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Early Intervention Services

Part C of the federal Individuals with Disabilities Education Act (IDEA) provides funds for states to establish Early Intervention (EI) programs, which offer services for infants and toddlers (birth to age 3) with disabilities or developmental delays, regardless of family income. The most rigorous evidence suggests that EI services can improve children’s outcomes in areas including cognitive development, language skills, behavior, and motor skills. State EI programs vary in terms of eligibility criteria, funding mechanisms, and collaboration with other state agencies and systems. Below is a list of policy considerations for state leaders to help maximize the effectiveness of EI programs. **States should consider the implications of these policy choices and their collective impact on equitable access to EI services for families in the state.**

We use the following symbol to highlight where policy choices can promote greater equity. 

This checklist covers the following components of an Early Intervention program:

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CAPACITY AND ACCESS	ELIGIBILITY CRITERIA	CHARACTERISTICS OF SERVICES	FUNDING MECHANISMS	PROGRAM GOVERNANCE AND COORDINATION
<ul style="list-style-type: none"> Measures of access Percentage served Equity considerations 	<ul style="list-style-type: none"> Developmental delays Qualifying/ diagnosed conditions Risk factors 	<ul style="list-style-type: none"> Services available for at-risk children Extended Part C and transition to Part B 	<ul style="list-style-type: none"> Primary funding source Maximizing Medicaid Private insurers billed Family fees 	<ul style="list-style-type: none"> Administrative agency Program coordination Monitoring and evaluation

To learn more about how states vary in implementing Early Intervention programs check out our website.



Capacity and Access

The share of children served is one of the only indicators allowing for a consistent, meaningful comparison of states' EI programs across the country. Several factors influence the percentage of children that states have the capacity to serve over the course of a 12-month period, including states' eligibility criteria and the resources states marshal (funding and personnel) to identify, evaluate, and serve children. Across states, there is wide variation in the number of children who receive EI services. States may consider three benchmarks to measure whether all children who may benefit from EI are being served.

First, research estimates that 13 to 20 percent of children under age 3 may have delays and disabilities that could improve with EI services. The national average for the cumulative percentage of children served in EI is 6.9%, while the point-in-time rate of children served is 3.2%. Therefore, many more children may benefit than are currently served in the EI program nationwide. Comparing the share of children served in a state against this national estimate of children in need of services is one measure states may consider to understand how well the state is meeting need.

Second, rates of low birthweight can serve as a proxy for different levels of need across states, because research shows that low birthweight is a risk factor for the kinds of delays and disabilities that may improve if children receive EI services. A third consideration is the rate of children born low birthweight broken down by race and ethnicity in comparison to the share of children served in EI by race and ethnicity. Black children are substantially more likely to be born low birthweight than White or Hispanic children. Therefore, this measure may illustrate states' progress in achieving equitable access to EI services.



Because a smaller percentage of Black children receive EI services relative to the percentage of Black babies born low birthweight, states may consider targeting outreach to underserved, but eligible, populations.

1. What percentage of infants and toddlers does your state have the capacity to serve in EI over the course of a 12-month period?

Overall: _____ White: _____ Hispanic: _____ Black: _____ Other: _____

2. What percentage of infants are born low birthweight in your state?

Overall: _____ White: _____ Hispanic: _____ Black: _____ Other: _____

To learn more about how the percentage of infants and toddlers served in EI compares with the percentage of infants born low birthweight, check out our website.



Eligibility Criteria

Eligibility criteria is a key factor affecting whether all children in need receive EI services and is one of the aspects of EI that states independently determine. Each state sets its own eligibility requirements within federal guidelines. This means that the percentage of children ages birth to 3 who may qualify for Part C services varies greatly based on state policy choices. According to federal law, any child a state deems eligible must receive EI services. Evidence supports EI services as an effective strategy to improve child development and parent wellbeing, particularly, among children born premature or low birthweight.

The three primary pathways through which states qualify children for Part C services are: 1) testing for developmental delays, as defined by the state, 2) qualifying/diagnosed conditions identified by the state which trigger automatic eligibility for children, and 3) for children without a developmental delay or a qualifying/diagnosed condition, states may choose to qualify children based on risk factors that may place children at risk for delays or disabilities, even if they have not yet been diagnosed.

1. Who is eligible for Early Intervention services based on testing for developmental delays?

States set specific developmental delay thresholds for program eligibility (e.g., a 30% or greater delay in one or more developmental areas) and self-declare whether their eligibility criteria are broad (serving less severe delays), moderate, or narrow (requiring the most severe delays). Evidence shows that states with broader eligibility do not necessarily serve more children than states with more restrictive criteria, however.

Broad eligibility, defined by the state as:

Moderate eligibility, defined by the state as:

Narrow eligibility, defined by the state as:

Broad:

At Risk, Any Delay, Atypical Development, one standard deviation in one domain, 20% delay in two or more domains, 22% in two or more domains, 25% delay in one or more domains.

Moderate:

25% in two or more domains, 30% delay in one or more domains, 1.3 standard deviations in two domains, 1.5 standard deviations in any domain, 33% delay in one domain.


Narrow:

33% delay in two or more domains, 40% delay in one domain, 50% delay in one domain, 1.5 standard deviations in 2 or more domains, 1.75 standard deviations in one domain, 2 standard deviations in one domain, 2 standard deviations in two or more domains.

Source: M. Greer, IDEA Infant & Toddler Coordinators Association, personal communication, August 29, 2022. (September 2022 Tipping points survey data, from June 2021. <https://www.ideainfanttoddler.org/pdf/2021-Child-Count-Data-Charts.pdf>)

2. What qualifying/diagnosed conditions trigger children’s automatic eligibility for EI services?


Children may be eligible for EI based on a state’s unique list of qualifying diagnosed/established conditions, (often including low birthweight and prematurity, at various thresholds). As of October 2022, there are 33 states that qualify children born low birthweight and 23 states that qualify children born premature (at various thresholds in grams and weeks), either as part of the state’s list of established conditions or as part of the state’s criteria for children at risk for a later delay. In a 2020 survey, 12 states reported that they refer children who have experienced abuse and neglect directly to an evaluation, without requiring a pre-screening.

 Allowing children to qualify based on conditions such as low birthweight and prematurity is important for serving the youngest infants, who may not show developmental delays until later, ensuring children can receive services as early as possible.

- Child welfare involvement (without need for screening)
- Preterm birth, defined as birth before _____ weeks gestation
- Low birthweight, defined as _____ grams
- Other

3. Can children qualify for EI services based on risk factors? Check all that apply.

States can choose to serve children who are at risk for delays or disabilities, even if they do not have a diagnosed delay or disability. States opting for this policy choice can ensure children who would benefit from EI services are served earlier, as these states serve children who are not yet presenting with delays or disabilities, but may be likely to in the future, based on biological, environmental, or social risk factors that are unique to each state. States define the qualifying risk factors, and the number of risk factors children must have to qualify for EI services. Only six states are designated in federal data as serving at-risk children. Additional states may serve children with risk factors based on state legislation.

 Allowing children to qualify based on biological, environmental, or social risk factors is important for serving the youngest infants, who may not show developmental delays until later. Using risk factors as eligibility criteria may address racial disparities in the uptake of EI services.

- Yes, the state serves at-risk children.
 - Number of qualifying risk factors required: _____
 - Qualifying risk factors

<input type="checkbox"/> Homelessness	<input type="checkbox"/> Drug exposure	<input type="checkbox"/> Low income
<input type="checkbox"/> Low Apgar score	<input type="checkbox"/> Domestic violence	<input type="checkbox"/> Elevated blood lead level
<input type="checkbox"/> Maternal depression	<input type="checkbox"/> Other: _____	

No, children cannot qualify based on risk factors.

Characteristics of Services

States policy choices on services available to particular categories of eligible children, including ages and duration of services, and the transition of children out of Part C into special education impact whether all children who need EI have access to services within the state.

At-risk children

States can choose whether children at-risk for developmental delays can receive services for the entire birth-to-3 period, or only until a certain age. These states may also limit which EI services children at-risk can receive, and for how long, to ensure that sufficient resources remain available for children with established delays and medical conditions. For example, in some states, risk factors qualify children for services, but only until they are 12 months or 18 months old, depending on the risk factor.



Allowing children at-risk to receive EI services as long as needed during the entire birth-to-3 period, without restrictions on the service type or duration of time services are received, promotes greater equity.

1. How long can at-risk children receive services?

Unlimited time

Limited:

Duration: _____

Age: _____

Amount or type of services: _____

Not applicable, services are not limited.

Extended Part C and transition to Part B

At age 3, a child may transition into IDEA Part B special education services (for ages 3 through 21 in public school settings) or may exit services altogether, depending on the child's developmental progress. However, not all children have access to public pre-kindergarten programs. States have options to ensure children in the 3 to 5 age group who continue to need EI do not experience gaps in services during this transition. States may choose to provide extended Part C services until a child reaches kindergarten.

States can also enact laws to protect children who age out of Part C from experiencing gaps if they have summer birthdays. For example, states have passed laws allowing children to continue EI services until the beginning of the next school year if their 3rd birthday falls between the end of the school year and the beginning of the next school year.

1. Does your state provide extended Part C services until a child reaches kindergarten?

Yes. No.

2. Does your state take action to eliminate the gap for children transitioning to Part B services?

Yes, the state law ensures children enrolled in Early Intervention who have their 3rd birthday during the summer will not have a gap in services.

No, the state does not currently have policies in place to bridge the gap between Part C and Part B.

Funding Mechanism

State innovations to maximize funding for EI services (e.g., coordinating closely with state Medicaid agencies or establishing private insurance mandates) have been shown to support greater enrollment in EI in some states. Early Intervention programs are funded through a combination of sources. Four considerations for financing EI services are: the primary government funding source (state or federal), maximizing Medicaid funding, billing private insurers, and charging family fees. The manner in which the state relies on these four funding streams impacts the effectiveness of state EI programs.

State is Primary Funding Source for EI Services	State Bills Private Insurance Companies for EI Services	State Does Not Charge Family Fees for EI Services	As of April 2021
32 states	31 states	34 states	



Robust and diversified funding is crucial to a state’s ability to provide EI services to children who need it most. States that successfully finance EI to provide the most equitable access ensure state dollars are the primary funding source, maximize Medicaid funding, and bill private insurers to save public money and reach more children in need. Research shows charging even modest family fees disincentivizes families living on low incomes from accessing EI, therefore eliminating family fees may boost equity.¹

1. What funding sources does the state use for EI? Check all that apply and note which is the primary funding source.

States face challenges identifying and serving all children who may benefit from EI as a result of insufficient funding and personnel shortages. Per federal law, Part C federal funds allocated to states are intended to be the “payor of last resort” for EI services and are meant to supplement state funds.

- State government
Primary funding source? Yes/No
- Federal government (Part C Grant)
Primary funding source? Yes/No
- Local government
Primary funding source? Yes/No

¹ Grant, R. (2005). State strategies to contain costs in the Early Intervention program: Policy and evidence. *Topics in Early Childhood Special Education*, 25(4), 243–250. <https://doi.org/10.1177%2F02711214050250040501>

2. How does the state leverage Medicaid funding for EI? Check all that apply.

One of the most important funding sources for EI services is Medicaid. Part C federal funding to the state is based on a state's overall infant/toddler population, whereas federal Medicaid matching funds are not subject to this limitation. Per the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) provision in federal law, Medicaid-enrolled children under age 21 are entitled to any services that are deemed "medically necessary" by a qualified provider, and this may include EI services.

States that have fostered close partnerships between their Medicaid agencies and Part C programs have been able to increase the number of children they serve. For example, states may cross-reference Medicaid and Part C data to identify children in Part C who are also eligible for Medicaid. This approach ensures that EI providers bill Medicaid, freeing up other funding streams to allow more non-Medicaid eligible children to be served.

- Part C is a Medicaid provider, cross-referencing Medicaid-eligible children in Part C to ensure EI providers bill Medicaid for EI services.
- The state uses the EPSDT benefit. Per federal law, children enrolled in Medicaid are entitled to any "medically necessary" services, which may include EI.
- Other: _____

3. Are private insurers billed for EI services?

Billing private insurance to cover EI services can free up public funding to serve children without private coverage, equipping states with the opportunity to serve more eligible children.

- Yes.
- No.

4. Are families charged fees to participate in the program?

- Yes.
 - Families are charged on a sliding scale: _____
- No.
- No, and the state is a birth mandate state in which children with disabilities are guaranteed free public education services from ages 0 to 21, including EI services from ages birth to 3 for those eligible, and family fees are therefore prohibited.

Program Governance and Coordination

States vary in where EI services are housed and how EI programs interact with other agencies. Coordination and governance may help EI programs collaborate with Medicaid, help children seamlessly transition from Part C to special education services at later ages (Part B), and aid families who are navigating child welfare systems. Successful states encourage collaboration to strengthen EI. Examples include state agencies coordinating to ensure Medicaid is maximized for eligible children, leveraging various services that may be applicable to the Part C population, and creating a staff position to connect the child welfare population to screenings and EI services.



Developing greater coordination between a state’s Medicaid and EI programs can be particularly beneficial for maximizing available funding, allowing states to serve more children and protecting against enrollment declines that disproportionately impact Black and Hispanic children.

1. Where is the EI program housed?

- Part C within Medicaid
- Part C within education department
- Part C within office of early childhood
- Other: _____

2. How does the EI program coordinate with other agencies? Check all that apply.

- Coordination between Part C and the education department on transition to special education for older ages
- Data sharing between Part C and Medicaid
- Coordination with state program administering child welfare
- Other: _____

3. Which additional monitoring or evaluation activities are included in the EI program to improve services? Check all that apply.

- Training EI providers on infant mental health
- Reviewing for disproportionality
- Educating child care providers on EI qualifications
- Other: _____