

April 24, 2025

The Honorable Marvin L. Abney
Chair, House Committee on Finance
RI State House of Representatives
By Email To: HouseFinance@rilegislature.gov

Re: **Support** for H-5462 (Early Intervention Continuity & Access Act)

Dear Chairman Abney:

We write in strong **support** of H-5462, which would **give eligible families the opportunity to extend Early Intervention (EI) services until the September after a child's third birthday**. This change would reduce gaps in services and promote smooth transitions into preschool special education.

RIPIN is statewide nonprofit that helps thousands of families annually navigate EI and special education. RIPIN is peer-led, meaning that most of our staff and board are parents or caregivers to a loved one with a disability. Over the past year, RIPIN has held more than twenty listening sessions, key informant interviews, and convenings engaging a total of more than a hundred families and key stakeholders to seek opportunities to strengthen Rhode Island's preschool special education system. This bill is RIPIN's highest priority recommendation surfaced by that process.

Problem: Under current law, Rhode Island's EI program ends abruptly on a child's third birthday, at which point school districts become responsible for providing special education services ("preschool special education") to eligible children under Part B (section 619) of the IDEA. This is challenging because school-based services are not always available immediately when a child turns three, especially if the child has a spring or summer birthday. We often see gaps in services for children transitioning from EI to school-based special education. These gaps can be caused by the simple bad luck of having a birthday in May or June, by delays in the transition process that result in the IEP not being prepared by the child's birthday, or by school districts not having capacity to provide the required services immediately after the child's birthday. These gaps could be avoided if families had the option to extend EI until the start of the next school year. The extension option also supports the fidelity of preschool special education classrooms by allowing more children to start at the same time in September.

Solution: Federal law allows states to extend EI services beyond a child's third birthday (up to age five) and provides some funding to help with the transition costs. Currently **six states** (CO, CT, IL, MD, MO, TN) **and the District of Columbia are taking this option to extend EI beyond age three.**

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Proposal: Under S-247, Rhode Island will give parents the option to keep their child in Early Intervention until September after the child's third birthday, if the child is eligible for preschool special education.

Under federal law, only children determined eligible for Part B services are allowed to extend EI. Once a child is deemed eligible for Part B, parents must be given a choice of whether they want their child to transition to preschool special education or receive extended EI services.

- Allow all families the option of extending EI until the September after the child's 3rd birthday
- Two-year planning period before implementation
- Rolling multi-year phase-in, starting with Spring/Summer birthdays
- Fund through current EI funding framework

Given concerns on the ongoing COVID impacts to EI system capacity, **this change would be rolled out over five years.** The state would have two years to plan for the change and get the required federal approvals. Then by Jan 1, 2028, the state will begin allowing children who turn three years old between April 1, 2028 and August 31, 2028 to remain on EI until September 1, 2028. On Jan 1, 2029, the state will allow children who turn three in January 2029 to remain on until September 1, 2029. Beginning Sept 1, 2029, the state will allow children who turn three any time after Sept 1, 2029 to remain on EI until September 1, 2030.

Cost: Funding would be through the current EI funding framework – approximately 60% Medicaid (where general revenue is matched by federal funds) and 40% private insurance.

Preliminary modeling based on data from other EI expansion states indicates that such an expansion would require Rhode Island's EI's system to grow capacity by a total of about 5-10% to meet service needs after the five-year roll-out period.ⁱ

EI Extension States	Adopted	Applies To Children with Birthdays:	Extension Thru School Year Following:	Cumulative Served Annually in EI Under 3	Cumulative Served Annually in EI Over 3	% of System Capacity for Over 3
Colorado	2022	After 5/1	3 rd birthday	14,172	462	3%
Connecticut	2021	After 5/1	3 rd birthday	10,646	619	6%
Maryland	2013	All children	4 th birthday	13,464	3,525	26%
Missouri	2014	4/15 - 8/15	3 rd birthday	13,508	721	5%
Tennessee	2022	All children	5 th birthday	17,830	1,467	8%
Washington, DC	2014	All children	4 th birthday	2,243	167	7%

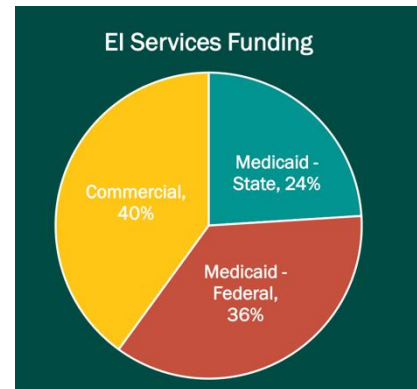
Based on Rhode Island's current program cumulatively serving roughly 4,000 children at some point during the year,ⁱⁱ RIPIN anticipates that roughly 200-400 children would receive extended EI services in any given year, after the program's five-year roll-out period.



RIPIN estimates the general revenue impact of EI extension over the proposed five roll-out years as follows:

- Planning Year 1: 0 (planning only)
- Planning Year 2: 0 (planning costs covered by \$265,000 federal EI extension funding)
- Implementation Year 1: \$100,000 to \$200,000
- Implementation Year 2: \$200,000 to \$400,000
- Implementation Year 3 and beyond: \$300,000 to \$600,000 per year

This \$300,000 to \$600,000 annual investment in EI over the long term would **bring roughly \$1 million to \$2 million in other annual funding in the EI system**, including \$400,000 to \$750,000 in federal Medicaid match, an additional \$600,000 to \$1,000,000 in commercial insurance reimbursement, and \$265,000 for Rhode Island's share of federal funds earmarked for EI extension states.ⁱⁱⁱ



Background on EI and Preschool Special Education:

Part C: Early Intervention (EI) is a federally required program for infants and toddlers with developmental delays. Part C of the federal Individuals with Disabilities Education Act (IDEA) requires states to provide services and supports to children under age 3 with delays and at risk of falling behind developmental milestones.

Rhode Island's EI program^{iv}, administered by the EOHHS, is provided by nine non-profit agencies. Roughly 2,300 Rhode Island infants and toddlers currently receive EI services,^v accounting for roughly 6% of all infants and toddlers in the State.^{vi}

To receive EI, a child is referred to EI with parental consent and subsequently evaluated. If a child has a developmental delay causing them to develop slower than their peers or a health condition that will affect development, they are found eligible to receive EI. Families and providers work together to create an Individualized Family Service Plan (IFSP), a written legal document that details the support and services a child will receive. Services can include, but are not limited to speech therapy, physical therapy, occupational therapy, nutrition, nursing, and social work services.

An essential function of Early Intervention is providing care in the natural environment. The program uses a family-focused coaching model that typically involves going into the home. Providers are equally working with parents as they are the child, helping parents develop routines that support their child's development. These services are provided at no cost to the family.



Rhode Island funds EI services through a mix of federal funding, Medicaid, and commercial health insurance.^{vii} Services for children insured through Medicaid are reimbursed by Medicaid on a fee-for-service basis, and services for children with commercial coverage are reimbursed by those commercial insurers.

Part B: Once a child turns 3, they may qualify for preschool special education support under Part B of the IDEA (section 619), which requires states to provide supports for children ages 3 to 5 years old. These Part B services are provided through the child's school district.

Compared to Part C services which are developmental, preschool special education services are educational. Services are intended to enable the child to make progress in the general education curriculum and/or meet academic and functional goals. The Rhode Island Department of Education (RIDE) is the lead agency responsible for overseeing Part B requirements, with Part B services and supports implemented by local school districts (also referred to as Local Education Agencies or "LEAs").

At the center of a child's Part B services is an Individualized Education Program (IEP). An IEP is a written education plan detailing the special instructional supports and related services each special education student is legally entitled to. IEPs must include a statement of the child's present level of academic achievement, functional and academic goals, and how the child's progress towards meeting the annual goals described in the IEP will be measured.

Since services are academically oriented, school districts are responsible for providing special education services to children. As such, Part B involves local funding, local educators, and local decision-making that Part C does not. The experiences of children receiving Part B services can vary widely depending on the district they receive services in. Each district conducts their own referrals, evaluations, eligibility determinations, and IEP meetings.

In June 2023, there were 3,368 children receiving preschool special education services in Rhode Island, comprising roughly 9% of all preschool children. That is up 7% over the pre-COVID preschool special education enrollment of 3,156, and up 30% from the 2021 low of 2,597 children. Some attribute the growth in demand for preschool special education services to EI services being missed or delayed during COVID.

Conclusion

Too many children with disabilities experience gaps in services when they turn three and transition from EI to preschool special education. Luckily, there is a federally-supported solution that seven other jurisdictions have implemented successfully – allowing families to extend EI services until the September after their third birthday. Due to EI's unique funding structure – where every dollar in general revenue is matched by three dollars from other sources – this solution is also affordable.

Thank you very much for your careful consideration of this bill and our testimony.



Sincerely,

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ⁱ Notes regarding the chart below: Data drawn from each state's Part C Annual Performance Report for the 2022-23 school year, available at <https://data.ed.gov/dataset/idea-section-618-state-part-c-child-count-and-settings/resources>. Total served over age 3 drawn from <https://data.ed.gov/dataset/idea-section-618-state-part-c-exiting/resources>. Cumulative number of children served annually under age three estimated by subtracting the cumulative number served over age three from the total cumulative number of children served. Annual Performance Report point-in-time census data is drawn on Oct. 1 of each year, making it unsuitable for this analysis. This may be an undercount as some children are served both before and after their third birthday. Illinois implementation too recent for data to be available.

ⁱⁱ See U.S. Department of Education. (2023). *IDEA Section 618 state Part C child count and settings: Rhode Island data for 2022–23 school year*. *ED Data Express*. <https://data.ed.gov/dataset/idea-section-618-state-part-c-child-count-and-settings/resources> (indicating a cumulative total of 3,953 children served in EI at some point during the 2022-23 reporting period).

ⁱⁱⁱ Federal law requires that 15% of any federal EI appropriations exceeding \$460 million be split amongst EI extension states in proportion to the size of their infant and toddler population. 34 CFR § 303.734. In FFY2023, federal EI appropriations were \$540 mil. See Early Childhood Technical Assistance Center, Part C national program data. Retrieved from www.ectacenter.org/partc/partcdata.asp. Fifteen percent of \$80 mil is \$12 mil, and Rhode Island's share of that \$12 mil would have been \$265,642, based on the population of current expansion states if Rhode Island were included.

^{iv} R.I. Gen. Laws Chapters 23-13; 40-6; and 40-8; Title XIX of the Social Security Act; 34 CFR Part 303

^v Executive Office of Health and Human Services. (n.d.). *Early intervention data dashboard*. Rhode Island Executive Office of Health and Human Services. <https://eohhs.ri.gov/consumer/families-children/early-intervention-program/early-intervention-data-dashboard>

^{vi} RI KIDS COUNT. (2024). *2024 Factbook: Children enrolled in early intervention* (p. 115). https://rikidscount.org/wp-content/uploads/2024/05/children-enrolled-in-early-intervention_2024fb.pdf

^{vii} Rhode Island Executive Office of Health and Human Services. (2021). *Rhode Island Early Intervention program: State fiscal year 2021 public reporting* (p. 17). <https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2022-07/RI%20Early%20Intervention%20Public%20Reporting%202020-21.pdf>