, and 3.8% of children who reported other races/ethnicities from January 1, 2020 to December 31, 2020. The state reports that it uses moderately inclusive eligibility criteria for developmental delays, requiring children to exhibit a 33% delay in one area of development or a 25% delay in two or more areas of development, or score 2 standard deviations below the mean in one developmental area, or 1.5 standard deviations below the mean in each of two developmental areas, to qualify for EI services. Mississippi also serves children born very preterm (earlier than 32 weeks) and very low birthweight (less than 1,500 grams) based on its list of qualifying conditions for EI. Mississippi reports that it primarily relies on federal funding for EI, rather than investing state resources. The state does not collect family fees to pay for services, which may support low-income families' participation. Mississippi also accesses private insurance, which may allow other resources to remain available to pay for services for children without private coverage. Mississippi reported in a 2020 survey that it had increased the number of EI services that can be reimbursed by Medicaid (in the previous 5 years). This change may allow more children to receive needed services by freeing up other funding streams for children who are not Medicaid-eligible.</p>
Missouri	<p>Missouri serves 5.8% of its 0-to-3 population in EI over the course of a year, which puts it in the bottom half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Missouri served 5.6% of White children, 6.0% of Hispanic children, 6.8% of Black children, and 5.7% of children who reported other races/ethnicities from January 1, 2020 to December 31, 2020. Missouri is among the 10 states with the smallest gaps in the percentage of children served across all four of the race/ethnicity categories. The state reports that it uses narrow eligibility criteria for developmental delays, requiring children to exhibit a 50% delay in one or more areas to qualify for EI services. Missouri serves children born very low birthweight (less than 1,500 grams) based on its list of qualifying conditions, but children must also have a second condition to accompany very low birthweight (such as a low Apgar score) to qualify. These conditions can only qualify children until they are 12 months old. The state does not serve children who are born preterm unless they qualify through other criteria. Missouri is one of 12 states that report that they refer children who have experienced substantiated abuse or neglect directly to an EI evaluation without requiring an initial screening. This process may link children to needed services faster. The state reports that it primarily uses state, rather than federal, funding for EI, and it accesses private insurance, which may allow other resources to remain available to support services for children without private coverage. The state reports that it collects family fees, however, which may deter low-income families' participation. The state did not report in a 2020 survey that it makes efforts to maximize Medicaid funding for EI through data sharing between its Medicaid agency and Part C program.</p>
Montana	<p>Montana serves 3.1% of its 0-to-3 population in EI over the course of a year, which puts it in the bottom five states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Montana served 3.0% of White children and 2.0% of Hispanic children from November 9, 2019, to November 9, 2020. Data for Black children and children who reported other races were not available. The state reports that it uses narrow eligibility criteria for developmental delays, requiring children to exhibit a 50% delay in one developmental area or a 25% delay in two or more developmental areas to qualify for EI services. Montana does not include low birthweight or prematurity (at any threshold) on its list of diagnosed conditions that can qualify children for EI, even though these are conditions (at various thresholds in grams and weeks) that may qualify children for EI in 33 and 23 other states, respectively, either alone or in combination with other factors, depending on the state. Montana reported in a 2020 survey that it requires EI evaluation teams to include an expert in social-emotional development and infant mental health. Montana reports that it primarily relies on federal funding for EI, rather than investing state</p>

State	Implementation
	resources. It does not collect family fees to pay for services, which may facilitate low-income families' participation. However, the state does not access private insurance; other states have successfully billed private insurance for EI to allow other resources to remain available to pay for services for children without private coverage. The state did not report in the 2020 survey that it makes efforts to maximize Medicaid funding for EI through data sharing between its Medicaid agency and Part C program.
Nebraska	Nebraska serves 4.6% of its 0-to-3 population in EI over the course of a year, which puts it in the bottom 10 states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Nebraska served 5.1% of White children, 3.9% of Hispanic children, 2.8% of Black children, and 3.0% of children who reported other races/ethnicities from January 1, 2020 to December 31, 2020. The state reports that it uses moderately inclusive eligibility criteria for developmental delays, requiring children to score 2 standard deviations below the mean in one developmental area, or 1.3 standard deviations below the mean in two developmental areas, to qualify for EI services. The state does not include low birthweight or prematurity (at any threshold) on its list of diagnosed conditions that can qualify children for EI, even though these are conditions (at various thresholds in grams and weeks) that may qualify children for EI in 33 and 23 other states, respectively, either alone or in combination with other factors, depending on the state. Nebraska is one of just nine states that report that they refer 100% of eligible children who have experienced maltreatment to Part C agencies, based on 2019 federal data. Nebraska reports that it primarily relies on federal funding for EI, rather than state resources. Nebraska is one of five birth mandate states, which means that children with disabilities are guaranteed a free appropriate public education from ages 0 to 21, including EI services (if eligible) from ages 0 to 3. Family fees are therefore prohibited. The state also reported in a 2020 survey that it had recently (in the previous 5 years) increased the number of EI services that can be reimbursed by Medicaid.
Nevada	Nevada serves 6.3% of its 0-to-3 population in EI over the course of a year, which puts it in the bottom half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Nevada served 6.9% of White children, 6.1% of Hispanic children, 5.6% of Black children, and 5.9% of children who reported other races/ethnicities from July 1, 2019, to June 30, 2020. Nevada is among the 10 states with the smallest gaps in the percentage of children served across all four of the race/ethnicity categories. The state reports that it uses moderately inclusive eligibility criteria for developmental delays, requiring children to exhibit a 50% delay in one developmental area or 25% delay in two or more developmental areas to qualify for EI services. Nevada also serves children who are born extremely preterm (27 weeks or earlier) and extremely low birthweight (1,000 grams or less) based on its list of qualifying conditions. These conditions can only qualify children until they are 18 months old (adjusted for prematurity). The state reports that it refers close to 100% of eligible children who have experienced maltreatment to Part C agencies, based on 2019 federal data (99.4%). Nevada reports that it primarily uses state, rather than federal, funding for EI, and it accesses private insurance, which may allow other resources to remain available to pay for services for children without private coverage. The state reports that it does not collect family fees, which may facilitate low-income families' participation. The state did not report in a 2020 survey that it makes efforts to maximize Medicaid funding for EI through data sharing between Medicaid and Part C.
New Hampshire	New Hampshire serves 12.9% of its 0-to-3 population in EI over the course of a year, which puts it in the top five states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that New Hampshire served 13.2% of White children, 8.7% of Hispanic children, 9.7% of Black children, and 15.4% of children who reported other races/ethnicities from January 1, 2020, to December 31, 2020. The state reports that it uses moderately inclusive eligibility criteria for developmental delays, requiring children to exhibit a 33% delay in one or more developmental areas to qualify for EI

State	Implementation
	<p>services. New Hampshire is one of six states that report to the federal government that they choose to serve children who are at risk for delays or disabilities, even if they do not exhibit a developmental delay that meets the state's threshold or have a qualifying diagnosed condition. New Hampshire requires children to have five or more of the risk factors on its list to qualify for EI through an at-risk designation, and these factors include extremely preterm birth (born earlier than 27 weeks), low birthweight (less than 1,814.37 grams), a history of abuse or neglect, and prenatal drug exposure, among others. New Hampshire is one of 12 states that report that they refer children who have experienced substantiated abuse or neglect directly to an EI evaluation without requiring an initial screening. This process may link children to needed services faster. New Hampshire reports that it primarily uses state, rather than federal, funding for EI, and it does not require family cost-sharing through family fees, which may support low-income families' participation. The state accesses private insurance for EI, which may allow other resources to remain available to pay for services for children without private coverage. The state did not report in a 2020 survey that it makes efforts to maximize Medicaid funding for EI through data sharing between its Medicaid agency and Part C program.</p>
New Jersey	<p>New Jersey serves 10.2% of its 0-to-3 population in EI over the course of a year, which puts it in the top 10 states on this indicator. The federal Office of Special Education Programs reports that New Jersey has recently increased its coordination between EI programs and child care providers, which may help the state increase EI participation even further. The percentage of children served varies by race and ethnicity; the most recent data show that New Jersey served 9.4% of White children, 12.3% of Hispanic children, 8.3% of Black children, and 9.6% of children who reported other races/ethnicities from July 1, 2019, to June 30, 2020. The state reports that it uses moderately inclusive eligibility criteria for developmental delays, requiring children to score 2 standard deviations below the mean in one developmental area, or 1.5 standard deviations below the mean in two or more developmental areas, to qualify for EI services. New Jersey does not include low birthweight or prematurity (at any threshold) on its list of diagnosed conditions that can qualify children for EI, even though these are conditions (at various thresholds in grams and weeks) that may qualify children for EI in 33 and 23 other states, respectively, either alone or in combination with other factors, depending on the state. New Jersey is one of 12 states that report that they refer children who have experienced substantiated abuse or neglect directly to an EI evaluation without requiring an initial screening. This process may link children to needed services faster. New Jersey reports that it primarily uses state, rather than federal, funding for EI services. The state collects family fees to pay for services, but this is a practice that most states have eliminated, and cost-sharing may deter low-income families' participation. New Jersey also does not access private insurance, even though other states have leveraged private insurance to allow other resources to remain available to pay for services for children without private coverage. The state did not report in a 2020 survey that it makes efforts to maximize Medicaid funding for EI through data sharing between its Medicaid agency and Part C program.</p>
New Mexico	<p>New Mexico has one of the strongest EI programs in the nation in terms of the share of children served and the state's efforts to leverage Medicaid and other funding streams to increase the program's capacity. New Mexico serves 21.9% of its 0-to-3 population in EI over the course of a year, leading all 51 states, including the District of Columbia, on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that New Mexico served 17.7% of White children, 24.9% of Hispanic children, 23.3% of Black children, and 15.5% of children who reported other races/ethnicities from January 1, 2020, to December 31, 2020. The state reports that it uses broad eligibility criteria for developmental delays, requiring children to exhibit a 25% or greater delay in one or more developmental areas to qualify for EI services. New Mexico is one of six states that report to the federal government that they choose to serve children who are at risk for delays or disabilities, even if children do not exhibit developmental delays that meet the state's threshold or have a qualifying diagnosed condition. The state's at-risk criteria include very</p>

State	Implementation
	<p>low birthweight (less than 1,500 grams), very preterm birth (earlier than 32 weeks), and a variety of other factors, including prenatal drug or alcohol exposure, child maltreatment, and domestic violence, among others. New Mexico is one of 12 states that report that they provide an EI evaluation to children who have experienced substantiated abuse or neglect without requiring an initial screening first, which may help connect more children in child welfare cases to critical EI services. Federal data from 2019 show that the state refers 83.9% of eligible children who have experienced maltreatment to Part C agencies. New Mexico primarily uses state, rather than federal, funding to pay for EI services, and it does not collect family fees, which may facilitate access for low-income children. The state accesses private insurance for EI, which may allow other resources to remain available to pay for services for children without private coverage. The state enacted a legislative mandate requiring that third-party insurers cover EI services, which may contribute to New Mexico's ability to serve such a high share of its infants and toddlers. The state also reported in a 2020 survey that it had increased Medicaid reimbursement rates for EI services in the previous 5 years.</p>
New York	<p>New York serves 9.4% of its 0-to-3 population in EI over the course of a year, which puts it in the top half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that New York served 10.7% of White children, 9.5% of Hispanic children, 7.2% of Black children, and 7.2% of children who reported other races/ethnicities from July 1, 2019, to June 30, 2020. The state reports that it uses a moderately inclusive threshold for developmental delays, requiring that children exhibit a 33% delay, 12-month delay, or score 2 standard deviations below the mean in one developmental area, or exhibit a 25% delay or score 1.5 standard deviations below the mean in two areas, to qualify for EI services. New York serves children born extremely low birthweight (less than 1,000 grams) and children born extremely preterm (earlier than 28 weeks) based on its list of qualifying conditions for EI. The state reported in a 2020 survey that it makes efforts to use data sharing between its Medicaid agency and Part C to maximize federal matching funds for EI services that may be covered by Medicaid.</p>
North Carolina	<p>North Carolina serves 5.8% of its 0-to-3 population in EI over the course of a year, which puts it in the bottom half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that North Carolina served 5.8% of White children, 6.3% of Hispanic children, 6.2% of Black children, and 4.3% of children who reported other races/ethnicities from July 1, 2019, to June 30, 2020. The state reports that it uses moderately inclusive eligibility criteria for developmental delays, requiring that children exhibit a 30% delay or score 2 standard deviations below the mean in one developmental area, or exhibit a 25% delay or score 1.5 standard deviations below the mean in two areas, to qualify for EI services. The state also serves children born extremely low birthweight (less than 1,000 grams) and extremely preterm (earlier than 27 weeks) based on its list of qualifying conditions. The state is also one of five that report providing maternal depression screenings to mothers with children receiving EI services. North Carolina primarily relies on federal funding to pay for EI services, rather than state resources, and it collects family fees, which may deter low-income families' participation. The state leverages private insurance, which may allow other resources to remain available to pay for services for children without private coverage. The state reported in a 2020 survey that it had recently (in the previous 5 years) expanded the number of EI services that can be reimbursed by Medicaid, which may help more children access needed services, and may free up other funding streams for children who do not qualify for Medicaid.</p>
North Dakota	<p>North Dakota serves 9.5% of its 0-to-3 population in EI over the course of a year, which puts it in the top half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that North Dakota served 8.4% of White children, 6.4% of Hispanic children, 7.4% of Black children, and 17.3% of children who reported other races/ethnicities from July 1, 2019, to June 30, 2020. The state reports that it uses narrow eligibility criteria for developmental delays, requiring children to</p>

State	Implementation
	<p>demonstrate a 50% delay in one or more developmental areas or a 25% delay in two or more areas to qualify for EI services. North Dakota does not serve children who are born low birthweight or preterm (at any threshold) based on its list of qualifying conditions for EI. A total of 33 states include low birthweight and 23 states include prematurity (at various thresholds in grams and weeks) on their lists of established conditions or risk factors that can qualify children for EI services. In some of these states, low birthweight or prematurity must be accompanied by additional conditions to qualify a child for services. North Dakota reports that it refers close to 100% of eligible children who have experienced maltreatment to Part C agencies based on 2019 federal data (95.1%). North Dakota primarily relies on federal funding for EI, rather than state resources, and the state does not leverage private insurance, even though other states have successfully billed private insurance for EI to allow other resources to remain available to pay for services for children without private coverage. North Dakota does not require family fees, however, which may facilitate low-income families' participation. In a 2020 survey, North Dakota reported that it makes efforts to share data between its Medicaid agency and Part C program to maximize federal Medicaid matching funds for EI services, which may help more children access needed services, and may free up other funding streams for children who do not qualify for Medicaid.</p>
Ohio	<p>Ohio serves 5.9% of its 0-to-3 population in EI over the course of a year, which puts it in the bottom half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Ohio served 5.9% of White children, 6.2% of Hispanic children, 5.8% of Black children, and 5.9% of children who reported other races/ethnicities from January 1, 2020, to December 31, 2020. Ohio is the state with the smallest gap in the percentage of children served across all four of the race/ethnicity categories. The federal Office of Special Education Programs reports that Ohio has recently increased its Child Find efforts, which may contribute to the state's high performance (relative to other states) on equity. The state reports that it uses moderately inclusive eligibility criteria for developmental delays, qualifying children for EI services if they score 1.5 standard deviations or more below the mean in at least one developmental area. The state includes very low birthweight (less than 1,500 grams) on its list of qualifying conditions for EI, but not prematurity. Children must have an additional birth complication to qualify through very low birthweight. Ohio is one of just nine states that report that they refer 100% of eligible children who have experienced maltreatment to Part C agencies, based on 2019 federal data. Ohio reports that it primarily uses local, rather than federal or state funding, for EI services, and it uses both family fees and private insurance as additional funding streams. Collecting family fees may deter low-income families' participation, however, and most states have eliminated this practice. Accessing private insurance is an important way to allow other resources to remain available to pay for services for children without private coverage. In a 2020 survey, the state did not report any efforts to maximize Medicaid funding for EI services or to increase Medicaid reimbursement rates in the previous 5 years.</p>
Oklahoma	<p>Oklahoma serves 3.0% of its 0-to-3 population in EI over the course of a year, which puts it close to the very bottom of states on this indicator (ranking 50th out of 51 states, including the District of Columbia). The percentage of children served varies by race and ethnicity; the most recent data show that Oklahoma served 3.9% of White children, 1.0% of Hispanic children, 3.0% of Black children, and 2.6% of children who reported other races/ethnicities from July 1, 2019, to June 30, 2020. Oklahoma reports that it uses moderately inclusive eligibility criteria for developmental delays, requiring that children exhibit a 50% delay or score 2 standard deviations below the mean in one area, or have a 25% delay or score 1.5 standard deviations below the mean in at least two areas, to qualify for EI services. The state includes very low birthweight (1,200 grams or less) on its list of qualifying conditions, but not prematurity. Children may qualify through very low birthweight only until age 2. Children who are designated as "small for gestational age" between 34 and 40 weeks may qualify until age 12 months based on specific combinations of birthweight and gestational age. Oklahoma reported in a 2020 survey that it refers children who are not</p>

State	Implementation
	<p>eligible for EI to its Child Guidance program, which offers services for healthy child and family development at 15 sites across the state, and these services are covered by Medicaid or family fees on a sliding scale. Oklahoma reports that it relies primarily on state, rather than federal, funding for EI services, and its Part C program does not collect family fees, which may help facilitate low-income families' participation. The state does not leverage private insurance, however. Other states have moved toward accessing private insurance because this practice may allow other resources to remain available to pay for services for children without private coverage. The state did not report in a 2020 survey that it makes efforts to maximize Medicaid funding for EI through data sharing between its Medicaid agency and Part C program.</p>
Oregon	<p>Oregon serves 7.2% of its 0-to-3 population in EI over the course of a year, which puts it in the top half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Oregon served 7.4% of White children, 7.4% of Hispanic children, 8.7% of Black children, and 5.6% of children who reported other races/ethnicities from July 1, 2019, to June 30, 2020. The state reports that it uses narrow eligibility criteria for developmental delays, requiring children to score 2 standard deviations or more below the mean in at least one developmental area, or 1.5 standard deviations or more below the mean in two or more areas, to qualify for EI services. The state includes very low birthweight (less than 1,200 grams) on its list of qualifying conditions for EI, but not prematurity. Oregon relies primarily on state, rather than federal, funding for EI services, and it does not collect family fees, which may facilitate low-income families' participation. The state does not access private insurance, however. Other states have moved toward accessing private insurance for EI because this practice may allow other resources to remain available to pay for services for children without private coverage. The state reported in a 2020 survey that it makes efforts to maximize federal Medicaid matching funds for EI services, such as cross-referencing data from its Medicaid agency and Part C program, and that it had expanded the types of EI providers and settings eligible for Medicaid reimbursement in the previous 5 years.</p>
Pennsylvania	<p>Pennsylvania serves 10.9% of its 0-to-3 population in EI over the course of a year, which puts it in the top 10 states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Pennsylvania served 10.2% of White children, 11.5% of Hispanic children, 11.3% of Black children, and 15.3% of children who reported other races/ethnicities from July 1, 2019, to June 30, 2020. The state reports that it uses broad eligibility criteria for developmental delays, requiring a 25% delay or a score that is at least 1.5 standard deviations below the mean in any developmental area to qualify for EI services. The state does not include low birthweight or prematurity (at any threshold) on its list of diagnosed conditions that can qualify children for EI, even though these are conditions (at various thresholds in grams and weeks) that may qualify children for EI in 33 and 23 other states, respectively, either alone or in combination with other factors, depending on the state. Pennsylvania is one of 12 states that report that children involved in substantiated cases of abuse or neglect are referred for an EI evaluation (rather than being referred for an initial screening first, which is the case in some states). This process may connect children in the child welfare system to needed services faster. Pennsylvania reports that it primarily relies on state, rather than federal, funding for Part C, and it does not collect family fees, which may facilitate low-income families' participation. The state does not leverage private insurance, however. Other states have moved toward accessing private insurance for EI because this practice may allow other resources to remain available to pay for services for children without private coverage. Pennsylvania reported in a 2020 survey that it makes efforts to maximize Medicaid funds for EI services to serve more children, such as cross-referencing data from the two programs to identify dually-eligible children.</p>
Rhode Island	<p>Rhode Island is a leader among states in the strength of its EI program, based on the percentage of children served, the Part C program's efforts to collaborate with Medicaid to increase capacity, and the state's efforts to serve children in the child welfare system, who may be at higher risk for delays and disabilities than other</p>

State	Implementation
	<p>children. Rhode Island serves 14.6% of its 0-to-3 population in EI services over the course of a year, which puts it among the top five states on this indicator (ranking 3rd among all states, including the District of Columbia). The percentage of children served varies by race and ethnicity; the most recent data show that Rhode Island served 14.8% of White children, 15.7% of Hispanic children, 14.4% of Black children, and 10.4% of children who reported other races/ethnicities from July 1, 2019, to June 30, 2020. The state reports that it uses moderately inclusive eligibility criteria for developmental delays, requiring children to score 2 standard deviations below the mean in at least one developmental area, or 1.5 standard deviations below the mean in two or more areas, to qualify for EI services. Rhode Island includes very low birthweight (1,500 grams or less) on its list of qualifying conditions, but not prematurity. The state also qualifies children for EI if they have “significant circumstances” or risk factors that adversely impact their functioning, which is a more flexible way to determine eligibility and may contribute to the state’s high percentage of children served. The state does not report this policy to the federal government in the same way that other states do, and therefore, Rhode Island is not designated as one of the six states that serve at-risk children under federal Part C policies. Rhode Island is one of five states that reported in a 2020 survey that they provide maternal depression screenings to mothers with children in EI programs. The state also fosters close collaboration between EI and the child welfare system. Rhode Island is unique in that there is a professional in the state whose role is to liaise between Rhode Island’s Department of Children, Youth, and Families, and the Part C system to ensure that referrals and evaluations are taking place for children affected by abuse and neglect. The state reports that it refers close to 100% of eligible children who have experienced maltreatment to EI programs or to the First Connections screening program, based on 2019 federal data (97.8%). Rhode Island accesses private insurance to cover services, which may allow other resources to remain available to pay for services for children without private coverage. In addition, Rhode Island does not report collecting family fees, which may facilitate low-income families’ participation. Rhode Island has one of the strongest partnerships between Medicaid and Part C of all states; the Part C program is in fact located within the Medicaid agency. The state requires private in-state health plans to cover EI services and they must reimburse at or above Medicaid levels, but Medicaid rates remain low in the state, and they have not increased in approximately 20 years. However, advocates are pushing for rate increases in the next state budget.</p>

State	Implementation
South Carolina	<p>South Carolina serves 6.9% of its 0-to-3 population in EI over the course of a year, putting it in the middle of the states on this indicator (ranking 26th out of all states, including the District of Columbia). The percentage of children served varies by race and ethnicity; the most recent data show that South Carolina served 6.8% of White children, 6.1% of Hispanic children, 6.9% of Black children, and 8.8% of children who reported other races/ethnicities from December 1, 2019, to November 30, 2020. The state reports that it uses narrow eligibility criteria for developmental delays, requiring that children exhibit a 40% delay or score 2 standard deviations below the mean in one developmental area, or exhibit a 25% delay or score 1.5 standard deviations below the mean in two areas, to qualify for EI services. The state includes very low birthweight (1,200 grams or less) and very preterm birth (earlier than 28 weeks) on its list of qualifying conditions for EI. These conditions can only qualify children until age 2. South Carolina is also one of 12 states that report that they provide an EI evaluation to children who have experienced substantiated abuse or neglect, rather than referring children to a screening before the evaluation. This process may link children to needed services faster. South Carolina reports that it primarily relies on federal, rather than state, funding for EI, and it does not access private insurance to cover services. Other states leverage private insurance because this practice may allow other resources to remain available to pay for services for children without private coverage. The state does not collect family fees, which may support low-income families' participation in EI. South Carolina has recently made significant efforts to maximize federal Medicaid matching funds to increase the number of children served in EI. For example, according to a report by the Georgetown University Health Policy Institute's Center for Children and Families and the National Center for Children in Poverty, South Carolina began to integrate governance of EI into its Medicaid agency in 2016, and this change led to a 50% increase in the number of children served from 2016 to 2019. As a part of the reorganization, EI providers were required to enroll in Medicaid, and the state began to use Medicaid data to identify children who could benefit from EI services. South Carolina's recent efforts may lead to greater numbers of children served in its EI program over time, and other states may find success through similar collaborations between Part C and Medicaid.</p>
South Dakota	<p>South Dakota serves 6.2% of its 0-to-3 population in EI over the course of a year, which puts it in the bottom half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that South Dakota served 6.1% of White children, 5.9% of Hispanic children, 4.6% of Black children, and 6.8% of children who reported other races/ethnicities from December 2, 2019, to December 1, 2020. The state reports that it uses moderately inclusive eligibility criteria for developmental delays, requiring children to score at least 1.5 standard deviations below the mean in at least one developmental area to qualify for EI services. The state does not include low birthweight (at any threshold) on its list of conditions that qualify a child for EI services, but it does include prematurity, at 28 weeks or earlier, as a qualifying condition. South Dakota is one of just nine states that report that they refer 100% of eligible children who have experienced maltreatment to Part C agencies, based on 2019 federal data. South Dakota reports that it primarily relies on federal funding for EI services, rather than state resources, and it does not access private insurance to pay for services. Other states have moved toward leveraging private insurance for EI because this practice may allow other resources to remain available to pay for services for children without private coverage. South Dakota does not require family fees, however, which may facilitate low-income families' participation. The state reported in a 2020 survey that it had increased Medicaid reimbursement rates for EI services in the previous 5 years, which may help retain providers.</p>
Tennessee	<p>Tennessee serves 6.6% of its 0-to-3 population in EI over the course of a year, which puts it in the bottom half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Tennessee served 6.8% of White children, 5.8% of Hispanic children, 6.4% of Black children, and 7.1% of children who reported other races/ethnicities from December 1, 2019, to November 30, 2020. Tennessee is among the 10 states with the smallest gaps in the percentage of children served</p>

State	Implementation
	<p>across all four of the race/ethnicity categories. The state reports that it uses moderately inclusive eligibility criteria for developmental delays, requiring children to exhibit a 40% delay in one developmental area, or a 25% delay in two or more areas, to qualify for EI services. The state does not include low birthweight (at any threshold) as a qualifying condition for EI, but it does include very preterm birth (earlier than 30 weeks) on its list of qualifying conditions. Tennessee reports that its EI program relies primarily on state, rather than federal, funding, and it does not collect family fees, which may support low-income families' participation. The state also accesses private insurance to cover services, which may allow other resources to remain available to pay for services for children without private coverage. The state did not report in a 2020 survey that it makes efforts to maximize Medicaid funding for EI through data sharing between its Medicaid agency and Part C program.</p>
Texas	<p>Texas serves 5.3% of its 0-to-3 population in EI over the course of a year, which puts it in the bottom 10 states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Texas served 6.0% of White children, 5.7% of Hispanic children, 3.6% of Black children, and 2.5% of children who reported other races/ethnicities from January 1, 2020, to December 31, 2020. The state reports that it uses broad eligibility criteria for developmental delays, requiring children to exhibit a 25% delay in one or more developmental areas to qualify for EI services. Qualifying for an expressive language delay alone requires a 33% or greater delay in this domain. Texas serves children born extremely low birthweight (999 grams or less), but the state does not include prematurity on its list of conditions that qualify children for EI services. Texas relies more heavily on federal, rather than state, funding, and it collects family fees for EI, which may deter low-income families' participation. The state leverages private insurance, however, which is an important way to allow other resources to remain available to pay for services for children without private coverage. Texas EI staff have also made laudable efforts to ensure that telehealth delivery of EI services can be reimbursed by Medicaid, and state leaders plan to leverage Medicaid to a greater degree in future years to maximize available funding for EI services. As of 2019, 66% of children enrolled in Texas' EI program were also enrolled in Medicaid, and therefore, greater coordination between the two agencies may be beneficial. Recent budget cuts and insufficient state investments have hindered Texas' EI program; a federal investigation in October 2020 found that Texas was out of compliance with its federal obligation to identify and serve eligible children in Part C. In the most recent legislative session, advocates fought to prevent further cuts to Part C, securing \$339 million in funding when the Texas House and Senate finalized their budget. The Texas Senate had initially proposed to cut funding to \$315 million from the current level of \$342 million. At least 12 bills were proposed in the most recent legislative session related to Texas' EI program, but none passed.</p>
Utah	<p>Utah serves 6.9% of its 0-to-3 population in EI services over the course of a year, which puts it in the middle of the states on this indicator (ranking 26th out of all states, including the District of Columbia). The percentage of children served varies by race and ethnicity; the most recent data show that Utah served 6.9% of White children, 7.7% of Hispanic children, 5.6% of Black children, and 5.5% of children who reported other races/ethnicities from January 1, 2020, to December 31, 2020. The state reports that it uses moderately inclusive eligibility criteria for developmental delays, requiring that children score 1.5 standard deviations below the mean, or at or below the 7th percentile in one or more areas of development, to qualify for EI services. Utah does not include low birthweight or prematurity (at any threshold) among its conditions that qualify children for EI, even though such conditions (at various thresholds in grams and weeks) may qualify children for EI in 33 and 23 other states, respectively, either alone or in combination with other factors, depending on the state. Utah is one of 12 states that reported in a 2020 survey that they refer children who have experienced substantiated abuse or neglect to an EI evaluation rather than requiring an initial screening first, which may help more seamlessly connect children to needed services. Utah is also one of just nine states that report that they refer 100% of eligible children who have</p>

State	Implementation
	<p>experienced maltreatment to Part C agencies, based on 2019 federal data. Utah relies primarily on state resources rather than federal funding for EI. However, the state collects family fees to cover services, which may deter low-income families' participation. Additionally, Utah does not access private insurance, which is a practice that other states have successfully used to allow other resources to remain available to pay for services for children without private coverage. Utah did not report in the 2020 survey that it makes efforts to maximize Medicaid funding for EI through data sharing between its Medicaid agency and Part C program. The state is one of five that reported in the 2020 survey that they formally train their EI providers on infant mental health through collaborations with state infant mental health associations. Utah is also one of five states that reported in the survey that they provide maternal depression screenings to mothers whose children are enrolled in EI services.</p>
Vermont	<p>Vermont serves 12.5% of its 0-to-3 population in EI services over the course of a year, which puts it in the top 10 states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Vermont served 12.4% of White children, 6.0% of Hispanic children, 12.3% of Black children, and 15.9% of children who reported other races/ethnicities from December 2, 2019, to December 1, 2020. The state reports that it uses a broad eligibility threshold that is not based on a percentage delay, like other states, but rather requires that a child has any observable and measurable delay based on an approved diagnostic instrument. The state does not include low birthweight or prematurity (at any threshold) on its list of diagnosed conditions that can qualify a child for EI services. A total of 33 states include low birthweight and 23 states include prematurity (at various thresholds in grams and weeks) on their lists of established conditions or risk factors that can qualify children for EI services. In some of these states, low birthweight or prematurity must be accompanied by additional conditions to qualify a child for services. Vermont also reports that it relies more heavily on federal, rather than state, funding for EI. The state accesses private insurance to cover services, which may allow other resources to remain available to pay for services for children without private coverage. Additionally, the state does not collect family fees, which can facilitate low-income families' participation in EI. Vermont did not report in a 2020 survey that it makes efforts to maximize Medicaid funding for EI through data sharing between Part C and its Medicaid agency.</p>
Virginia	<p>Virginia serves 7.0% of its 0-to-3 population in EI over the course of a year, which puts it in the top half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Virginia served 7.4% of White children, 5.2% of Hispanic children, 6.7% of Black children, and 8.4% of children who reported other races/ethnicities from December 2, 2019, to December 1, 2020. The state reports that it uses broad eligibility criteria for developmental delays, requiring children to demonstrate a 25% or greater delay in one or more areas of development to qualify for EI services. Although Virginia does not include low birthweight (at any threshold) on its list of qualifying conditions for EI, the state does qualify children born very preterm (28 weeks or earlier). Virginia primarily draws from state resources rather than federal funding for its EI program, and it accesses private insurance, which may allow other resources to remain available to pay for services for children without private coverage. However, the state reports that it collects family fees to sustain its EI program, which may deter low-income families' participation. Virginia has made significant efforts in recent years to access Medicaid funding for EI services through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medicaid benefit, and the state has been recognized for these efforts by the Early Childhood Technical Assistance Center. Virginia designates its Medicaid agency as one of the participating agencies for Part C in its state code, which has fostered closer collaboration between EI and Medicaid.</p>
Washington	<p>Washington serves 7.3% of its 0-to-3 population in EI over the course of a year, which puts it in the top half of states on this indicator. The percentage of children served varies by race and ethnicity; the most recent</p>

State	Implementation
	<p>data show that Washington served 7.2% of White children, 7.8% of Hispanic children, 7.8% of Black children, and 7.2% of children who reported other races/ethnicities from July 1, 2019, to June 30, 2020. Washington is among the 10 states with the smallest gaps in the percentage of children served across all four of the race/ethnicity categories. The state reports that it uses broad eligibility criteria for developmental delays, requiring that children exhibit a 25% delay or score 1.5 standard deviations below the mean in at least one developmental area to qualify for EI services. The state does not include low birthweight or prematurity (at any threshold) on its list of diagnosed conditions that may qualify a child for EI services. A total of 33 states include low birthweight and 23 states include prematurity (at various thresholds in grams and weeks) on their lists of established conditions or risk factors that can qualify children for EI services. In some of these states, low birthweight or prematurity must be accompanied by additional conditions to qualify a child for services. Washington primarily draws from state, rather than federal, funding for EI, and the state accesses private insurance to reimburse EI providers, which may allow other resources to remain available to pay for services for children without private coverage. Washington reports that it collects family fees, however, which may deter low-income families' participation. Washington did not report in a 2020 survey that it makes efforts to maximize Medicaid funding for EI through data sharing between Medicaid and Part C. The state reported in the 2020 survey that it provides maternal depression screenings to mothers of children enrolled in Part C. Washington is one of just five states that reported this practice. Washington is also one of five states that reported in the survey that they formally train their EI providers on infant mental health through collaborations with state infant mental health associations.</p>
West Virginia	<p>West Virginia serves 13.8% of its 0-to-3 population in EI services over the course of a year, which puts it in the top five states on this indicator. The federal Office of Special Education Programs reports that West Virginia continues to be on an upward trajectory in the percentage of children served. The percentage of children served varies by race and ethnicity; the most recent data show that West Virginia served 14.1% of White children, 6.0% of Hispanic children, 11.4% of Black children, and 15.0% of children who reported other races/ethnicities from December 2, 2019, to December 1, 2020. The state reports that it uses moderately inclusive eligibility criteria for developmental delays, requiring children to exhibit a 40% delay in at least one developmental area, or a 25% delay in at least two areas, to qualify for EI services. West Virginia is one of six states that report to the federal government that they choose to serve children who are at risk for delays or disabilities, even if they do not exhibit a developmental delay that meets the state's threshold or have an official diagnosed condition. West Virginia requires that at-risk children have five or more of the factors on its list to qualify. In addition to factors such as very preterm birth (32 weeks or earlier) and very low birthweight (1,500 grams or less), the state includes factors such as child abuse, difficult family circumstances (e.g., low household income, homelessness), and others. Some of the risk factors can only qualify children for EI until age 2, after which they may qualify through other criteria. West Virginia is one of 12 states that report that they refer children who have experienced substantiated abuse or neglect directly to an EI evaluation without requiring an initial screening. This process may link children to needed services faster. The state reports that it relies more heavily on federal funding than state investments, and West Virginia does not access private insurance to pay for EI services. Other states have leveraged private insurance for EI to allow other resources to remain available to pay for services for children without private coverage. The state does not require family fees, which may facilitate low-income children's participation. West Virginia's Part C program has a strong relationship with the state's Medicaid agency, which allows the state to serve more children and contributes to its high percentage of children served relative to other states.</p>
Wisconsin	<p>Wisconsin serves 6.7% of its 0-to-3 population in EI over the course of a year, which puts it in the bottom half of states on this indicator. The percentage of children served varies by race and ethnicity; the most</p>

State	Implementation
	<p>recent data show that Wisconsin served 6.2% of White children, 8.4% of Hispanic children, 9.0% of Black children, and 5.6% of children who reported other races/ethnicities from July 1, 2019, to June 30, 2020. The state reports that it uses moderately inclusive eligibility criteria for developmental delays, requiring that children exhibit a 25% delay or score 1.3 standard deviations below the mean in one or more developmental areas to qualify for EI services. Wisconsin has the most inclusive threshold for serving children born low birthweight in EI (it serves children who weigh less than 2,500 grams), and the state also serves children born very preterm (earlier than 32 weeks). The state reports that it primarily relies on local, rather than state or federal, funding for EI services, and Wisconsin also leverages private insurance for EI, which may allow other resources to remain available to pay for services for children without private coverage. The state reports that it collects family fees, however, and this may deter low-income families' participation. Wisconsin did not report in a 2020 survey that it makes efforts to maximize Medicaid funding for EI through data sharing between its Medicaid agency and Part C program.</p>
Wyoming	<p>Wyoming serves 10.2% of its 0-to-3 population in EI over the course of a year, which puts it in the top 10 states on this indicator. The percentage of children served varies by race and ethnicity; the most recent data show that Wyoming served 10.5% of White children, 8.9% of Hispanic children, 5.3% of Black children, and 11.5% of children who reported other races/ethnicities from July 1, 2019, to June 30, 2020. The state reports that it uses moderately inclusive eligibility criteria for developmental delays, requiring children to exhibit a 25% delay or score 1.5 standard deviations below the mean in one or more developmental areas to qualify for EI services. Wyoming does not include low birthweight or prematurity (at any threshold) on its list of diagnosed conditions that can qualify a child for EI services. A total of 33 states include low birthweight and 23 states include prematurity (at various thresholds in grams and weeks) on their lists of established conditions or risk factors that can qualify children for EI services. In some of these states, low birthweight or prematurity must be accompanied by additional conditions to qualify a child for services. Wyoming is one of just nine states that report that they refer 100% of eligible children who have experienced maltreatment to Part C agencies, based on 2019 federal data. Wyoming primarily relies on state, rather than federal, funding for EI, and it accesses private insurance, which may allow other resources to remain available to pay for services for children without private coverage. The state does not collect family fees, which may facilitate low-income families' participation. Wyoming did not report in a 2020 survey that it makes efforts to maximize Medicaid funding for EI through data sharing between its Medicaid agency and Part C program.</p>

Find additional information on the [methods and sources](#) used throughout the Roadmap and for each state.