

March 30, 2026

The Honorable Susan R. Donovan  
Chair, House Committee on Health and Human Services  
Rhode Island State House  
Providence, RI 02903

Re: Testimony in **SUPPORT** of H-7627 (EI Extension: Bridge to Preschool)

Dear Chair Donovan:

We write in strong support of H-7627 (EI Extension: Bridge to Preschool), 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. In 2024, RIPIN 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 H-7627, 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 families to extend EI services until the September following the child’s third birthday.
- Only for children with birthdays between May 1 and August 31.
- Only for children who are found eligible for preschool special education services.
- Families will have a choice between preschool services or remaining in EI through the summer.

Because this policy requires federal approval in addition to new policies, systems, and training for EI and school personnel, the bill creates a two-year planning period. By May 2028, the state will begin allowing children who turn three years old between May 1, 2028 and August 31, 2028 to remain on EI until September 1, 2028.

**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% to meet service needs after full implementation (FY29 and beyond).<sup>i</sup>

El 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	3rd birthday	14,172	462	3%
Connecticut	2021	After 5/1	3rd birthday	10,646	619	6%
Maryland	2013	All children	4th birthday	13,464	3,525	26%
Missouri	2014	4/15 - 8/15	3rd birthday	13,508	721	5%
Tennessee	2022	All children	5th birthday	17,830	1,467	8%
Washington, DC	2014	All children	4th birthday	2,243	167	7%

If FY25, there were 797 EI recipients in RI who were determined eligible for preschool special education when they turned three. Roughly one-third of these children likely have birthdays between May 1 and August 31, meaning that the highest number of children likely to be eligible for EI extension is roughly 250. Out of these 250, some will choose to stay in extended EI services and others will choose to transition to preschool special education services.

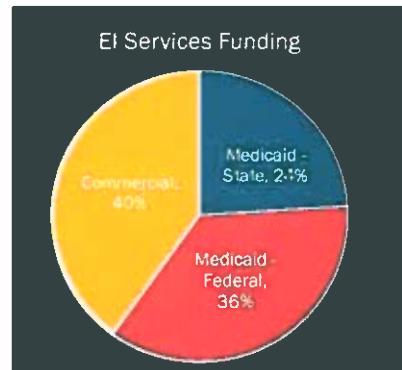


RIPIN estimates the state budget impact of EI extension would be as follows:

- 1) Rhode Island would become eligible for an **additional \$265,000 in federal funding** for EI program administration, accessing funds that are set aside for EI extension states.
- 2) One-time implementation costs for FY27 are estimated at \$190,918 all funds (\$47,730 general revenue)
- 3) FY28 is a partial implementation ramp-up year, during which the fiscal impact is estimated at \$200,000 to \$400,000 all-funds (or \$100,000 to \$200,000 general revenue)
- 4) **After full implementation** (in FY29 and beyond), additional annual Medicaid expenditures to provide extended EI services are estimated to be between **\$200,000 to \$1 million all-funds (or \$100,000 to \$400,000 GR)**.

Total impact on commercial insurance expenditures (across all markets and carriers) is estimated at \$150,000 to \$600,000 per year, creating an estimated premium impact of 0.006% and 0.025%.

This \$100,000 to \$400,000 annual general revenue investment in EI over the long term would bring roughly \$500,000 to \$1.5 mil in additional annual funding into the EI system, including \$100,000 to \$600,000 in federal Medicaid matching funds, an additional \$150,000 to \$600,000 in commercial insurance reimbursement, and \$265,000 for Rhode Island's share of federal funds earmarked for EI extension states.<sup>iii</sup>



Please find enclosed a detailed fiscal analysis memo outlining these fiscal projections and methodologies in more detail.

#### 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<sup>iv</sup>, administered by EOHHS, is provided by nine non-profit agencies. Roughly 2,300 Rhode Island infants and toddlers receive EI services at any given point in time, and the EI system serves about 4,000 children cumulatively per year.<sup>v</sup>

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.<sup>vii</sup> 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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<sup>i</sup> 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.

<sup>ii</sup> 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).

<sup>iii</sup> 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](http://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.

<sup>iv</sup> R.I. Gen. Laws Chapters 23-13; 40-6; and 40-8; Title XIX of the Social Security Act; 34 CFR Part 303

<sup>v</sup> 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>

<sup>vi</sup> 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](https://rikidscount.org/wp-content/uploads/2024/05/children-enrolled-in-early-intervention_2024fb.pdf)

<sup>vii</sup> 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->

**EI Extension: Bridge to Preschool**  
H-7627 / S-2834  
*Detailed Fiscal Projections and Methodology*

**Executive Summary**

Using two methods, this memo outlines the fiscal impact of allowing families to extend EI services until the September after their child's third birthday.

- The memo estimates that implementing this policy would bring in an **additional \$265,000 per year in federal revenue** to support administration of the EI program.
- One-time implementation costs for FY2027 are estimated at \$190,918 all funds (\$47,730 general revenue).
- After full implementation (in FY2029 and beyond), additional annual Medicaid expenditures to provide extended EI services are estimated using **two different methodologies**:
  - One methodology yields an estimate of increased **annual Medicaid spending** of up to \$1 million all funds (**\$400,000 general revenue**).
  - A second methodology yields an estimate of increased **Medicaid spending** of roughly \$200,000 all funds (roughly **\$100,000 general revenue**).
- FY2028 is a partial implementation ramp-up year, during which the general revenue fiscal impact is estimated at \$100,000 to \$200,000.
- Total impact on **commercial insurance expenditures** (across all markets and carriers) is estimated at \$150,000 to \$600,000 per year. Total impact on commercial insurance premiums is estimated at between 0.006% and 0.025%.

**Introduction and Background**

In the 2025 legislative session, Representative Tanzi and Senator Valverde introduced legislation ([H-5462/S-247](#)) that would have given families the option to extend Early Intervention (EI) services beyond a child's third birthday until the start of the following school year. Under a federally-supported framework,<sup>1</sup> at least six other states (CO, CT, IL, MD, MO, and TN) and Washington DC allow families to extend EI services beyond a child's third birthday.

RIPIN helped to develop this proposal after a year of research and community engagement about policy opportunities to help preschool age children (age 3-5) with disabilities get the support they need to thrive. RIPIN's detailed report summarizing that project, learnings, and recommendations is available at [www.ripin.org/strengthening-preschool-special-education-in-rhode-island/](http://www.ripin.org/strengthening-preschool-special-education-in-rhode-island/).

RIPIN still hopes to advance this policy, which fills a critical gap in services for children with disabilities at a critical point in their development, builds on successful systems already in place, leverages \$3 in federal and private dollars for every \$1 of general revenue invested, and unlocks additional federal administrative funding.

During the 2026 legislative session, Representative Tanzi and Senator Valverde have introduced a

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<sup>1</sup> [34 CFR § 303.211](#) (2025)





modified proposal ([H-7627](#) / [S-2834](#)) that allows EI extension only for qualifying children with birthdays between May 1 and August 31, to be implemented starting with children turning three on or after May 1, 2028. Under the federal framework, children only qualify for extended EI if they are eligible for Part B special education services after turning three. The purpose of this memo is to estimate the fiscal impact of this policy.

### New Federal Revenue

Federal law stipulates that 15% of all federal appropriations exceeding \$460 million be set aside for EI extension states.<sup>2</sup> For the past several years, federal EI appropriations have totaled \$540 million, creating a fund of \$12 million (15% of the difference between \$540 million and \$460 million) for EI extension states to share.

Based on the current list and size of EI extension states, Rhode Island would be eligible to receive roughly \$265,000/year in additional federal funds if we implement EI extension.

For detailed calculations and citations, please see Appendix A to RIPIN's report: [Strengthening Preschool Special Education in Rhode Island](#).<sup>3</sup>

### One-Time Implementation Costs

According to the fiscal note from last year's bill (S-247), EOHHS estimates that the cost of system upgrades would be approximately \$190,918, of which 75% (\$143,188) would be federal funds and 25% (\$47,730) would be general revenue. For the purposes of this memo, we assume that those costs are borne entirely in FY2027, though it's possible that some of those costs would be incurred in FY2028. The fiscal note also indicates that EOHHS "does not foresee additional staff costs."

We do not know the exact source or level of accuracy of these estimates of implementation costs from last year's fiscal note, and they should be reconfirmed.

### State Fiscal Impact of Providing Extended Services

EI services are funded through a mixture of Medicaid and commercial insurance reimbursement, with roughly 60% of EI recipients on Medicaid and 40% on commercial coverage. Further, Medicaid is financed through a mixture of federal and state funds. This section focuses on the Medicaid portion of EI costs so as to identify the fiscal costs for the State.

This memo provides two different methods to estimate the State fiscal impact of providing extended EI services to children over three, both resulting in a similar cost estimate. Method #1 looks at enrollment data from other EI extension states to estimate the extent to which total service volume would have to grow to accommodate this new population. Method #2 looks at per-member-per-

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<sup>2</sup> [34 CFR § 303.734](#) (2025).

<sup>3</sup> RIPIN, [Strengthening Preschool Special Education in Rhode Island](#) (April 2025), available at: [https://ripin.org/ripin/wp-content/uploads/2025/03/RIPIN\\_Strengthening-Preschool-Special-Education\\_Whitepaper-2025.pdf](https://ripin.org/ripin/wp-content/uploads/2025/03/RIPIN_Strengthening-Preschool-Special-Education_Whitepaper-2025.pdf)





month costs of providing EI services and makes reasonable assumptions about how many eligible children would extend services to create cost estimate.

Cost of Providing Extended Services – Method #1

According to OHIC data used for the most recent Social and Human Services Program Review, total Medicaid spending on EI services in the most recent 12-month period is roughly \$18 million (all funds).<sup>4</sup>

As drafted, this proposal makes no children eligible for extended services during FY2027, and only a partial year of services for some children in FY2028 (those services provided during May and June to children born during May and June). The first year of full implementation would be FY2029, so these calculations focus on that year.

Inflating this \$18 million all funds total services cost forward to FY2029 at a growth rate of 5% per year takes us to roughly \$21 million all funds for all EI services in FY2029 (even without an extension option in place).

Every state submits standardized EI federal reports, and we have analyzed the federal reports for EI extension states. These reports indicate the total cumulative number of children who were served by EI in the reporting year and also provides a breakdown by age. We used this breakdown to estimate the portion of system capacity absorbed by children over three.<sup>5</sup>

El Extension States	Year 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
<b>Colorado</b>	<b>2022</b>	<b>After 5/1</b>	<b>3<sup>rd</sup> Birthday</b>	<b>14,172</b>	<b>462</b>	<b>3%</b>
<b>Connecticut</b>	<b>2021</b>	<b>After 5/1</b>	<b>3<sup>rd</sup> Birthday</b>	<b>10,646</b>	<b>619</b>	<b>6%</b>
<b>Maryland</b>	<b>2013</b>	<b>All Children</b>	<b>4<sup>th</sup> Birthday</b>	<b>13,464</b>	<b>3,525</b>	<b>26%</b>
<b>Missouri</b>	<b>2014</b>	<b>4/15 - 8/15</b>	<b>3<sup>rd</sup> Birthday</b>	<b>13,508</b>	<b>721</b>	<b>5%</b>
<b>Tennessee</b>	<b>2022</b>	<b>All Children</b>	<b>5<sup>th</sup> Birthday</b>	<b>17,830</b>	<b>1,467</b>	<b>8%</b>
<b>Washington, DC</b>	<b>2014</b>	<b>All Children</b>	<b>4<sup>th</sup> Birthday</b>	<b>2,243</b>	<b>167</b>	<b>7%</b>

Based on this data, we anticipate that extending EI in Rhode Island as we propose might require the state to increase EI service capacity by roughly 5%.

Assuming the FY2029 Medicaid EI service costs will be approximately \$21 million (all funds) without

<sup>6</sup> <https://rikidscount.org/wp-content/uploads/2025/04/ChildrenEnrolledinEarlyIntervention.pdf>

<sup>7</sup> Milliman, 2025 Social and Human Service Programs Review: Utilization Trends, Prepared for OHIC (Dec. 30, 2024), available at <https://ohic.ri.gov/sites/g/files/xkgbur736/files/2025-01/Report%203%20Version%202%2C%202025.pdf>.





extension in place, then the 5% growth in service volume would cost approximately \$1 million (all funds).

We have seen differing information about the federal match rate applied to these services. At worst, the standard federal FMAP of 57.5% federal / 42.5% state would apply. It is also possible that a blended CHIP match rate of 70% federal / 30% state may apply to some of these services. For the sake of conservatism, we use the lower standard FMAP match rate.

**This method estimates the total state general revenue cost of providing EI extension services at roughly \$400,000 annually, starting in FY 2029.**

### *Cost of Providing Extended Services – Method #2*

According to the KidsCount 2025 Factbook, 1,286 EI recipients aged out (turned three while still receiving services) in SFY 2024.<sup>6</sup> Of these, 797 attained eligibility for Part B special education services after turning three, which would be required in order to be eligible for extended EI services.

Of these roughly 800 children, about 60% (480 children) will be covered by Medicaid. It is reasonable to assume that about one-third of them would have birthdays in the four-month period between May 1 and August 31, meaning that about 160 children might be eligible for extended EI services.

It is also reasonable to assume that these 160 children have birthdays that are evenly distributed during that window. Some will have birthdays in early May and be eligible for four months of extended services, and others will have birthdays in late August and be eligible for very brief extended services. If the birthdays are relatively evenly distributed, then it is reasonable to assume that the average child will be eligible for approximately two months of extended services.

Therefore, if every eligible child extended EI, that would add roughly 320 member-months to the EI system (160 children each served for an average for two additional months). Below, we provide cost estimates based on different take-up assumptions.

To calculate the average monthly cost of providing EI services to a Medicaid recipient, we rely on OHIC's recent Social and Human Service Program Review report on utilization trends.<sup>7</sup> This report provides five calendar years of utilization trends, both in terms of average number of monthly utilizers and total Medicaid costs, as follows:

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<sup>6</sup> <https://rikidscount.org/wp-content/uploads/2025/04/ChildrenEnrolledinEarlyIntervention.pdf>

<sup>7</sup> Milliman, 2025 Social and Human Service Programs Review: Utilization Trends, Prepared for OHIC (Dec. 30, 2024), available at <https://ohic.ri.gov/sites/g/files/xkgbur736/files/2025-01/Report%203%20Version%202%2C%202025.pdf>.





Calendar Year	Average Monthly Unique Utilizers	Total Service Member Months	Total Annual Expenditures	Average Cost Per Service Month
2019	2,574	30,888	\$ 12,479,635	\$ 404
2020	2,310	27,720	\$ 9,894,757	\$ 357
2021	2,313	27,756	\$ 10,536,587	\$ 380
2022	1,797	21,564	\$ 11,341,485	\$ 526
2023	1,898	22,776	\$ 15,044,302	\$ 661

Trending that forward to FY2029, we use an average EI service cost of \$900 per month for Medicaid recipients.

This chart starts with our (rough) maximum of 320 service months at a cost of roughly \$900 per month. This would be the approximate cost if 100% of eligible children extended services. But not all families will choose to extend services (some will transition to school-based Part B services), so we provide an estimated all-funds and general revenue costs (using the standard 57.5/42.5 FMAP) below based on differing take-up assumptions:

Take Up	Member Service Months	Service Cost Per Month	Total Cost of Extension (All Funds)	Total Cost of Extension (GR)
100%	320	\$ 900	\$ 288,000	\$ 122,400
80%	256	\$ 900	\$ 230,400	\$ 97,920
60%	192	\$ 900	\$ 172,800	\$ 73,440
40%	128	\$ 900	\$ 115,200	\$ 48,960

It feels reasonable to assume a take-up rate in the 60% to 80% range, meaning that **this method yields a general revenue cost of extended EI services of roughly \$100,000 per year.**

#### FY2028

FY2028 is an intermediate ramp-up year. As proposed, there would be some extended services utilization during FY2028, for the services provided between May 1, 2028 (the proposed launch date for extended services) and June 30, 2028 (the end of FY2028) to qualifying children with birthdays after May 1, 2028. For simplicity's sake, we estimate the FY2028 costs at one-fourth to one-half of the FY2029 costs, i.e. roughly \$100,000 to \$200,000 in general revenue.

#### Commercial Insurance Impact

As mentioned above, roughly 40% of EI recipients have commercial insurance. Our understanding is that commercial insurance pays the same (or very similar) reimbursement rates for EI services. We





also have no reason to believe that utilization patterns would be very different for commercially-insured children. This means that the impact on commercial insurance expenditures should be roughly two-thirds of the all-funds impact on Medicaid spending. Thus the total commercial insurance fiscal impact is somewhere between \$150,000 and \$600,000 per year, across all market segments (including self- and fully-insured) and across all carriers.

Though this is a wide range, it is helpful in understanding the order of magnitude. In 2023, total medical expenditures for the commercially-insured population were \$2.41 billion,<sup>8</sup> so the additional spending for EI extension might have an impact on premiums of between 0.006% and 0.025%.

We welcome the opportunity to collaborate with commercial insurers to estimate the cost impact more accurately for their population.

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<sup>8</sup> See OHIC's Annual Report on Health Care Spending and Quality in Rhode Island (2025), available at [https://ohic.ri.gov/sites/g/files/xkgbur736/files/2025-05/OHIC%20Cost%20Trends%20Report\\_final%2005.12.2025.pdf](https://ohic.ri.gov/sites/g/files/xkgbur736/files/2025-05/OHIC%20Cost%20Trends%20Report_final%2005.12.2025.pdf) (page 10).





# RIPIN

PERSONAL SUPPORT BUILT ON PERSONAL EXPERIENCE

Research and community engagement for this project supported by:



VAN BUREN CHARITABLE FOUNDATION

APRIL 2025

## **Strengthening Preschool Special Education in Rhode Island**



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**Education  
is the key  
to unlock  
the golden  
door of  
freedom  
for every child,  
irrespective  
of their unique  
abilities.**

—Maya Angelou

# Executive Summary



**RIPIN helps thousands of Rhode Islanders annually navigate Early Intervention, special education, health care, and healthy aging. RIPIN peer professionals have personal experience caring for a loved one with special needs—allowing us to connect with our clients and provide the personal support they need to thrive.**

In RIPIN's work serving families, we know that gaps still exist for too many children aged 3-5 who need special education services. Providing timely intervention and services to young children with disabilities helps them catch up with their peers, reduces the need for services later, and increases their chance of success in K-12 education and beyond. This report outlines findings and recommendations developed during a year-long research and community engagement process that included more than twenty listening sessions, key informant interviews, and convenings engaging a total of more than a hundred families and other key stakeholders.

Young children with disabilities are served by two distinct systems. Eligible children from birth through their third birthday can receive Early Intervention (EI) services from one of nine local EI providers under Part C of the IDEA. Between a child's third birthday and the start of kindergarten, eligible children can receive preschool special education from local school districts under Part B of the IDEA (Section 619). The state's EI system has received a lot of recent attention and investment, and the system is stabilizing and improving from its extreme post-COVID challenges. The preschool special education system, in contrast, has seen little recent investment or reform, and still too often struggles to meet families' needs.

RIPIN recommends that state policymakers implement the following steps to strengthen preschool special education in Rhode Island:

- 1. Create an EI Extension Option:** Following the example of six states and Washington, DC, allow families to extend EI services until the September after the child's third birthday, preventing service gaps and supporting a smoother transition to preschool special education.
- 2. Continue to Focus on Transitions:** Enhance transition training for EI and preschool special education staff. Convene stakeholders to streamline the transition process and reduce paperwork burdens.
- 3. Refresh Teacher Certification:** Make the preschool special education certification more attractive to aspiring educators and to hiring districts.
- 4. Support Preschool Special Education in the Funding Formula:** Clarify that preschool students with disabilities in community settings and RI Pre-K count in the funding formula. Consider incorporating a multiplier for students in preschool special education into the funding formula.
- 5. Strengthen Inclusion in RI Pre-K:** Ensure RI Pre-K grantees have the resources and relationships to serve children with disabilities. Create statewide or regional resources for RI Pre-K providers, such as specialized classrooms or mobile teams of special educators. Reinforce the message that RI Pre-K is for all kids.

Implementing these recommendations requires a collaborative effort from policymakers, educators, families, and advocates. We urge stakeholders to work together to prioritize preschool special education, advocate for policy changes, build partnerships with families, educators, service providers, and policymakers, and raise awareness. By working together, we can create a more equitable and supportive system of preschool special education for children with disabilities.

# Introduction



**In the post-COVID recovery period, RIPIN's team started observing more and more children with disabilities aged 3-5 unable to access the special education supports they needed.** We encountered family after family with children who were clearly eligible for preschool special education services—for example non-verbal three-year-olds—who were sitting at home for extended periods with no service at all.

In 2023, we devoted our Fall Policy Forum to the topic, and started to gather input from the community about the challenges and potential solutions. In 2024, with generous support from the van Beuren Charitable Foundation (vBCF) and in partnership with Conexión Latina Newport (CLN), RIPIN undertook a year-long analysis of preschool special education in Rhode Island to understand why these issues are occurring and develop policy recommendations to strengthen the system. Our listening process included dozens of family listening sessions, roundtables, and interviews with more than 100 families, stakeholders, policy leaders, and experts.

**This report outlines what we learned in the process and makes five concrete recommendations to strengthen Rhode Island's preschool special education system.**

## Summary of Key Learnings

- Families still struggle to access services.
- Rhode Island has many strengths to build on.
- School districts face serious resource constraints.
- Transitions from EI to preschool special education remain challenging.
- RI Pre-K faces inclusion challenges.
- Best practice itinerant or embedded service models need new support post-COVID.
- Language access remains a barrier for many families.
- The special education funding framework is not designed to promote access.



## Background:

### Early Intervention and Preschool Special Education

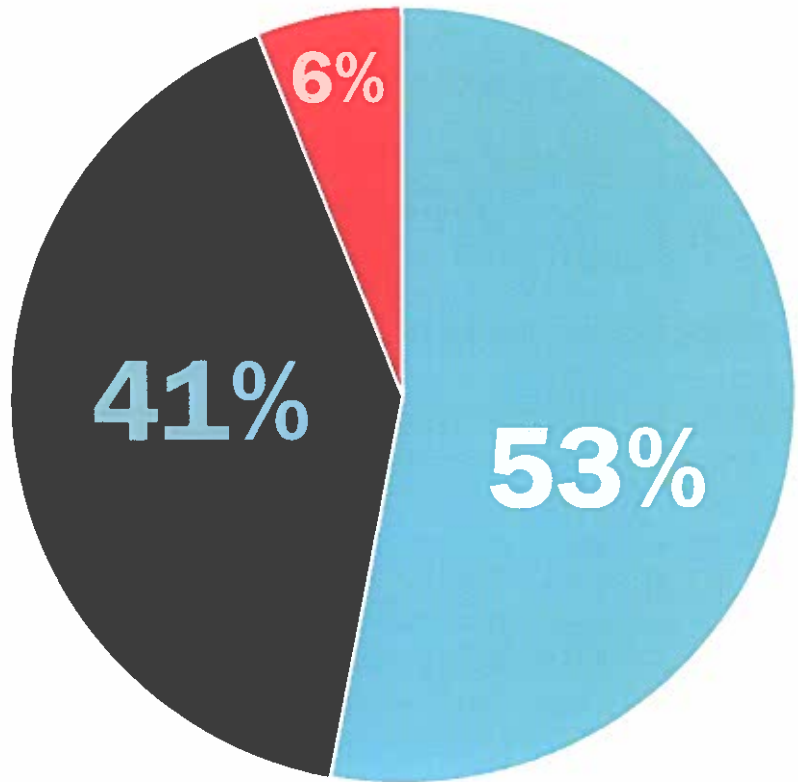
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The Individuals with Disabilities Act (IDEA) is an essential piece of federal legislation ensuring students with disabilities are provided with a free appropriate public education that meets their individual needs. Prior to its passage, children with disabilities were excluded from public schools and denied necessary educational resources. The IDEA is the primary legislation regulating special education instruction and safeguarding the rights of children and their families.

The IDEA has two important sections addressing the needs of children with disabilities. Part C of the IDEA governs services to children birth to age 3 through the Early Intervention (EI) program. Part B of the IDEA governs services for children aged 3-22, and section 619 of Part B governs special education for children from their third birthday until they enter kindergarten.

## Insurance Coverage of Children in EI

- Medicaid
- Commercial
- Other



Source: RI EOHHS EI Program, SFY 2021. <https://eohhs.ri.gov/sites/g/files/xkgbur226/files/2022-07/RI%20Early%20Intervention%20Public%20Reporting%202020-21.pdf>

### Part C: Early Intervention (Birth-3)

EI provides services for children with developmental delays from birth through their third birthdays. In Rhode Island, EI is administered by the Executive Office of Health Services and Human Services (EOHHS). Nine nonprofit EI provider organizations,<sup>1</sup> all overseen by EOHHS, provide services to eligible children to learn the skills that typically develop in the first three years of life.

To receive services, a child is referred to an EI provider with parental consent and then evaluated. If a child has a developmental delay causing them to develop differently 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, for example, speech and language therapy, physical therapy, occupational therapy, nursing, and/or social work services.

An essential function of EI 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.<sup>2</sup> Services for children insured through Medicaid are reimbursed by Medicaid and Medicaid managed care organizations on a fee-for-service basis, and services for children with commercial coverage are reimbursed by those commercial insurers. Roughly 2,300 Rhode Island infants and toddlers currently receive EI services,<sup>3</sup> accounting for roughly 6% of all infants and toddlers in the State.<sup>4</sup>

<sup>1</sup>Rhode Island's nine current EI providers are Children's Friend; Community Care Alliance; Easter Seals; Family Service of RI; Groden Center; Looking Upwards; Meeting Street; Seven Hills RI; and the J. Arthur Trudeau Memorial Center.

<sup>2</sup>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>

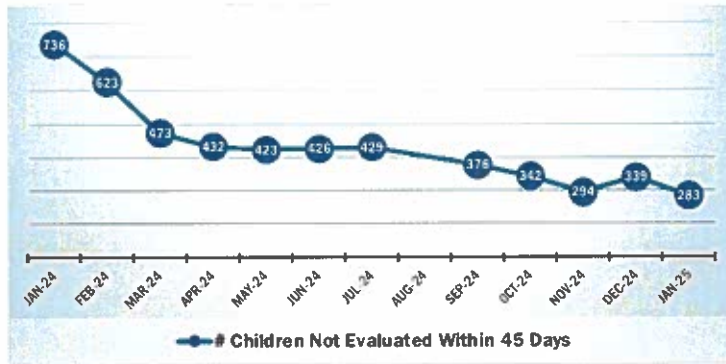
<sup>3</sup>Executive Office of Health and Human Services. (n.d.). *Early intervention data dashboard*. Rhode Island Executive Office of Health and Human Services. <https://eohhs.ri.gov/consumer/families-children/early-intervention-program/early-intervention-data-dashboard>

<sup>4</sup>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](https://rikidscount.org/wp-content/uploads/2024/05/children-enrolled-in-early-intervention_2024fb.pdf)



## EI Staffing is Recovering

Source: RI EOHHS EI Data Dashboard.



## The EI Wait List is Diminishing

Source: RI EOHHS EI Data Dashboard. <https://eohhs.ri.gov/consumer/families-children/early-intervention-program/early-intervention-data-dashboard>.

Recent staffing shortages and waitlists in Rhode Island's EI system have been widely reported. Prior to COVID, the EI system experienced no rate increases since 2002 (and one 3% rate cut in 2009). Then COVID service interruptions and post-COVID workforce shortages seriously reduced provider staffing and capacity. Total FTEs working in the EI system dropped from a pre-COVID level of 226 in June of 2019 down to 172 by January of 2021.<sup>5</sup> At the height of post-COVID workforce challenges, EOHHS reported that almost a fifth of EI staff were leaving every six months.<sup>6</sup>

Since then, recent significant state investments have helped to stabilize and strengthen the system. In 2021 and 2022, EI providers received \$9 million in one-time CARES Act and APRA funds and a 45% reimbursement rate increase.<sup>7</sup> In October 2024, at the recommendation of a comprehensive review performed by the Office of the Health Insurance Commissioner (OHIC), EI reimbursement rates were again increased by roughly 15%.<sup>8</sup>

While the EI system is by no means fully recovered, the key performance indicators are moving in the right direction. As of July 2024, system staffing is back up to 214 FTEs, which is 25% above post-COVID lows, and now 95% of pre-COVID levels. EI providers currently only report 13 vacancies, and the six-month turnover rate of direct care staff from January to July 2024 was 4%. As of January 2025, the number of children not evaluated within 45 days of referral (the most common benchmark for the size of the "waitlist") is down to 283.<sup>9</sup> No family should be waiting more than 45 days for an evaluation, but there were 736 families in this situation in January 2024, and 862 in September 2023, and as many as 1,250 in the fall of 2022.<sup>10</sup> Reducing the wait list to 283 families is undoubtedly a positive sign, and several EI providers are currently reporting to RIPIN informally that they currently have no families on their wait lists.

<sup>5</sup> Executive Office of Health and Human Services. (n.d.). *Early intervention data dashboard: EI staffing*. Rhode Island Executive Office of Health and Human Services. <https://eohhs.ri.gov/consumer/families-children/early-intervention-program/early-intervention-data-dashboard>

<sup>6</sup> Rhode Island Legislature. (2020). *ARPA SFRF early intervention* (p. 1).

<https://www.rilegislature.gov/Special/comdoc/Senate%20Finance%205212020/ARPA%20SFRF%20Early%20Intervention.pdf>

<sup>7</sup> Taylor, T. (2021, December 13). *RI early intervention providers can use COVID money for staff*. WPRI. <https://www.wpri.com/target.12/ri-early-intervention-providers-can-use-covid-money-for-staff>

<sup>8</sup> Office of the Health Insurance Commissioner. (2023, September 1). *Social and human services programs review: Final report* (pp. 27-31). <https://ohic.ri.gov/sites/g/files/xkgbur736/files/2023-09/Social%20and%20Human%20Service%20Programs%20Review%20-%20Final%20Report.pdf>

<sup>9</sup> Executive Office of Health and Human Services. (n.d.). *Early intervention data dashboard*. Retrieved February 17, 2025.

from <https://eohhs.ri.gov/consumer/families-children/early-intervention-program/early-intervention-data-dashboard>

<sup>10</sup> Weisman, J. L. (2023, October 6). *State acknowledges falling short in providing critical early intervention services*. Rhode Island Current. <https://rhodeislandcurrent.com/2023/10/06/state-acknowledges-falling-short-in-providing-critical-early-intervention-services/>



## Part B, Section 619: Preschool Special Education (3-5)

Part B of the IDEA governs services for eligible children ages three through twenty-one, and section 619 of Part B governs services for eligible children from their third birthday until they start kindergarten after their fifth birthday (“preschool special education”). 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 implementing IDEA requirements, and Part B services and supports are 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 to which each special education student is legally entitled. 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.

Part B also requires that special education services be provided in the least restrictive environment (LRE). This ensures that children with disabilities are educated alongside their non-disabled peers to the greatest extent possible so they can learn from peer-modeling, meet high expectations, and access high quality curriculum. In 2023, the U.S. Department of Education and

U.S. Department of Health and Human Services issued a joint statement emphasizing that all young children with disabilities should have access to high-quality inclusive early childhood programs, finding increased barriers to access following the pandemic.<sup>11</sup>

Since services are academically oriented, school districts are responsible for providing special education services to children. As such, preschool special education involves local funding, local educators, and local decision-making that EI does not. The experiences of children receiving preschool special education services can vary widely depending on the district in which they receive services. 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. Together with staffing shortages in preschool special education environments, it has led to significant access challenges for children and families. In 2023, the Providence Public School Department settled a lawsuit related to delays in delivering IEP placements and services to preschool age children.<sup>12</sup> RIPIN’s experience from serving families is that Providence was not alone in having these challenges.

<sup>11</sup> U.S. Department of Education & U.S. Department of Health and Human Services. (2023, November 28). Policy statement on inclusion of children with disabilities in early childhood programs. <https://sites.ed.gov/idea/files/policy-statement-on-inclusion-11-28-2023.pdf>

<sup>12</sup> RIDE (Aug. 29, 2023). RIDE, PPSD, Families Reach Settlement on Preschool Special Education Federal Complaint. <https://ride.ri.gov/press-releases/ride-ppsd-families-reach-settlement-preschool-special-education-federal-complaint>.



## Preschool Environments

One of the ways that preschool special education is different from K-12 special education is that preschool itself is a mixed delivery model. **Children without disabilities receive preschool education across a patchwork of different settings, including public preschools, community centers, private preschools, and Head Starts. Therefore, if children with disabilities are to be served in the same settings as their peers, special education must be delivered in a variety of preschool settings.**

## Preschool Environments



Very few district-based preschool special education settings are full day, five days per week. Part-day or part-week options create significant challenges for working families.

### District-Based Preschool Special Education Classrooms

Many children with disabilities are placed in classrooms operated by public school districts. Many of these classrooms are “inclusive,” meaning that at least half of the students are typically developing peers without disabilities. Special education is free, but some districts charge tuition to the families of the typical peers enrolled in their inclusive preschool classrooms, creating a revenue stream. “Self-contained” classrooms without typical peers should be reserved only for children with the most significant needs. The use of self-contained settings varies widely by district. Many districts have no preschoolers in those settings, but some districts have more than one-third of their preschoolers with disabilities in self-contained rooms.<sup>13</sup>

Critically, very few district-based preschool special education settings are full day, five days per week. Most district-based settings are part-day and/or part-week, allowing a single classroom and teacher to serve many more students. Part-day or part-week options create significant challenges for working families, who need to find other childcare options to fill in the gaps. Midday transportation is also a problem. Most districts will bus a child midday to or from another childcare setting, but only if that other childcare is within the geographic boundaries of the district. And some districts will only bus to/from a home address.

### Embedded or Itinerant Preschool Special Education

Preschoolers can also receive special education services in community-based childcare or early learning centers, including Head Start programs. Under an “itinerant” or “embedded services” model, the local school district responsible for providing special education sends special educators and/or related service providers out to these community preschool settings to provide IEP services. This option is typically only available to children enrolled in preschools within the geographic boundaries of the district that have established partnerships in place to support the model.

The 2023 federal joint statement on inclusion highlights Rhode Island’s itinerant models as an exemplar of national best practice.<sup>14</sup> Itinerant or embedded service models allow children with disabilities to attend the same programs as most of their typically developing neighbors. Working families get the benefit of full-day programming. Low-income families can sometimes receive services free of charge through Head Start or other subsidized programs.

<sup>13</sup> RI KIDS COUNT. (2024). *Children receiving preschool education services: 2024 Factbook* (p. 131). [https://rikidscount.org/wp-content/uploads/2024/04/children-receiving-preschool-education-services\\_fb2024.pdf](https://rikidscount.org/wp-content/uploads/2024/04/children-receiving-preschool-education-services_fb2024.pdf)

<sup>14</sup> U.S. Department of Health and Human Services & U.S. Department of Education. (2023). *Policy statement on inclusion of children with disabilities in early childhood programs* (p. 40). <https://www.acf.hhs.gov/sites/default/files/documents/ecd/policy-statement-on-inclusion.pdf>

## Rhode Island Preschool Special Education Settings



### District-Based Special Education

Students served in inclusive or self-contained classrooms operated by school districts. Most programs are part-day and/or part-week.



### Embedded or Itinerant Model

Students are enrolled in Head Start or other community-based early childhood learning center, and district provides special education services in that setting. Best-practice inclusive model, typically full-day and full-week.



### RI Pre-K

Students with disabilities enrolled in RI Pre-K classrooms receive special education services provided by the district. Inclusive and full-day. Model can vary depending on Pre-K operator.



### Walk-In

Students with less intensive needs regularly visit a district building to receive services, which are not embedded into their preschool environment.

### Preschool Special Education in RI Pre-K

RI Pre-K is a state-administered program that provides tuition-free, full-day, high-quality pre-kindergarten education to 2,800 four-year-olds in 21 Rhode Island communities. RIDE awards RI Pre-K grants on a competitive basis. RI Pre-K is built on a “mixed delivery model,” which means that RI Pre-K classrooms are operated by a mixture of local school districts, Head Start programs, and community-based private childcare providers.<sup>15</sup>

Admission to RI Pre-K is lottery-based, and open to all children who live in participating communities and turn 4 years-old before September 1st of the program year. The program is “fully inclusive” and available to children with IEPs.<sup>16</sup> In 2022, 11% of RI Pre-K’s students were children with disabilities.<sup>17</sup> As a high-quality, inclusive, tuition-free, full-day setting, RI Pre-K represents a critical strength in our state’s efforts to provide inclusive preschool education to children with disabilities.

IEP service delivery varies across RI Pre-K programs. In district-based RI Pre-K programs, it often looks similar to services offered in district classrooms. In programs based at Head Starts or other community-based settings, it often looks more like the itinerant or embedded models. Challenges often arise when a child with an IEP wins an RI Pre-K placement in a community-based setting within a district with limited capacity to deliver IEP services in the community. Districts are responsible for the full cost of delivering special education services to RI Pre-K students in their district.

### Walk-In Preschool Special Education Services

The last option is for preschool aged children to receive special education through walk-in services at the district. For many reasons, including acuity of need and available resources, a district might provide walk-in services to preschool children instead of placing them in a classroom. Students whose IEPs designate walk-in services typically go to a district center to receive one or two hours of a service weekly, e.g, speech and language therapy. These sporadic hours are difficult for working families to coordinate. Many families report turning down these services because scheduling is too difficult.

<sup>15</sup>Rhode Island Department of Education. (n.d.). *RI Pre-K*. <https://ride.ri.gov/instruction-assessment/early-childhood-education/ri-pre-k>. Some districts also operate their own pre-k programs that are funded and administered separately from RI Pre K.

<sup>16</sup>Rhode Island Department of Education. (2024). *RI Pre-K frequently asked questions*. <https://tinyurl.com/yc3768ju>

<sup>17</sup>Rhode Island Department of Education. (2022, December 30). *Report and recommendations on RI Pre-K expansion* (p. 15). [https://ndc.n.gov/sites/g/files/xkgbur806/files/2023-08/Pre-K\\_Expansion\\_Report\\_12-30-22.pdf](https://ndc.n.gov/sites/g/files/xkgbur806/files/2023-08/Pre-K_Expansion_Report_12-30-22.pdf)

## Transitions from Early Intervention (Part C) to Preschool Special Education (Part B)

While the transition from EI to preschool special education happens on the child’s third birthday, a family’s transition process begins nine months before the child turns three. First, the EI provider and family work together to incorporate transition steps into a child’s IFSP. Federally, steps must be included within the IFSP at least ninety days before the child’s third birthday, although Rhode Island recommends to providers that conversations start earlier.

Transition options can include:

- **The child has made significant progress to close developmental gaps and the family is not interested in seeking Part B services.**
- **The child will continue to require significant support and is likely eligible for Part B services.**
- **The child is not potentially eligible for Part B services.**

For those exiting EI and transitioning to special education, the transition process typically involves a series of four meetings: the transition

conference, referral conference, eligibility conference, and IEP conference.

In Rhode Island, the transition conference takes place six months prior to the third birthday. This meeting kicks off the transition process and gets the EI provider, school district, and family on the same page about the goals and required steps. Representatives from the EI provider and school district should both be present, but in recent years it has not always been easy to secure everyone’s attendance.

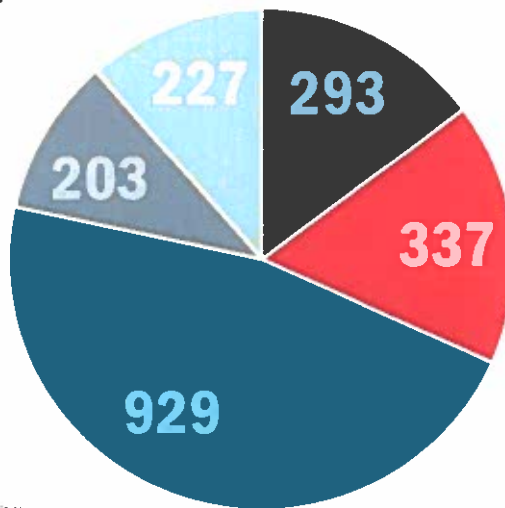
The referral conference, which is sometimes combined with the transition conference, is where the district receives and reviews the formal notification from a potentially eligible student. EI providers typically know the child and their needs in great detail and are able to share this information with districts. Rhode Island is a leading state at aligning its EI exit data with its preschool special education entrance data, through its Child Outcomes Survey (or “COS”) forms.<sup>18</sup> This alignment is designed to facilitate a smooth transition, but many EI providers and school districts find the associated paperwork extremely resource intensive and inefficient.

The evaluation conference is where the evaluation team convenes to determine whether the child is eligible for special education. The meeting typically includes parents, special education coordinators, and a general education teacher. Together, the team reviews the individual components of evaluations and discusses how the child’s functioning compares to that of their peers. Districts can sometimes determine eligibility based on data and evaluations from the EI provider, but also often must perform their own evaluations.

<sup>18</sup>Rhode Island Department of Education. (n.d.). *Measuring child outcomes*. <https://ride.ri.gov/instruction/assessment/early-childhood-education/early-childhood-special-education/measuring-child-outcomes>

### Children Exiting EI in FY 2023 Discharge Dispositions

- Met Goals, Service no Longer Needed
- Other (e.g. moved out of state, lost contact)
- Transitioned to Part B Services
- Referred for Part B Evaluation. Found Not Eligible
- Referred for Part B Evaluation. No Eligibility Determination Made by 3rd Birthday



Source: RI KIDS COUNT. (2024). *Children enrolled in early intervention: 2024 Factbook* (p. 114). [https://rikidscount.org/wp-content/uploads/2024/05/children-enrolled-in-early-intervention\\_2024fb.pdf](https://rikidscount.org/wp-content/uploads/2024/05/children-enrolled-in-early-intervention_2024fb.pdf).

# Four Common Obstacles to Smooth Transitions

## 1. Spring/Summer Birthdays:

Schools do not provide the same level of service in the summer, so many children with spring or summer birthdays experience a several month gap in services.

## 2. Delayed Transition Process:

If the transition process is behind schedule, EI services still stop on the child's third birthday.

## 3. Lack of Part B Capacity:

Schools do not always have appropriate placements to meet the needs of students when they turn three, causing delays.

## 4. Choppy Transitions:

For a child with a spring birthday, even a perfect transition process results in several transitions of service providers over a short period.

The last step of the transition process is the IEP conference. If a child is found eligible at the eligibility conference, school districts must convene an IEP team and develop an IEP within 30 days. The IEP team includes the parents, a general educator, a special educator teacher, and a special education director or designee. This team develops the IEP that outlines the placement, services, and support for the child for the coming year.

Ideally, the IEP is in place before the child's third birthday and the district is ready to implement it once the child turns three. There are four common obstacles, however, that prevent smooth transitions for many children:

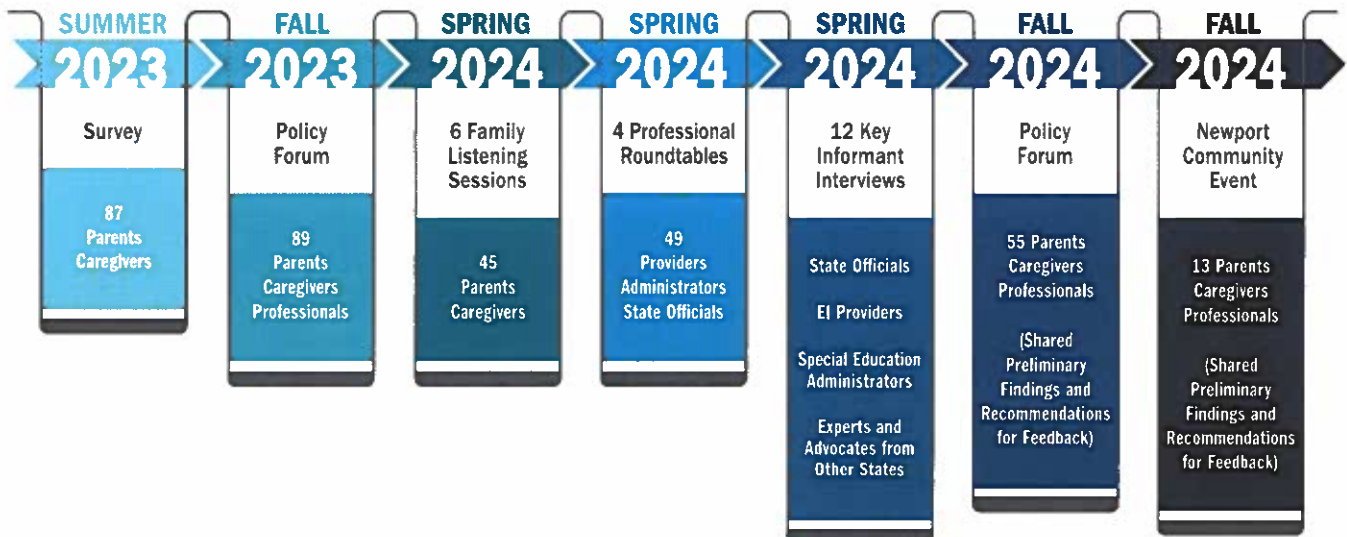
- **Spring/Summer Birthdays:** For children with spring or summer birthdays, the school year calendar often makes it necessary or desirable to wait until September to start Part B services, with children going without support between their birthday and the start of the next school year.
- **Delayed Transition Process:** The transition process can be delayed for any number of reasons, including capacity constraints making it hard to schedule meetings or to complete Part B evaluations on a timely basis. In a capacity-constrained system, even missing a meeting due to an illness or other unexpected event can push the process beyond the child's third birthday.
- **Lack of Part B Capacity:** Sometimes the transition process is completed on a timely basis, but the school district simply lacks capacity to provide a placement and services to the child. This is what sparked the Providence lawsuit, and RIPIN still sees this happening regularly in multiple districts. This problem is also more common as the school year progresses, because three-year-old classrooms gradually fill up. It is sometimes difficult for a district to predict in the summer (when hiring and classroom allocation decisions are made) how much capacity they will need by the following springtime. For example, one medium district informed RIPIN in January 2025 that all of its three-year-old rooms are full for the year, so they will not be able to give classroom placements to any children turning three after January.
- **Choppy Spring Transitions:** For children with spring birthdays, even a "perfect" transition process can result in very choppy and inefficient service delivery. For example, a child with an April birthday might receive EI services through their birthday, then transition to a new team of Part B providers for the last two months of the school year, then often a different provider team over the summer (if they receive any summer services), then sometimes a whole new team for the new school year. This results in four different teams providing services to the same child over a six-month period, which does not serve the child or any stakeholder well, including tax payers.



## Methodology

The findings and recommendations in this report are based on more than a year's worth of listening sessions with families, professional roundtables with stakeholders, key informant interviews with local and out-of-state experts, and independent research. Activities took place both virtually and in person in various locations, with roughly half of the engagement focused on Newport.

Multiple family listening sessions were facilitated in Spanish. In addition, we held two larger forums in the fall of 2024 (one in Warwick and one in Newport) to share draft findings and collect further input. This report is also supported by the observations of dozens of RIPIN peer professional staff who every day serve families with young children with disabilities.



# Recommendation I:

## Allow Families to Extend Early Intervention Until the September After a Child’s 3<sup>rd</sup> Birthday

El Extension States	Adopted	Applies to Children With:	Children May Extend EI Until the School Year:
<b>Colorado</b>	2022	Birthdays After 5/1	Following Their 3 <sup>rd</sup> Birthday
<b>Connecticut</b>	2021	Birthdays After 5/1	Following Their 3 <sup>rd</sup> Birthday
<b>Illinois</b>	2022	Birthdays After 5/1	Following Their 3 <sup>rd</sup> Birthday
<b>Maryland</b>	2013	All Children	Following Their 4 <sup>th</sup> Birthday
<b>Missouri</b>	2014	Birthdays From 4/15 - 8/15	Following Their 3 <sup>rd</sup> Birthday
<b>Tennessee</b>	2022	All Children	Following Their 5 <sup>th</sup> Birthday
<b>Washington, DC</b>	2014	All Children	Following Their 4 <sup>th</sup> Birthday

There are too many gaps between EI and preschool special education services. As the programs are currently designed, it is not unusual for children with disabilities who are eligible for both Part C and Part B to have service gaps of several months in the critical developmental period following their third birthdays.

The most common cause of these gaps is that EI eligibility operates based on birth-year cohorts – with a strict cutoff of services after the third birthday – while school districts providing preschool special education services typically operate on school year calendars. That means that children with spring and summer birthdays often receive no services after their third birthday until the next school year starts in September. Gaps in services also occur when the complex Part

C to Part B transition process is delayed, or when the school districts providing Part B services lack capacity to serve new children. For more detail on what causes gaps in services for three-year-olds, please refer to section above on Transitions from Early Intervention (Part C) to Preschool Special Education (Part B).

There is a relatively simple and inexpensive solution to this challenge: allow families the option to extend EI until the September following the child’s third birthday. There is a federal framework in place for this option, and six states (CO, CT, IL, MD, MO, TN) and the District of Columbia currently allow families to extend EI after a child’s third birthday.<sup>19</sup>

<sup>19</sup> Early Childhood Technical Assistance Center. (n.d.). Part C early intervention: State systems and policies. [https://ectacenter.org/partc/partc\\_option.asp](https://ectacenter.org/partc/partc_option.asp); Illinois Department of Human Services. (2022, July). Illinois early intervention provider handbook (pp. 24–25). <https://providerconnections.org/wp-content/uploads/2022/05/Final-DRAFT-Provider-Handbook-R07-2022.pdf>



**Under federal rules, only children who are determined eligible for Part B are given the option of extending EI services past the child's third birthday.**

<sup>20</sup> 34 C.F.R. § 303.211 (2025); see also Early Childhood Technical Assistance Center. (n.d.). *Part C extension option*. [https://ectacenter.org/partc/partc\\_option.asp](https://ectacenter.org/partc/partc_option.asp); Individuals with Disabilities Education Act, Part C Extension Option.

## How It Would Work

The IDEA and implementing regulations set out how states can allow families the option of extending EI beyond a child's third birthday.<sup>20</sup> Critically, children still undergo evaluation and Part B eligibility determination by age three. 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. For families who choose to extend EI, the IFSP is updated to include some education related goals.

States have some flexibility in determining the length of the extension. Most only allow extended EI services until the September following a child's third birthday, while two jurisdictions (DC and MD) allow extension until the September following a child's fourth birthday, and one (TN) allow extended EI until the start of kindergarten. States also have flexibility in limiting eligibility based on a child's birthday. Some states make the extension available to all children, while others only make this option available to children with spring or summer birthdays.

## The Right Model for Rhode Island

For Rhode Island, RIPIN proposes to allow qualifying families the option of extending EI services until the September following the child’s third birthday. To address concerns about EI system capacity, RIPIN proposes to roll this change out over a five-year period. The first two years would be a planning period, allowing the State to secure federal approval and funding, and allowing providers, districts, families time to understand the new option and train staff. The following three years would allow for a gradual rollout, starting in the first year with children born after April 1, then in the second year expanding the option to children born after January 1, then in the third year expanding the option to all children.



## EI Extension Capacity Requirements

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. None of these states has implemented the exact same policy that RIPIN proposes for Rhode Island, and some have implemented relatively recently. Nonetheless, the data allow reasonable estimation of the new EI system capacity that might be required in Rhode Island to serve this population of eligible children over three whose families choose to extend services. Another feature to keep in mind, noted by advocates in Connecticut, is that extending EI services through the summer causes the EI census to peak in the summer and drop off in September. Providers have found ways to manage this phenomenon.

<sup>21</sup> 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).

Based on Rhode Island’s current program cumulatively serving roughly 4,000 children at some point during the year,<sup>21</sup> 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.

EI Extension States	Year 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
<b>Colorado</b>	2022	After 5/1	3 <sup>rd</sup> Birthday	14,172	462	3%
<b>Connecticut</b>	2021	After 5/1	3 <sup>rd</sup> Birthday	10,646	619	6%
<b>Maryland</b>	2013	All Children	4 <sup>th</sup> Birthday	13,464	3,525	26%
<b>Missouri</b>	2014	4/15 - 8/15	3 <sup>rd</sup> Birthday	13,508	721	5%
<b>Tennessee</b>	2022	All Children	5 <sup>th</sup> Birthday	17,830	1,467	8%
<b>Washington, DC</b>	2014	All Children	4 <sup>th</sup> Birthday	2,243	167	7%

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 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.



## Federal Financial Support

States that offer EI extension receive greater funding from the federal government. By federal law, when the federal government's Part C appropriation exceeds \$460 million (which it has consistently since 2016<sup>22</sup>), 15% of the excess appropriations must be reserved for states who implement the extension option as incentive grants.<sup>23</sup> This grant is not in lieu of Rhode Island's yearly Part C grant, but in addition.

In fiscal year 2023, federal appropriations for Part C totaled \$540 million, meaning that \$12 million (15% of the difference between \$540 million and \$460 million) was taken off the top for EI extension grants before the remaining was ratably distributed across the states. Since only seven jurisdictions

currently participate in the extension option, \$12 million is divided between those jurisdictions. Each jurisdiction receives a percentage of the allocation proportional to the size of their total population of infants and toddlers. This formula is designed to support the costs of Part C children older than three while accounting for the strain that additional children may have on the states' Part C capacity.

Based on 2023 federal funding levels and data, Rhode Island would have been eligible for an additional \$265,642 in federal funding if we had EI extension in place at the time. For details on how this figure was calculated, please see Appendix A.

<sup>22</sup> Early Childhood Technical Assistance Center. (n.d.). *Part C data: Infants and toddlers receiving services.* <https://ectacenter.org/partc/partcdata.asp>

<sup>23</sup> 34 C.F.R. § 303.734 (2023). <https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-303/subpart-H/subject-group-ECFR0bd251f69fb8c0f/section-303.734>



**Based on 2023 federal funding levels and data, Rhode Island would have been eligible for an additional \$265,642 in federal funding if we had EI extension in place at the time.**

## Costs of EI Extension

One attractive feature of EI financing is the mix of funding sources involved. For every dollar of state general revenue invested into EI services, the system receives roughly three dollars of funding from a combination of federal Medicaid match and private commercial insurance. This is caused by the fact that EI services are primarily reimbursed by a child's health insurance, and roughly 40% of children receiving EI are covered by commercial insurance. For the 60% who are covered by Medicaid, the federal government covers roughly 60% of the cost under Rhode Island's standard federal match rate.<sup>24</sup>

In state fiscal year 2023, total EI services spending was roughly \$17 million for all payers. Of this, roughly \$4 million came from general revenue.<sup>25</sup> Projecting this forward a few years, one could estimate that yearly EI spending in five years (without any extension option) might reach \$25 million, with about \$6 million coming from general revenue. Therefore, expanding EI service volume by 5-10% would bring an added cost of \$300,000 to \$600,000 in general revenue after full implementation.

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**

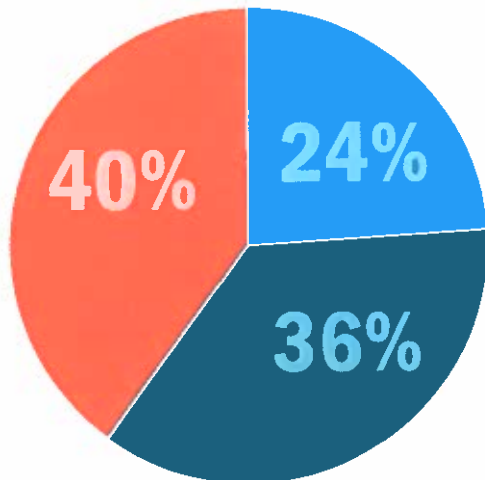
This \$300,000 to \$600,000 annual general revenue investment into EI extension over the long term would bring roughly \$1 million to \$2 million in other annual funding in the EI system, including \$400,000 to \$750,000 in federal Medicaid match, an additional \$600,000 to \$1,000,000 in commercial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

<sup>24</sup> November 2024 Caseload Estimating Conference, EOHHS Medical Assistance Testimony, Attachment 1a (page 3, showing FMAP rates for SFY 2026 of 57.5% federal and 42.5% state), available at [https://www.rilegislature.gov/Special/rsc/REC202411/10\\_25\\_24\\_CEC\\_EOHHS%20Medicaid%20Testimony%20Attachments.pdf](https://www.rilegislature.gov/Special/rsc/REC202411/10_25_24_CEC_EOHHS%20Medicaid%20Testimony%20Attachments.pdf).

<sup>25</sup> See EOHHS Medical Assistance Caseload Estimating Conference Testimony (Apr. 24, 2023), at page 29, available at <https://www.rilegislature.gov/Special/rsc/REC202305/MedicaidAssistance%20-%20May%202023%20CEC%20-%20Testimony.pdf>.

For every dollar of state general revenue invested into EI services, the system receives roughly three dollars of funding from a combination of federal Medicaid match and private commercial insurance.

This \$300,000 to \$600,000 annual general revenue investment into EI extension over the long term would bring roughly \$1 million to \$2 million in other annual funding in the EI system.



## EI Services Funding Mix

**Every Dollar of General Revenue Invested in EI is Matched by Three Dollars from Other Sources**

■ Medicaid - State   ■ Medicaid - Federal   ■ Commercial

# Recommendation II: Enhance Efficiency of Transition from Early Intervention (Part C) to Preschool Special Education (Part B)

Most stakeholders—families, EI providers, and school district special education administrators—agree that the transition process from EI to preschool special education can be improved. The process, described in the Introduction section of this report, involves several meetings, evaluations, and paperwork that must be completed on relatively

tight and choreographed timelines. The associated paperwork is often described as onerous, with lots of manual work required to make up for poor integration with software systems. Further, the goals, culture, and eligibility rules of Part C and Part B are different, which sometimes creates tension or confusion. In closed door settings, Part C and Part B officials often disparage the other side of the transition process for a lack of understanding of the whole system. Many professional stakeholders also report that high staff turnover during the post-COVID period has depleted the

strong professional relationships between Part C and Part B professionals that are necessary for smooth transitions.

RIPIN recommends the following to strengthen transitions from EI to preschool special education:

- **Regularly convene regional groups of Part C and Part B personnel for joint professional development, to learn about each other's systems and also to build professional networks.<sup>26</sup>**
- **Review the Child Outcomes Survey (COS) paperwork and associated technology to streamline the documentation process.**

<sup>26</sup> For roughly fifteen years, the Paul V. Sherlock Center at Rhode Island College (a technical assistance contractor to the State's EI program) has regularly convened a group of Northern Rhode Island Part C and Part B professionals that could serve as a model. Since COVID, these meetings have been virtual, limiting their potential to build strong professional networks amongst the participants.

Part C: Early Intervention	Part B: Preschool Special Education
Supports Children From Birth to Age Three	Supports Children Ages Three to Five
Administered by the Exec. Office of Health and Human Services (EOHHS)	Administered by RIDE and School Districts
Nine Programs Serve Children Across the State	Children Served by One of 36 Local School Districts
Providing Services in the Home and Other Natural Environments	Providing Services in an Academic Setting
Family-Focused Coaching	Student-Centered Support
Services to Meet Developmental Goals	Services to Meet Academic Goals
Financed at State Level (Medicaid, Private Insurance, General Funds)	Primarily Financed by Local School Budget
Eligibility Based on Age and Birthday	Primarily Academic Year Cycles

# Recommendation III:

## Make the Preschool Special Education Teacher Certification Attractive



Nearly every stakeholder listening session emphasized that access gaps in preschool special education are driven primarily by workforce shortages. Special education administrators and other school district officials repeatedly stressed that teacher certification rules often create barriers to their ability to hire or re-assign staff to cover preschool classrooms.

While teacher certification rules remain a critical tool to ensure that only trained and qualified educators are put in front of classrooms, Rhode Island's current teacher certification rules make the preschool certifications extremely unattractive, both to aspiring teachers and to hiring districts, because there are limited job opportunities for the small range of grades covered by the certification, and many of those grades can also be taught with a certification that offers much broader job opportunities. Rhode Island can make the preschool special education license more attractive.



**Special education administrators and other school district officials repeatedly stressed that teacher certification rules often create barriers to their ability to hire or re-assign staff to cover preschool classrooms.**

## Preschool Special Education Licensure Is Not Attractive



<sup>27</sup> See 200 RICR 20-20-1. The redlined draft rule is available at <https://ride.ri.gov/sites/g/files/xkqbur806/files/2025-01/Cert.Reg-Redline-Public Comment-Jan2025.pdf>. For general information, summaries, and other materials about the draft updated regulation, see <https://ride.ri.gov/teachers-administrators/educator-certification/proposed-certification-regulations>.

<sup>28</sup> Rhode Island Department of Education, Rhode Island Department of Human Services, & Rhode Island Children's Cabinet. (2022, December 30). *Report and recommendations on RI Pre-K expansion* (p. 39). [https://ride.ri.gov/sites/g/files/xkqbur806/files/2023-08/Pre-K\\_Expansion\\_Report\\_12-30-22.pdf](https://ride.ri.gov/sites/g/files/xkqbur806/files/2023-08/Pre-K_Expansion_Report_12-30-22.pdf)

RIDE's teacher certification requirements ensure teachers have the necessary knowledge, skills, and training to provide high-quality education to their students. RIDE recently released draft updated teacher certification rules for public comment, so this report will speak to both the current certification framework and the changes proposed in the new draft rule.<sup>27</sup>

Certifications are typically specific to a range of grade levels that the teacher is certified to teach. Under current certification rules, the Early Childhood Education certification certifies teachers for preschool to 2nd grade. The Early Childhood Special Education certification covers Birth to 2nd grade. Elementary Education and Elementary Special Education certificates both cover grades 1-6. Rhode Island also offers a Severe Intellectual Disability certification that credentials a teacher to work with all grades.

In a negatively reinforcing cycle, this current framework disincentives teachers from pursuing the early childhood (or preschool) certification, and it disincentives districts from hiring teachers with that certification. For an aspiring teacher, even one who loves teaching young children, there are so many more job opportunities in grades one through six than there are

in Pre-K through second grade. For a hiring district who needs to staff a first or second grade classroom, the Grade 1-6 certification offers so much more flexibility than then Pre-K – 2 certification. In listening sessions, several administrators and early childhood special educators described this dynamic.

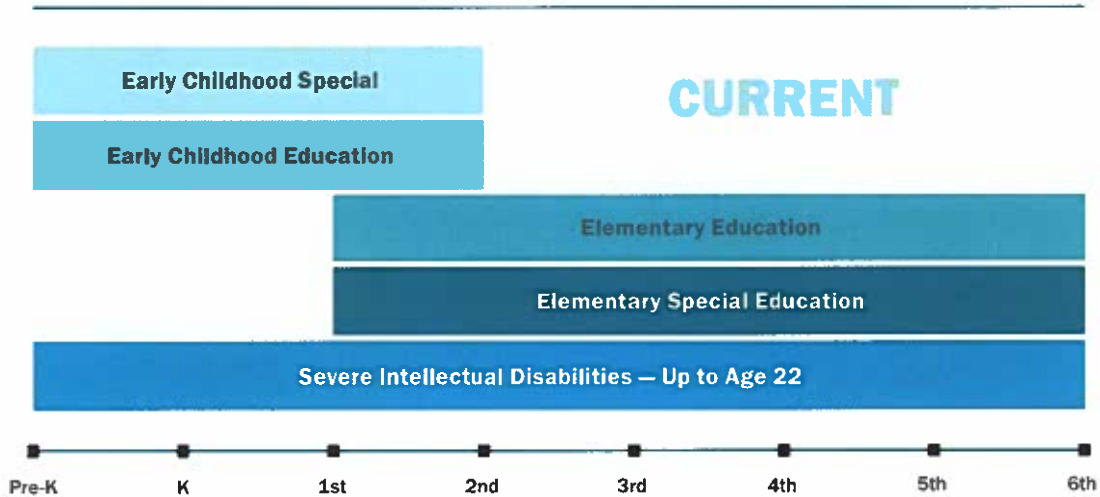
In January 2025, RIDE issued proposed regulatory revisions for public comment. The draft rules generally create more flexible teacher certification pathways, in an effort to relieve strain on districts struggling to find qualified teachers. The proposed new rules expand the elementary certifications to cover grades K through 6, and expand the early childhood certifications to cover grades Pre-K through 3.

This change, however, may exacerbate the challenges that the current system creates with respect to preschool special education. While the early childhood certification grade ranges may be expanded, the elementary certification grade ranges are expanded even further. Critically, as proposed, the elementary certification will cover kindergarten. There are far fewer public school Pre-K jobs than kindergarten jobs. Under this proposed framework, the elementary certifications will remain far more attractive to aspiring teachers and to districts.

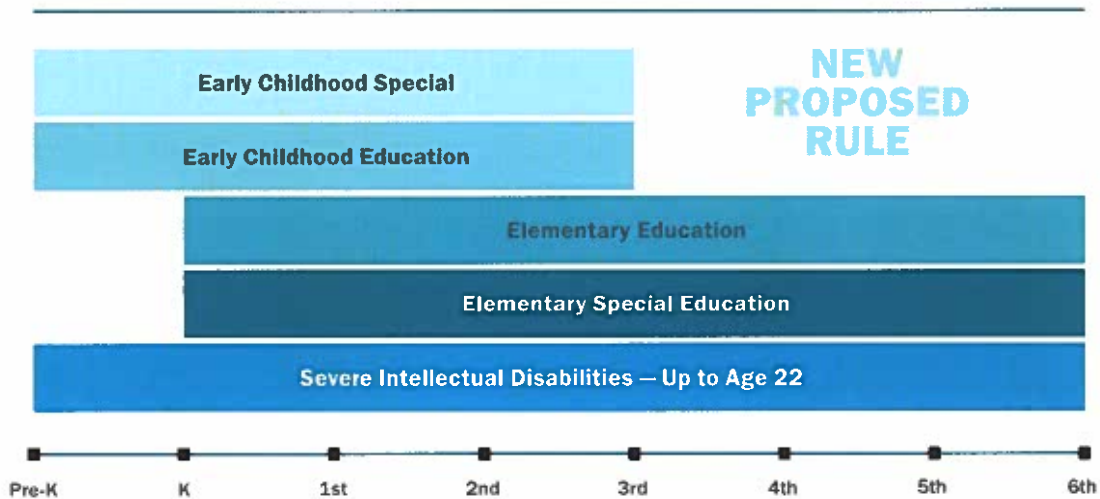
Shortages of certified preschool teachers also threaten the desired expansion of RI Pre-K because RI Pre-K teachers must be certified or commit to obtaining licensure within seven years.<sup>28</sup>

Listening sessions also revealed that it is difficult to train preschool special educators in the itinerant or embedded models where the special educator travels to community-based programs to provide services. These models are a nationally recognized best practice because they are inclusive, full-day, and typically offered in high-quality settings. The difficulty arises from the shortage of teachers currently working in those models, creating a “chicken or egg” situation. Aspiring special educators must complete a practicum component of their certification program and often end up in self-contained classrooms because there are few itinerant practicum placements. Because that is where they gain experience, special educators often remain in those settings post licensure. This perpetuates the disproportionate number of educators practicing in self-contained classrooms, such that future aspiring special educator cohorts face the same difficulties securing itinerant practicums.

## Teacher Certification Grade Ranges



## Teacher Certification Grade Ranges



## Recommendations

RIPIN recommends that RIDE amend its proposed K-6 certification to a PK-6 range or narrow the proposed K-6 certification to grades 2-6. Either of these changes would make the preschool special education certification more attractive to educators and districts, especially relative to the elementary certification. Regardless of the approach, the preschool path should not be the forgotten and unattractive option, with very few jobs requiring that certification.

In the section on RI Pre-K below, RIPIN recommends that the State create regional or statewide teams of itinerant special educators to embed special education services into community-based RI Pre-K settings. This kind of capacity could also help to support education and training of aspiring early childhood special educators, creating more opportunities for practicum placements.

## Recommendation IV: Strengthen State Funding Formula to Better Support Special Education

Rhode Island's school funding formula is designed to provide extra state support to districts with less ability to fund their own schools, to districts with more students from families in poverty and, as of this year, to districts with higher numbers of multi-lingual learners (MLLs). The funding formula does not adequately provide state support to help districts cover the cost of special education.

The average district in Rhode Island funds 87% of special education costs from local dollars or fungible state aid, with only 13% of special education funding covered by state or federal dollars that are earmarked for special education. Critically (but with one exception, discussed below) districts are generally on the hook dollar-for-dollar for increases in special

education expenses, and stand to save dollar-for-dollar when they reduce those expenses. This produces a sharp fiscal incentive to control special education investment, and this incentive is felt by the districts making decisions about special education programming for students. The overwhelming majority of other states have more generous cost-sharing mechanisms for special education funding and do more to blunt districts' fiscal incentives with respect to their decisions about special education investments.

Further, Rhode Island's education funding formula is not designed appropriately for the preschool special education context. The model provides disincentives against many preschool best practices, including providing special education in inclusive community-based settings and RI Pre-K classrooms.

**The Rhode Island school funding formula does not adequately provide state support to help districts cover the cost of special education. The average district in Rhode Island funds 87% of special education costs from local dollars or fungible state aid.**



## How Schools Are Funded in Rhode Island

Rhode Island’s primary funding formula starts with a core instruction base, the amount the state deems it takes to educate a student. This number comes from the average of prior year regional expenditures across Rhode Island, Connecticut, Massachusetts, and New Hampshire.<sup>29</sup> In 2025, the core instructional amount is \$12,617.<sup>30</sup> Next, the formula multiplies the core instruction base amount by the “average daily membership” student census – the number of students enrolled in a district. The funding formula also adds single-weighted adjustments for low-income students and multilingual learners. For every student whose family income is below 185% of the federal poverty line, Rhode Island allocates an extra forty percent of the core instructional amount. New this year, for every student that is counted as a multilingual learner, Rhode Island now allocates an extra twenty percent of the core instructional amount.<sup>31</sup> The sum of core instruction funding and weighted adjustments for poverty and English language instruction constitutes the total foundation budget.

This sum reflects the state’s estimation of what a district should be spending per year, in total, to educate its students. Notice that this foundational formula does not include special education. Thirty-six other states do include special education in their primary funding model.<sup>32</sup>

**TOTAL FOUNDATION BUDGET =**

$$\begin{aligned}
 & \text{[average per-pupil education cost]} \\
 & \times \text{[district average daily membership census]} \\
 & + \\
 & \text{[40%} \times \text{average per-pupil education cost]} \\
 & \times \text{[# of students in poverty]} \\
 & + \\
 & \text{[20%} \times \text{average per-pupil education cost]} \\
 & \times \text{[# of MLLs]}
 \end{aligned}$$

Next, a complex formula determines the state share ratio, essentially what role the state should play in subsidizing the district’s costs. This formula essentially provides for a larger state share for districts with the least ability to fund their own schools through their tax base. The state calculates what each district can pay by looking at each community’s total assessed property value, the average family income, and the concentration of students in poverty.

Lastly, Rhode Island calculates how much state funding each district will receive by multiplying the total foundation budget by the state share ratio. For example, Providence has a total foundation amount of \$333,612,153 and a state share ratio of 85.4%, so Providence receives \$284,752,093 in state funding.<sup>33</sup> Of note, this formula is designed on the basis that a district raises and spends the portion of money the state deems they are able to contribute, but no law mandates them to do so. Providence may raise and allocate more or less than \$48,860,060, their 14.6% of the total foundation budget, through property taxes, such that schools may or may not be fully funded to “adequacy” levels.

The second part of state funding is categorical funding. The primary funding formula is the main way states determine how much money districts receive and funding formula dollars are flexible. Categorical funding is additional money allocated for specific purposes. Unlike the primary aid formula, categorical fundings are subject to annual appropriations. When the statewide annual budget is insufficient to cover all statewide costs, the funds are prorated among eligible districts. Categorical costs include out-of-district transportation (special education transportation is excluded<sup>35</sup>), regionalization bonuses, funding for vocational students, low-income preschool classrooms, and reimbursement for high-cost special education students (discussed at greater length below).<sup>36</sup>

<sup>29</sup> Senate Fiscal Office. (2024). *FY 2024 enacted education aid (p. 1)*. Rhode Island General Assembly. <https://www.rilegislature.gov/sfiscal/Other%20Documents/FY2024%20Enacted%20Education%20Aid.pdf>

<sup>30</sup> Rhode Island Department of Education. (2024, June 17). *FY 2025 formula calculations (Version 1.6)*. <https://ride.ri.gov/sites/g/files/xkgbur806/files/2024-06/FY-2025-Formula-Calcs-6-17-24.pdf>

<sup>31</sup> Ibid.

<sup>32</sup> Education Commission of the States. (2024). *K 12 funding: 50 state comparison*. <https://reports.ecs.org/comparisons/k-12-funding-2024-04>

<sup>33</sup> Rhode Island Department of Education. (2024, June 17). *FY 2025 formula calculations*. <https://ride.ri.gov/sites/g/files/xkgbur806/files/2024-06/FY-2025-Formula-Calcs-6-17-24.pdf>.

<sup>34</sup> Rhode Island Department of Education. (2024, June 17). *FY 2025 formula calculations*. <https://ride.ri.gov/sites/g/files/xkgbur806/files/2024-06/FY-2025-Formula-Calcs-6-17-24.pdf>.

<sup>35</sup> Rhode Island Department of Education. (2021, November 5). *A guide to understanding Rhode Island’s education aid funding formula (p. 20)*. [https://ride.ri.gov/sites/g/files/xkgbur806/files/Portals/0/Uploads/Documents/Funding-and-Finance-Wise-Investments/Funding-Sources/State-Education-Aid-Funding-Formula/Guide-with-flow-charts-4.13.2018\\_updated-11.5.2021.pdf?ver=20211105125749-967](https://ride.ri.gov/sites/g/files/xkgbur806/files/Portals/0/Uploads/Documents/Funding-and-Finance-Wise-Investments/Funding-Sources/State-Education-Aid-Funding-Formula/Guide-with-flow-charts-4.13.2018_updated-11.5.2021.pdf?ver=20211105125749-967)

<sup>36</sup> Ibid.

### State Funding Formula — Examples<sup>34</sup>

	PROVIDENCE	WARWICK	NEWPORT	MIDDLETOWN
A	Average Daily Membership	19,212	7,970	1,964
B	x Core Instruction Base	\$12,617	\$12,617	\$12,617
C	<b>Core Total</b>	<b>\$242,397,804</b>	<b>\$100,557,490</b>	<b>\$24,779,788</b>
D	Students in Poverty	14,747	2,358	1,182
E	x 40% of Core Base	\$5,047	\$5,047	\$5,047
F	<b>Student Success Total</b>	<b>\$74,428,109</b>	<b>\$11,900,826</b>	<b>\$2,690,051</b>
G	MLL Students	6,653	143	299
H	x 20% of Core Base	\$2,523	\$2,523	\$2,523
I	<b>MLL Support Total</b>	<b>\$16,788,180</b>	<b>\$360,846</b>	<b>\$754,497</b>
J	<b>C + F + I</b>	<b>\$333,614,093</b>	<b>\$112,819,162</b>	<b>\$27,722,179</b>
K	State Share	85.4%	39.7%	50.9%
L	<b>TOTAL STATE AID</b>	<b>\$284,906,436</b>	<b>\$44,789,207</b>	<b>\$14,967,357</b>
				<b>\$6,708,767</b>

## How Special Education is Funded

Special education is not included in Rhode Island’s primary funding formula, which means that districts’ collective special education costs of circa \$650 million per year are funded almost exclusively through local property tax dollars or fungible state aid. Districts receive four sources for federal or state funding that is earmarked to support special education:

- 1. High-Cost Categorical State Funding:** Rhode Island annually sets aside of a pool of money to support costs for providing special education to “high cost” students whose expenditures exceed four times the core instruction and student success funding, or \$66,506 for 2024.<sup>37</sup> For special education students whose cost exceeds \$66,506, the district can make a claim against the pool for funding of the excess amount, which would come two years after the costs were incurred. If the pool does not have sufficient funds to pay all claims, then reimbursements are prorated. In recent years, total district claims against the pool have averaged roughly \$15 million.<sup>38</sup> State fiscal year 2024 was the first time in recent memory that this pool was fully funded. In state fiscal year 2023, the pool was only funded at \$4.5 million, meaning that districts were only reimbursed roughly one-third of their eligible spending on high-cost special education students.<sup>39</sup>
- 2. Federal Funding Under Section 611 of the IDEA:** This is federal funding to districts that can be spent for special education for students aged 3-22. Since its inception in 1975, the IDEA has authorized federal funding to pay for 40% of the special education costs that

exceed average per-pupil spending, or the difference between general and special education costs. Since the IDEA was passed, the federal government has never paid more than 18% of the difference (2004), with the national average over the last fifty years closer to 10%.<sup>40</sup> Total funding to Rhode Island districts from Section 611 reached nearly \$40 million in fiscal year 2023.<sup>41</sup> Since a change in 1999, the allocation of this federal funding has a very limited relationship to the special education student census.

- 3. Federal Funding Under Section 619 of the IDEA:** This is federal funding that is earmarked for 3-5 year-olds receiving preschool special education.<sup>42</sup> In fiscal year 2003, this funding totaled roughly \$1.3 million for Rhode Island districts.
- 4. Medicaid Billing Revenue:** Districts can also bill many therapeutic services to Medicaid when provided to Medicaid-enrolled students. These Medicaid-financed services are often (but not always) related to the provision of special education or related services to children with IEPs. In fiscal year 2023, the total Medicaid billing revenue across all districts was just over \$27 million.

All of these sources of funding combined dwarf in comparison to the total special education costs in Rhode Island’s districts. Together, they cover an average of 13.05% of districts’ special education spending, and cover no more than 19.18% in any single district.<sup>43</sup>

<sup>37</sup> Senate Fiscal Office. (2024). FY 2024 enacted education aid (p. 7). Rhode Island General Assembly. <https://www.rilegislature.gov/sfiscal/Other%20Documents/FY2024%20Enacted%20Education%20Aid.pdf>

<sup>38</sup> See appendix B.

<sup>39</sup> Senate Fiscal Office. (2024). FY 2024 enacted education aid (p. 7). Rhode Island General Assembly. <https://www.rilegislature.gov/sfiscal/Other%20Documents/FY2024%20Enacted%20Education%20Aid.pdf>

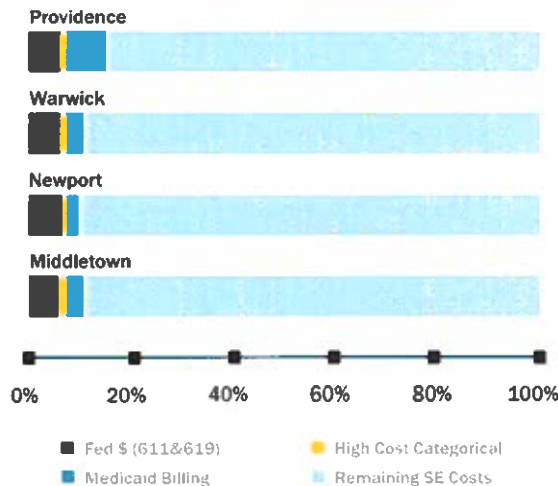
<sup>40</sup> National Association of Elementary School Principals. (2023, October 3). Funding falls short for students with disabilities. <https://www.naesp.org/blog/funding-falls-short-for-students-with-disabilities/>

<sup>41</sup> See appendix B.

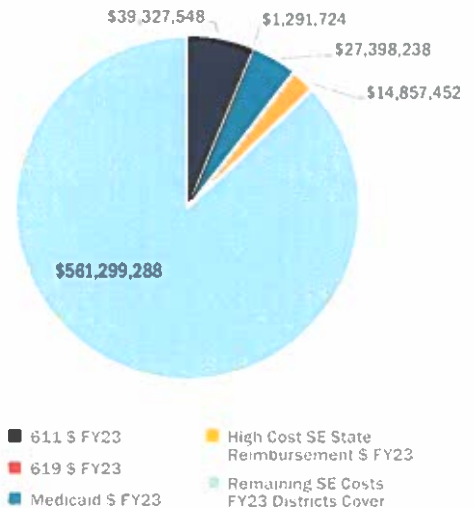
<sup>42</sup> Center for IDEA Fiscal Reporting. (2021, May). Quick reference guide on the allocation of IDEA Part B subgrants to local educational agencies. WestEd. <https://cifir.wested.org/wp-content/uploads/2021/05/CIFR-QRG-LEA-Allocations.pdf>

<sup>43</sup> See appendix B.

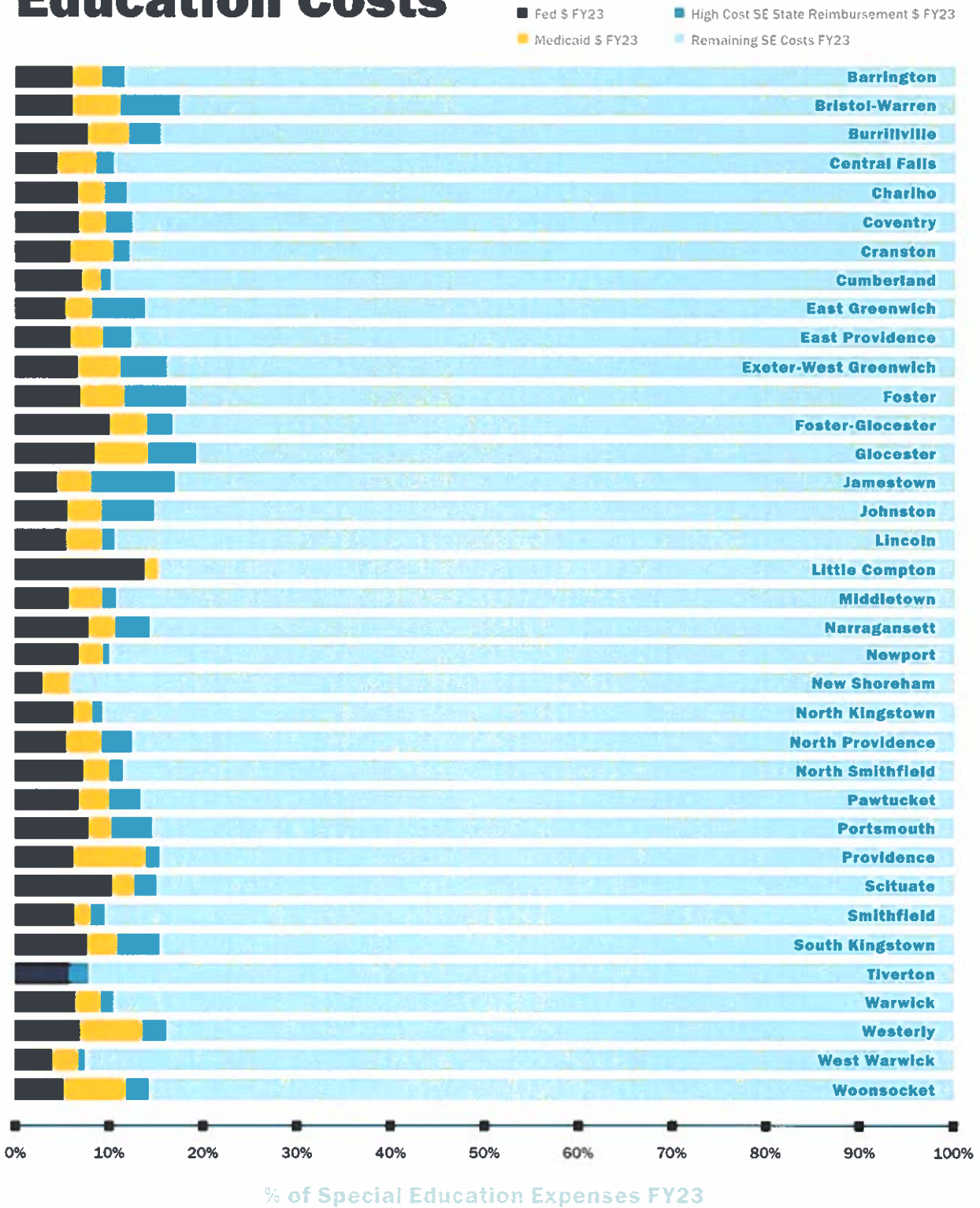
### Special Education Funding Streams Selected Districts



### Rhode Island Special Education Funding FY23



# Districts Bear Majority of Special Education Costs



**Source:** Total special education spending drawn from UCOA FY23 Detailed Program Expenditures. Federal funding (under sections 611 and 619) drawn from FY 2023 IDEA Preliminary Allocations. Medicaid billing revenue drawn from UCOA FY23 District Revenues. High-cost categorical reimbursement draw from Senate Fiscal FY 2025 Budget Analysis. Data available in Appendix B – Special Education Spending and Funding by District.



**Thirty-six states include special education in their primary funding model. Rhode Island does not.**

## Special Education Funding in Other States

Rhode Island is one of only two states that does not weigh special education in the primary funding formula or have categorical funding that applies to special education students (not just high-cost ones). Thirty-six states include special education in their primary funding model.<sup>44</sup> This means that these other states add extra weighting to the core base amount (ex: 1.4), so as to increase the state funding that districts receive per special education student, similarly to how Rhode Island's funding is adjusted for low-income and multilingual learners. Ten states use multiple weighting, meaning more than one percentage is multiplied by the base amount (ex: 1.2 or 1.4) to differentiate funding based on student need.<sup>45</sup> Some states, like Colorado, create individual weights for the category of disability, while other states, Indiana, categorize students by the certification of their teacher (severe vs. mild/moderate).

Another form of funding is categorical weighting. West Virginia, for example, distributes a lump sum of \$34 million across districts. Other states, like Michigan, fund special education through reimbursement; however, the reimbursement applies to all special education students, not just those whose costs exceed four times the base amount. Michigan reimburses districts 28.6% of education costs and 70.4% of transportation costs. Nine states appropriate funding to pay for special education staffing positions, like occupational or physical therapists, or instructional resources, like assistive technology. While other states have developed more comprehensive and equitable funding models that better address the diverse needs of special education students, Rhode Island's approach remains inadequate, with limited state support, unpredictable reimbursements for high-cost students, and a failure to account for the full spectrum of special education costs, leaving districts struggling to provide essential services.

<sup>44</sup> Education Commission of the States. (2024, April). K-12 funding, 50-state comparison. <https://reports.ecs.org/comparisons/k-12-funding-2024-04>

<sup>45</sup> Ibid.

## Preschool Special Education Funding

There is no special framework for state funding for preschool special education, which creates challenges and problematic incentives because the preschool context is so different. A district's average daily membership (the size of its student population) is one of the most important variables in the state funding formula, but the definitions are not suited for preschool special education. For example, preschool students who receive part-day or part-week special education in a district-based classroom count as partial students in the average daily membership and therefore bring some state funding support. But students receiving district-funded special education while attending a Head Start program or other inclusive community-based preschool (through the embedded or itinerant model) typically do not count in the average daily membership and therefore bring no funding formula state dollars.<sup>46</sup> This creates a perverse incentive, where districts can receive state funding support for operating their own partial-day programs (plus sometimes tuition dollars from the typical peers attending the district-operated inclusive preschool program), but receive no funding for providing services embedded into a full-day high-quality community setting, a nationally recognized best practice model.

The funding formula is also inappropriately designed for the context of special education in RI Pre-K. Districts are required to provide (and pay for) special education services for local students enrolled in local RI Pre-K classrooms, but districts receive zero state funding to support this obligation.<sup>47</sup> This might be tolerable in a district with little RI Pre-K participation, but it is not a good foundation on which to build a program that many view as having potential to become near-universal over the long term.

## Conclusion & Recommendations

In conclusion, Rhode Island's state funding model for special education does not adequately support special education. In addition, the funding formula is not properly designed for the unique context for preschool special education. Almost 87% of the State's total special education spending of roughly \$650 million annually comes from districts' local tax base or fungible state aid.

The state's current funding formula needs to be revised to provide more equitable and sustainable support for special education programs, particularly preschool. Ironically, the state's financial policies disincentivize the very models they aim to prioritize—such as RI Pre-K and itinerant services. These funding gaps make it more difficult to effectively implement and sustain these models, undermining the state's commitment to inclusive preschool special education. RIPIN recommends that the State make the following changes to its funding formula with respect to preschool special education:

1. Clarify that preschoolers receiving special education services in a Head Start or other community setting count in a district's average daily membership for the purposes of the funding formula.
2. Include students receiving special education in RI Pre-K classrooms in a district's average daily membership for the purposes of the funding formula.

While K-12 special education funding is beyond the scope of this report, the State should also consider other weighting or reimbursement models utilized in other states to share special education costs more equitably between the State and local districts.



<sup>46</sup> There is a significant amount of confusion in the community about how or whether these students served in the itinerant or embedded model count with respect to the funding formula. Relevant written guidance is silent on the issue. See RIDE, Funding Formula Reference Guide (Spring 2018), at [https://ride.ri.gov/sites/g/files/xkgbur806/files/Portals/0/Uploads/Documents/Funding-and-Finance-Wise-Investments/Funding-Sources/State-Education-Aid-Funding-Formula/Guide-with-flow-charts-4.13.2018\\_updated-11.5.2021.pdf?ver=2021.11.05.125749-967](https://ride.ri.gov/sites/g/files/xkgbur806/files/Portals/0/Uploads/Documents/Funding-and-Finance-Wise-Investments/Funding-Sources/State-Education-Aid-Funding-Formula/Guide-with-flow-charts-4.13.2018_updated-11.5.2021.pdf?ver=2021.11.05.125749-967). But other State-authored reports have implied that these students do not count for funding formula purposes. See, e.g., RIDE, RI DHS, RI Children's Cabinet, Report and Recommendations on RI Pre-K Expansion (Dec. 30, 2022), page 27 (recommending changes to the funding formula to provide funding for students receiving special education in "community based high-quality programs like Head Start, regardless of setting"), available at [https://ride.ri.gov/sites/g/files/xkgbur806/files/2023-08/Pre-K\\_Expansion\\_Report\\_12-30-22.pdf](https://ride.ri.gov/sites/g/files/xkgbur806/files/2023-08/Pre-K_Expansion_Report_12-30-22.pdf). In RIPIN's research, several experts disagreed on how this is handled. Eventually, the consensus amongst RIDE officials consulted was that RIDE has not taken a position on whether these students count in the average daily membership that drives the funding formula, and that it is possible that different districts are counting these students differently.

<sup>47</sup> Rhode Island Department of Education, (2018, Spring), *Funding formula reference guide* (p. 16), [https://ride.ri.gov/sites/g/files/xkgbur806/files/Portals/0/Uploads/Documents/Funding-and-Finance-Wise-Investments/Funding-Sources/State-Education-Aid-Funding-Formula/Guide-with-flow-charts-4.13.2018\\_updated-11.5.2021.pdf?ver=2021.11.05.125749-967](https://ride.ri.gov/sites/g/files/xkgbur806/files/Portals/0/Uploads/Documents/Funding-and-Finance-Wise-Investments/Funding-Sources/State-Education-Aid-Funding-Formula/Guide-with-flow-charts-4.13.2018_updated-11.5.2021.pdf?ver=2021.11.05.125749-967); Rhode Island Department of Education, (2024), Rhode Island Pre-Kindergarten grant application guidance, 2024-2025, <https://ride.ri.gov/sites/g/files/xkgbur806/files/2024-02/RI%20PK%20Application%20Guidance%20%282%29.pdf>

# Recommendation V: Strengthen RI Pre-K for Children with Disabilities

## RI Pre-K Participation by District



Source: [ride.ri.gov/instruction-assessment/early-childhood-education/ri-pre-k](https://ride.ri.gov/instruction-assessment/early-childhood-education/ri-pre-k)

RI Pre-K is a state-administered program that provides free, high-quality pre-kindergarten education to 2,800 four-year-olds in 21 Rhode Island communities. RIDE awards RI Pre-K grants on a competitive basis. RI Pre-K is built on a “mixed delivery model,” which means that RI Pre-K classrooms are operated by a mixture of local school districts, Head Start programs, and community-based private childcare providers.<sup>48</sup>

The size and types of RI Pre-K programs vary widely by community. For example, Pawtucket hosts five different RI Pre-K providers, including settings in Head Start providers, private childcare centers, and district-operated classrooms in four different locations. In contrast, the only RI Pre-K provider in Newport is a Head Start provider, and the only RI Pre-K provider in Portsmouth is a private childcare provider.<sup>49</sup>

Admission to RI Pre-K is lottery-based, and open to all children who live in

participating communities and turn 4 years-old before September 1st of the program year. The program is promoted as being “fully inclusive” and available to children with IEPs.<sup>50</sup> In 2022, 11% of RI Pre-K’s students had had a disability and received support under an IEP.<sup>51</sup>

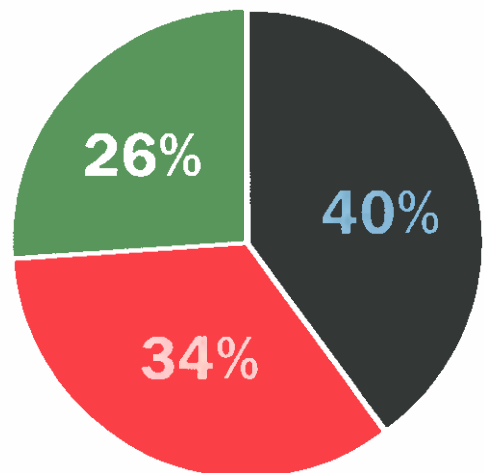
As a high-quality, inclusive, and free full-day setting, RI Pre-K represents a critical strength in our state’s efforts to provide inclusive preschool education to children with disabilities.

Though 4-year-old students with IEPs often have access to other district-based placement options, one key differentiator is that – unlike many district-based preschool special education programs – RI Pre-K is full-day and five days per week. This benefit is extremely important for working families who struggle to juggle the demands of partial-day programs.

## RI Pre-K Classrooms by Setting, RI 2023

- Head Start Agency
- Child Care Center
- Public School

n= 127



<sup>48</sup> Rhode Island Department of Education. (n.d.). RI Pre-K. <https://ride.ri.gov/instruction-assessment/early-childhood-education/ri-pre-k>

<sup>49</sup> Ibid.

<sup>50</sup> Rhode Island Department of Education. (n.d.). RI Pre-K frequently asked questions. <https://ride.n.gov/sites/g/files/xkgbur806/files/Portals/0/Uploads/Documents/Instruction-and-Assessment-World-Class-Standards/early-childhood/2020-21-RI-Pre-K-FAQ-English.pdf>

<sup>51</sup> Rhode Island Department of Education. (2022, December 30). Report and recommendations on RI Pre-K expansion (p. 15). [https://ride.n.gov/sites/g/files/xkgbur806/files/2023-08/Pre-K\\_Expansion\\_Report\\_12-30-22.pdf](https://ride.n.gov/sites/g/files/xkgbur806/files/2023-08/Pre-K_Expansion_Report_12-30-22.pdf)

## The Challenge for Students with Disabilities

Despite RI Pre-K being advertised as fully-inclusive, it is developing a reputation in the community as not being designed truly to serve all children. In RIPIN's listening sessions with families and professionals, it was common to hear about parents of "higher needs" children being discouraged from applying because many RI Pre-K classrooms were not able to meet their needs.

These professionals steering certain families away from RI Pre-K were probably giving them earnest advice. There is a consensus among professionals and policy makers who work in the field that there is a wide range of capacity amongst RI Pre-K providers to serve children with all needs. In particular, there are community-based RI Pre-K classrooms in districts with no or limited capacity to send special educators or related service providers out into the community.

The RI Pre-K grant application requires applicants to certify that "RI Pre-K teachers collaborate with district special educators to embed special education services in their classrooms for children with IEPs,"<sup>52</sup> but that is not seriously enforced. RIDE seeks to resolve these challenges on a case-by-case basis as mismatches appear between the needs of RI Pre-K students and an operator's ability to meet those needs. Solutions are not always available.

These challenges often leave families with an impossible choice. Send your child to a full-day RI Pre-K program that is not equipped to meet all of their needs, or keep them in a half-day (or part week) program that is a strain for the family? In listening sessions, RIPIN heard from many families and professionals that it is common to compromise by leaving children without needed services in order to receive the benefit of full day RI Pre-K programming.

## Funding Challenges for IEP Services in RI Pre-K

RI Pre-K is funded through competitive grants, with five different funding models. The funding models correspond to different operating contexts (e.g. fully-funding a room vs. braiding funds with Head Start or CCAP funding), and each provide different flat dollar amounts to allow grantees to operate RI Pre-K classrooms.<sup>53</sup>

Special education is simply not currently part of the RI Pre-K funding model. A child's home school district is responsible for the costs of special education services, even if the child is placed in an RI Pre-K setting not operated by the district. These students are not counted in a district's average daily membership census that drives funding formula dollars. Districts receive no state funding for these RI Pre-K students, yet they remain responsible for providing special education services to them. This is not sustainable if RI Pre-K continues to expand over time.

One key differentiator is that—unlike many district-based preschool special education programs—RI Pre-K is full-day and five days per week.

RIPIN heard from two mothers in one community who were cousins with sons only a couple years apart, both served in the district's 3-year-old preschool special education classroom. One of these mothers was strongly encouraged to apply for RI Pre-K and the other was strongly discouraged, based on the different needs of their boys.

Special education is simply not currently part of the RI Pre-K funding model.

<sup>52</sup>Rhode Island Department of Education. (2024). *Rhode Island Pre-Kindergarten expansion grant application, 2024 -2025* (p. 29). <https://ride.ri.gov/sites/g/files/xkgbur806/files/2024-02/RI%20PK%20Application%20%282%29.pdf>

<sup>53</sup>Rhode Island Department of Education. (2024). *Rhode Island Pre-Kindergarten expansion grant application, 2024 -2025* (p. 5). <https://ride.ri.gov/sites/g/files/xkgbur806/files/2024-02/RI%20PK%20Application%20%282%29.pdf>



## Differing Views of the Future of RI Pre-K

In stakeholder conversations, two different views emerged about the future of RI Pre-K.

Many observers view RI Pre-K as the beginning of a growing universal Pre-K model, with strong political support across multiple administrations and changes in legislative leadership. Since its inception in 2009, the program has grown steadily, and Governor McKee’s FY26 budget proposes to fund RI Pre-K for 2,997 seats.<sup>54</sup> In 2022, at the behest of the legislature, RIDE published a report with recommendations on expanding the program to 5,000 seats by 2028, and this report also contemplated creating an RI Pre-K program for 3-year-olds.<sup>55</sup>

In this view of RI Pre-K, it is absolutely critical that the program’s foundations be reinforced to improve its ability to serve students with disabilities.

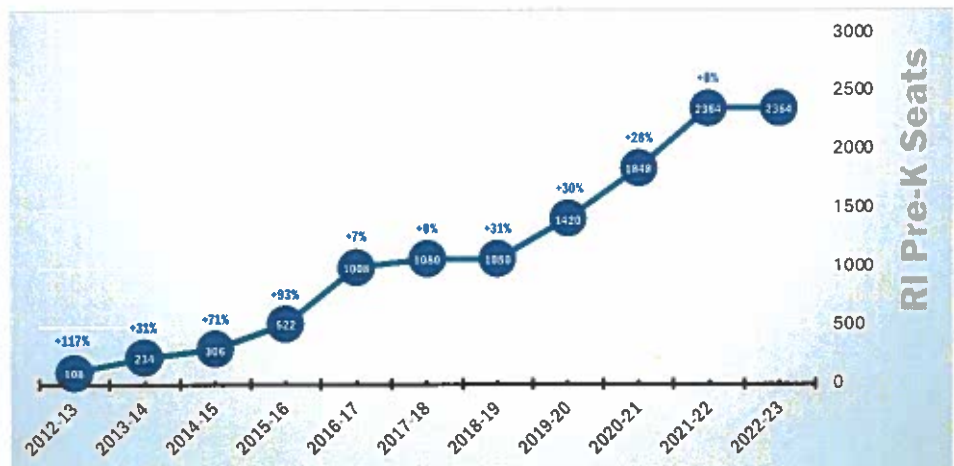
But there is also an alternative view, that RI Pre-K is a small program reliant on discretionary funding. Those who hold this view tend to see RI Pre-K as just one more patch in the complex quilt that makes up Rhode Island’s early childhood education system. There are roughly 10,000 4-year-olds in Rhode Island, so even a program with 5,000 seats will need to be supplemented with other settings. Some in this camp view RI Pre-K as more appropriately built as a general education program, with many students with disabilities better served in other settings.

RIPIN finds this second view troubling. Whether or not the program will grow to become universal in the future, it is a significant program even today. It is a government-funded, tuition-free, high-quality program that offers substantial benefits over other settings. It is not acceptable, and probably not legally compliant, for the program to turn away or fail to meet the needs of certain children with disabilities.

<sup>54</sup>State of Rhode Island. (2025). *Fiscal year 2026 budget proposal: Executive summary* (p. 97). [https://omb.ri.gov/sites/g/files/xkgbur751/files/2025-01/01.28.25\\_FY%202026\\_Executive%20Summary\\_FINAL\\_ERRATA.pdf](https://omb.ri.gov/sites/g/files/xkgbur751/files/2025-01/01.28.25_FY%202026_Executive%20Summary_FINAL_ERRATA.pdf)

<sup>55</sup>Rhode Island Department of Education, Rhode Island Department of Human Services, & Rhode Island Children’s Cabinet. (2022, December 30). *Report and recommendations on RI Pre-K expansion*. [https://ride.ri.gov/sites/g/files/xkgbur806/files/2023-08/Pre-K\\_Expansion\\_Report\\_12-30-22.pdf](https://ride.ri.gov/sites/g/files/xkgbur806/files/2023-08/Pre-K_Expansion_Report_12-30-22.pdf)

## RI Pre-K Seats, by School Year 2012-2023



Source: RIDE, RI DHS, RI Children’s Cabinet. Report and Recommendations on RI Pre-K Expansion (Dec. 30, 2022), available at [https://ride.ri.gov/sites/g/files/xkgbur806/files/2023-08/Pre-K\\_Expansion\\_Report\\_12-30-22.pdf](https://ride.ri.gov/sites/g/files/xkgbur806/files/2023-08/Pre-K_Expansion_Report_12-30-22.pdf)

# Summary of Recommendations for RI Pre-K

- 1. Create regional or statewide models** to serve RI Pre-K students with complex or low incidence needs.
- 2. Enforce current rules** that require community-based RI Pre-K settings to be able to collaborate with host districts to embed special education.
- 3. Provide funding support** for districts' costs providing special education to RI Pre-K students.

## The Solutions

The good news is that there are several opportunities to strengthen RI Pre-K's ability to serve students with disabilities, some of which may already be in early planning stages.

First, it is not necessary for every single RI Pre-K setting to be able to serve every single child. Even in K-12 special education, children with significant and/or low incidence needs often have to be served by regional or statewide centers of excellence through out-of-district placements. But no analogous process or system currently exists for RI Pre-K. We recommend that the RI Pre-K system include regional or statewide settings that have the capacity to serve children with significant or low incidence needs who reside in other RI Pre-K participating districts. The State could also create regional or statewide teams of special educators or related service providers with the capacity to embed special education services into community-based RI Pre-K classrooms.

Our understanding is that RIDE may be working on some models that

allow high-quality special education and related service providers to build capacity to serve children in various RI Pre-K settings. These programs should be supported, and RIDE should consider building these into the RI Pre-K funding model rather than requiring districts to pay for the services.

Second, RIDE can do more proactively to ensure that every RI Pre-K classroom can serve children with more common disabilities. The biggest gap in the system is in districts where RI Pre-K is housed in community-based settings, but the district does not send special educators or related service providers into the community. The RI Pre-K grant application theoretically forbids this, but it is not consistently enforced. We recommend that RIDE require all community-based RI Pre-K grantees to submit signed MOUs with their host districts outlining how the grantee and district will collaborate to serve children with disabilities who win the RI Pre-K lottery.

RIPIN recognizes that this second recommendation is at tension

with other goals of the RI Pre-K program. By making it more difficult for community-based providers in certain cities or towns to participate, it might make the program less available (or unavailable) in those areas. Even recognizing this tension, RIPIN believes it critical that RIDE ensure that every RI Pre-K classroom actually comply with the terms of its grant, particularly with respect to its capacity to serve children with disabilities.

Third, we recommend that the RI Pre-K funding model be adjusted to account for districts' costs in providing special education services to RI Pre-K students. At a minimum, Rhode Island should consider including RI Pre-K students with IEPs in a district's average daily membership census that drives funding formula base per-pupil funding. Another option would be to consider reimbursing a share of district's expenses in providing IEP services to RI Pre-K students. The current model, where districts receive zero financial support to provide mandatory services to this growing population, is not sustainable.



## Conclusion

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Based on our work with families, we know that access gaps still exist for too many children aged 3-5 who need special education services. After a year of dedicated research, listening to families, and interviewing key stakeholders, we hope that this brief has helped to illuminate both strengths and opportunities to improve Rhode Island's preschool special education system.

Luckily, Rhode Island builds on strength, and there are many opportunities to further strengthen the system. As outlined in detail in this report, RIPIN recommends that Rhode Island:

- 1. Create an EI extension option** through the September after a child's third birthday.
- 2. Continue to focus on transitions** from EI to preschool special education, making them smoother and more efficient for service providers, educators, and families.
- 3. Refresh teacher certification** to make the preschool special education certification more attractive.
- 4. Update Rhode Island's school funding formula** to better support the unique needs of preschool special education.
- 5. Strengthen RI Pre-K** by making it more inclusive for children with disabilities.

We look forward to continued collaboration with all stakeholders in the coming years to make this vision a reality.

# Appendix A:

## EI Extension Federal Grant Calculations

When the federal government’s Part C appropriation exceeds \$460 million (which it has consistently since 2016<sup>56</sup>), 15% of the excess appropriations must be reserved for states who implement the extension option as incentive grants.<sup>57</sup>

In fiscal year 2023, the DOE appropriated \$540 million, meaning \$12 million (15% of the difference between \$540 million and \$460 million) was taken off the top for EI extension grants before the remaining was ratably distributed across the states.

Seven states/jurisdictions participate in EI extension: Colorado, Connecticut, Maryland, D.C., Tennessee, Illinois, Missouri. Assuming Rhode Island joined, that would have been the eighth.

Each state receives a percentage of the allocation proportional to the size of that state’s total population of infants and toddlers relative to the total number of infants and toddlers in all EI extension jurisdictions.<sup>58</sup>

# of infants and toddlers RI/ # of infants and toddlers in all seven jurisdictions = 31,046/1,402,454 = 2.21%

2.21% x \$12,000,000= \$265,642.94

<sup>56</sup> Early Childhood Technical Assistance Center. (n.d.). *Part C national program data*. Retrieved from [www.ectacenter.org/partc/partcdata.asp](http://www.ectacenter.org/partc/partcdata.asp)

<sup>57</sup> U.S. Department of Education. (2024). 34 CFR § 303.734 – *Reservation for State incentive grants. Electronic Code of Federal Regulations*. <https://www.ecfr.gov/current/title-34/subtitle-B/chapter-III/part-303/subpart-H/subject-group-ECFR0bd251f69fb8c0f/section-303.734>

<sup>58</sup> *Ibid.*

<sup>59</sup> U.S. Department of Education. (2024). *2024 SPP/ APR and state determination letters: Part C – Colorado* (p. 24). Individuals with Disabilities Education Act (IDEA). <https://sites.ed.gov/idea/idea-files/2024-spp-apr-and-state-determination-letters-part-c-colorado/>

<sup>60</sup> U.S. Department of Education. (2024). *2024 SPP/ APR and state determination letters: Part C – Connecticut* (p. 26). Individuals with Disabilities Education Act (IDEA). <https://sites.ed.gov/idea/idea-files/2024-spp-apr-and-state-determination-letters-part-c-connecticut/>

<sup>61</sup> U.S. Department of Education. (2024). *2024 SPP/ APR and state determination letters: Part C – Maryland* (p. 28). Individuals with Disabilities Education Act (IDEA). <https://sites.ed.gov/idea/idea-files/2024-spp-apr-and-state-determination-letters-part-c-maryland/>

<sup>62</sup> U.S. Department of Education. (2024). *2024 SPP/ APR and state determination letters: Part C – District of Columbia*(p. 26). Individuals with Disabilities Education Act (IDEA). <https://sites.ed.gov/idea/idea-files/2024-spp-apr-and-state-determination-letters-part-c-dc/>

<sup>63</sup> U.S. Department of Education. (2024). *2024 SPP/ APR and state determination letters: Part C – Tennessee* (p. 24). Individuals with Disabilities Education Act (IDEA). <https://sites.ed.gov/idea/idea-files/2024-spp-apr-and-state-determination-letters-part-c-tennessee/>

<sup>64</sup> U.S. Department of Education. (2024). *2024 SPP/ APR and state determination letters: Part C – Missouri* (p. 26). Individuals with Disabilities Education Act (IDEA). <https://sites.ed.gov/idea/idea-files/2024-spp-apr-and-state-determination-letters-part-c-missouri/>

<sup>65</sup> U.S. Department of Education. (2024). *2024 SPP/ APR and state determination letters: Part C – Rhode Island* (p. 31). Individuals with Disabilities Education Act (IDEA). <https://sites.ed.gov/idea/idea-files/2024-spp-apr-and-state-determination-letters-part-c-rhode-island/>

<sup>66</sup> U.S. Department of Education. (2024). *2024 SPP/ APR and state determination letters: Part C – Illinois* (p. 26). Individuals with Disabilities Education Act (IDEA). <https://sites.ed.gov/idea/idea-files/2024-spp-apr-and-state-determination-letters-part-c-illinois/>

STATE/JURISDICTION	INFANT & TODDLER POPULATION
Colorado <sup>59</sup>	185,357
Connecticut <sup>60</sup>	106,943
Maryland <sup>61</sup>	206,762
District of Columbia <sup>62</sup>	23,879
Tennessee <sup>63</sup>	241,550
Missouri <sup>64</sup>	208,763
Rhode Island <sup>65</sup>	31,046
Illinois <sup>66</sup>	398,154
<b>TOTAL</b>	<b>1,402,454</b>

Source: This is from each state’s 2024 SPP/APR FFY 22 Part C Indicator 6 data.

# Appendix B:

## Special Education Spending and Funding by District

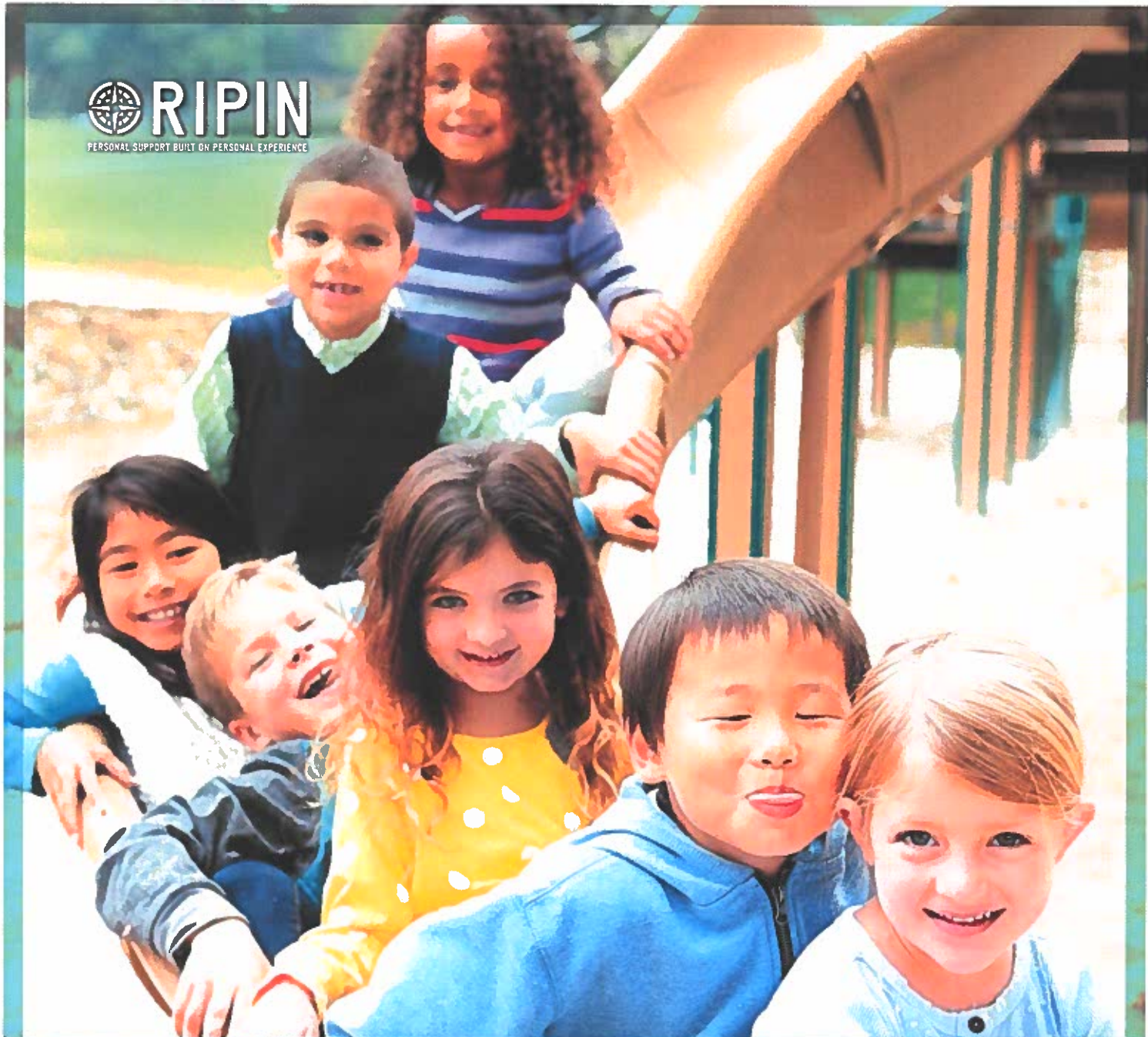
School District	1. Total Special Education Costs (FY23)	2. Federal Funding Under Section 619 (FY23)	3. Federal Funding Under Section 611 (FY23)	4. Medicaid Billing Revenue (FY23)	5. High-Cost Categorical Reimbursement (FY25)
Barrington	\$14,491,774	\$27,708	\$863,171	\$480,176	\$333,033
Bristol-Warren	\$13,187,279	\$34,881	\$1,046,863	\$430,524	\$787,751
Burrillville	\$10,102,442	\$25,151	\$748,715	\$434,241	\$337,996
Central Falls	\$16,982,199	\$39,068	\$697,655	\$746,591	\$249,977
Charlho	\$13,067,788	\$22,193	\$864,062	\$376,964	\$274,915
Coventry	\$21,929,296	\$42,174	\$1,447,586	\$645,789	\$596,694
Cranston	\$54,615,193	\$81,229	\$3,160,315	\$2,550,990	\$845,525
Cumberland	\$18,868,603	\$42,579	\$1,306,013	\$406,245	\$175,101
East Greenwich	\$11,455,746	\$14,313	\$605,971	\$328,248	\$643,760
East Providence	\$29,784,740	\$52,963	\$1,725,370	\$1,019,222	\$905,937
Exeter-West Greenwich	\$7,707,465	\$13,269	\$503,152	\$356,911	\$368,566
Foster	\$1,130,307	\$5,106	\$74,736	\$52,597	\$72,276
Foster-Glocester	\$3,661,875	\$0	\$371,036	\$145,270	\$94,872
Glocester	\$2,527,712	\$15,507	\$199,376	\$143,986	\$125,921
Jamestown	\$4,334,400	\$7,882	\$184,075	\$162,501	\$382,985
Johnston	\$20,070,983	\$34,680	\$1,105,983	\$738,385	\$1,083,578
Lincoln	\$16,261,433	\$27,383	\$860,773	\$622,516	\$224,165
Little Compton	\$850,043	\$2,341	\$116,028	\$11,220	\$0
Middletown	\$11,704,868	\$35,456	\$656,294	\$386,447	\$183,224
Narragansett	\$5,725,783	\$10,973	\$443,902	\$161,416	\$204,621
Newport	\$12,011,960	\$35,778	\$786,756	\$315,721	\$61,873
New Shoreham	\$1,050,184	\$1,537	\$29,520	\$31,606	\$0
North Kingstown	\$16,750,382	\$31,895	\$1,043,395	\$326,813	\$143,213
North Providence	\$18,384,292	\$22,014	\$992,368	\$700,138	\$567,609
North Smithfield	\$6,270,017	\$10,340	\$456,576	\$175,057	\$85,308
Pawtucket	\$37,923,432	\$93,182	\$2,555,388	\$1,225,683	\$1,245,797
Portsmouth	\$9,226,352	\$22,241	\$704,729	\$232,579	\$393,002
Providence	\$102,781,772	\$219,316	\$6,250,346	\$7,955,261	\$1,341,441
Scituate	\$4,663,926	\$18,066	\$467,366	\$109,374	\$102,303
Smithfield	\$11,028,691	\$22,721	\$677,475	\$208,890	\$130,856
South Kingstown	\$12,786,843	\$27,220	\$966,112	\$409,741	\$575,789
Tiverton	\$9,251,345	\$14,824	\$515,460	\$0	\$203,845
Warwick	\$48,259,782	\$113,429	\$3,030,326	\$1,298,137	\$711,914
Westerly	\$15,755,257	\$35,160	\$1,060,080	\$1,055,014	\$382,697
West Warwick	\$21,424,607	\$26,189	\$860,286	\$575,215	\$160,354
Woonsocket	\$38,145,479	\$62,956	\$1,950,289	\$2,578,770	\$860,554
<b>TOTAL</b>	<b>\$644,174,250</b>	<b>\$1,291,724</b>	<b>\$39,327,548</b>	<b>\$27,398,238</b>	<b>\$14,857,452</b>

Sources: (1) UCOA FY23 Detailed Program Expenditures; (2) & (3) FY 2023 IDEA Preliminary Allocations; (4) UCOA FY23 District Revenues; (5) FY 2025 Senate Fiscal Budget Analysis.





PERSONAL SUPPORT BUILT ON PERSONAL EXPERIENCE



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#### About RIPIN

Founded in 1991, RIPIN is a 501(c)(3) nonprofit organization that helps thousands of Rhode Islanders each year with health care, special education, and healthy aging. RIPIN uses a model of peer professional support—more than three-fourths of RIPIN's staff are caregivers of a loved one with special health care or special education needs.

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