Thriving PA

Infant and Toddler Early Intervention: What Initial Data Reveals for Pennsylvania

Since 2022, the Early Learning Pennsylvania coalition and the Thriving PA campaign have been proud to increase awareness of and foster policymaker support for Infant and Toddler Early Intervention (EI), also known as Part C EI. With a statewide advocacy workgroup convened for the first time, an initial goal was to receive and analyze EI-related data from the Office of Child Development and Early Learning (OCDEL). A formal request was submitted to the state in 2023 for both FY 2021-22 and FY 2022-23 Infant and Toddler EI data, and to date, the workgroup has received and analyzed statewide and county-level data specific to the areas of *fiscal, eligibility, and enrollment information*. While work is ongoing to obtain further data—including in the areas of outcomes and workforce—an analysis on what has been received so far helps to place the state's performance in EI in perspective and inform policy recommendations.

But first, a quick reminder of the Infant and Toddler EI program:

Infant and Toddler EI provides services to children from birth to their third birthday who have a developmental delay or a high probability of having a developmental delay. These services aim to improve outcomes that are critical to a family's ability to support their child's health, optimal development, educational success, and lifelong well-being. Infant and Toddler EI services are structured to identify and meet the needs of young children in five developmental areas: physical development; cognitive development; communication development (language); social or emotional development; and adaptive skills. These services are delivered through an Individualized Family Service Plan (IFSP) developed in collaboration between an EI team of professionals and the family. Families are trained and encouraged to carry out recommended activities at home.

There are differences between Infant and Toddler EI and Preschool EI, also known as Part B EI. The Infant and Toddler program, as the name suggests, serves children from birth until their third birthday and is administered in Pennsylvania by county governments. Services are usually provided in the child's home or other natural environment such as child care programs. The program's state budget

appropriation is within the Department of Human Services and for FY 2024-25 is funded at a level of $194.7 million. Preschool EI focuses on children aged three through five and is administered mostly through Intermediate Units. Services are provided outside the home typically in early care and education environments. This portion of the EI program has its state budget appropriation located within the Department of Education and is funded at a level of $398.9 million for FY 2024-25. Benefits of both parts of the EI program are well-documented and include reduced educational costs by minimizing the need for special education, enhanced ability of families to meet their child's needs and improved child health and education outcomes.

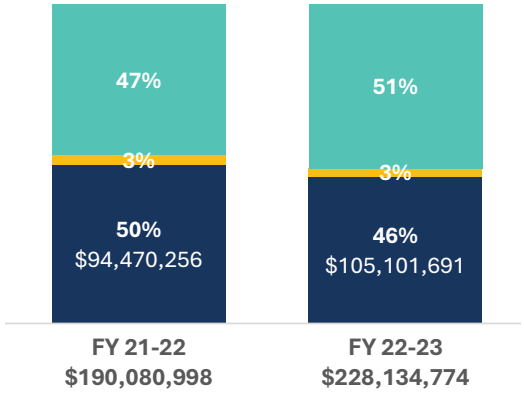
Part One: Fiscal Data Analysis – How Pennsylvania Funds Infant and Toddler EI

Before reviewing specific data, it is important to note Infant and Toddler EI is funded through a patchwork of sources in most states, including Pennsylvania. Funding streams include federal Part C funds, state Part C funds, county matching dollars (10% of state allocation to the county), and Medicaid fee-for-service payments to EI providers. By law, federal funds must be the last funding source used (i.e., payor of last resort). Federal funds are also limited and fall short of covering the program's total cost in every state. Infant and Toddler EI depends on state funding support to ensure that every child needing services is referred and receiving them.

Infant/Toddler EI Funding by Source

Data Point A: What percentage of infant/toddler EI services are covered by Medicaid in Pennsylvania?

FY 2021-22: 50%
FY 2022-23: 46%



Maintenance - state allocation funding including 10% county match

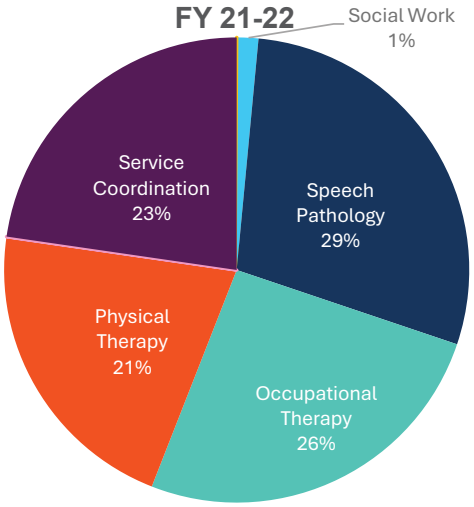
Infant, Toddlers, and Families (ITF) Waiver - Medicaid program that provides funding specifically for special instruction to infants and toddlers who experience more severe cases of developmental delays

Early Intervention Medicaid (EI MA) - federal allocation funding (separate from ITF Waiver)

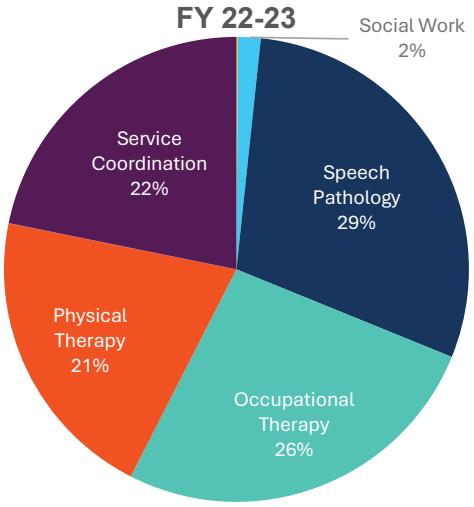
Data Point B: Medicaid-Funded Infant/Toddler EI Services

Data Point B: What types of infant/toddler EI services are covered through Medicaid in Pennsylvania?

FY 2021-22 and FY 2022-23: Occupational Therapy, Physical Therapy, Service Coordination, and Speech Pathology accounted for over 98% of Medicaid covered services.



Note: Audiology, Nursing/Health Services and Psychological Services accounted for less than 1% of Medicaid covered services.



Note: Audiology and Nursing/Health Services accounted for less than 1% of Medicaid covered services.

What does the fiscal data show us?

While Medicaid is a major component of how EI services are provided, opportunities exist to better understand how these funds can be leveraged as part of the patchwork of sources that support the program. This also underscores the critical role of state funding to ensure the program is serving children and families to the greatest extent possible, in addition to ensuring the EI workforce is supported and robust. At a county level, data shows notable disparities: for instance, Crawford County had the highest percentage of Medicaid-covered claims at 73% in FY 21-22, while Delaware County had the lowest at 28%. These inconsistencies suggest a need for targeted funding strategies to ensure equitable access to services across all regions.

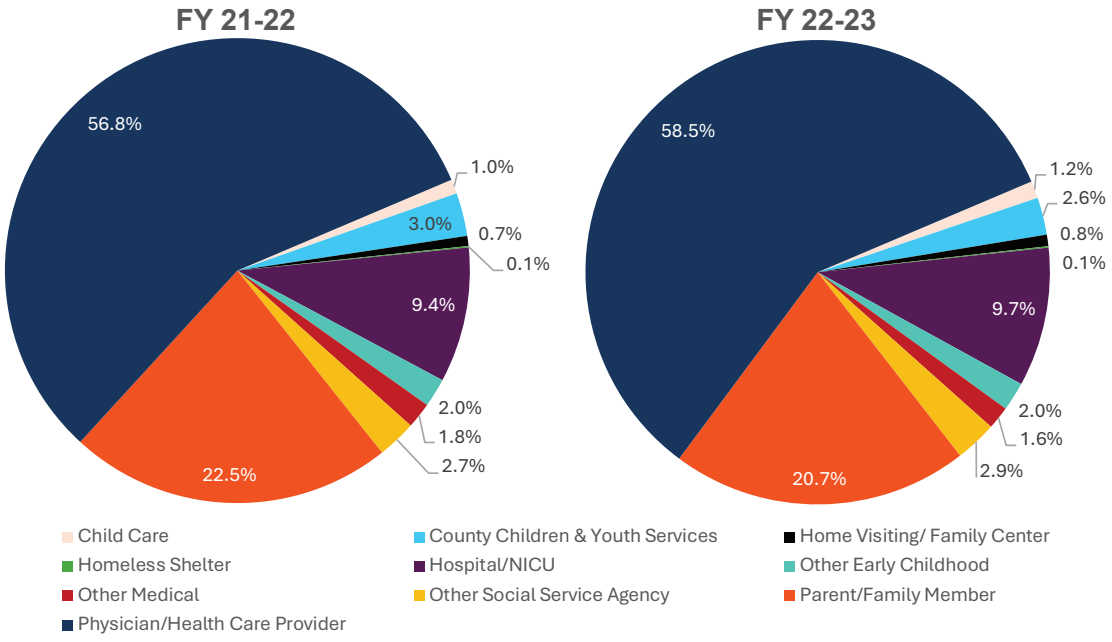
Part Two: Eligibility and Enrollment Data Analysis – Who is Served by Infant and Toddler EI in Pennsylvania

Again, before reviewing Pennsylvania-specific data, it is helpful to provide a reminder on what makes a child eligible for enrollment, as well as how referrals for enrollment can occur. EI services are available for all infants and toddlers with delays in development and their families. Unlike some other early childhood programs, there is no income eligibility or cost to the family regardless of income. Under federal EI rules, each state defines eligibility. Although there are specific parameters around the type and severity of the delay, no diagnosis is needed. In Pennsylvania, an infant or toddler qualifies for EI services if they are experiencing a 25% developmental delay in one or more of the five areas of development (listed above) or has a diagnosed physical or mental condition with a high probability of resulting in developmental delay. Families may self-refer to Infant and Toddler EI. Children are also referred from birth hospitals/neonatal intensive care units (NICUs), pediatric primary care providers, early care and education providers, other health or social service agencies, including home visiting services, and those who serve vulnerable families in homeless shelters and domestic violence agencies.

Data Point A: What is the rate of enrollment/eligibility determination by referral information in Infant/Toddler EI?

In both FY 2021-22 and FY 2022-23, the most common source of EI referrals was Physicians/ Health Care Providers, followed by Parents/ Family Members and Hospitals/NICUs. This highlights the critical role that health care professionals and family members play in identifying and referring children who may benefit from services.

Data Point A: Infant/Toddler EI Enrollment by Referral Source



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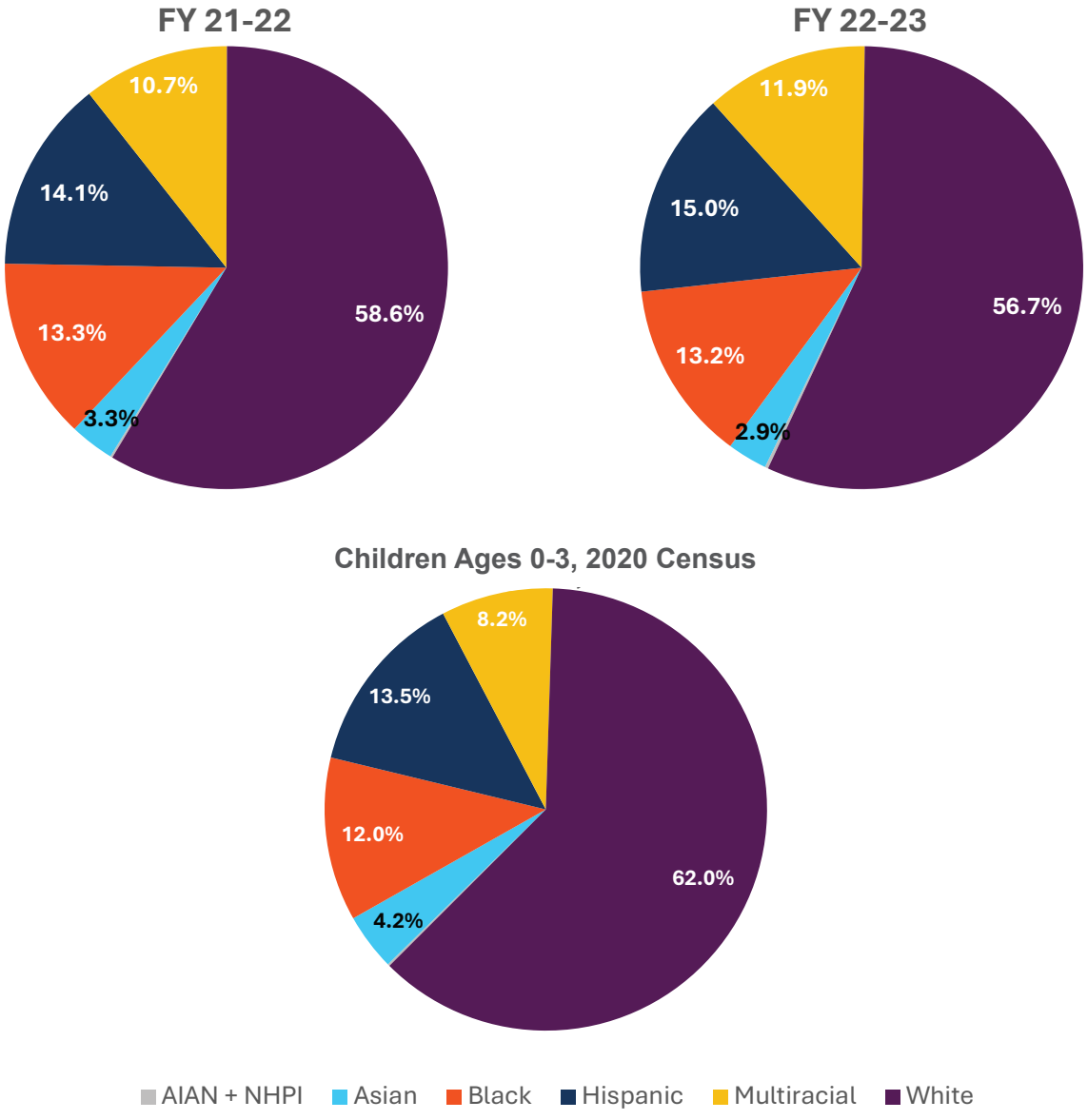
Data Point B: How many children are enrolled by race and ethnicity in Infant/Toddler EI?

The racial and ethnic composition of children in Infant and Toddler EI is generally reflective of the population of children ages 0-3 as depicted in the 2020 Census, though some differences exist. White children are slightly underrepresented in EI and saw a decrease in the overall proportion, comprising 58.6% of the EI population in FY 2021-22 and 56.7% in FY 2022-23, compared to 62.0% of the larger population. In contrast, Black, Hispanic, and Asian children are slightly overrepresented in EI and have seen increases in their participation proportions over time. Despite the increase in the percentage of American Indian or Alaska Native (AIAN) and Native Hawaiian or Other Pacific Islander (NHPI) children participating in EI, their overall representation remained constant at 0.2% for both years, aligning with the broader population's composition.

Data Point B: Infant/Toddler EI Enrollment by Race/Ethnicity



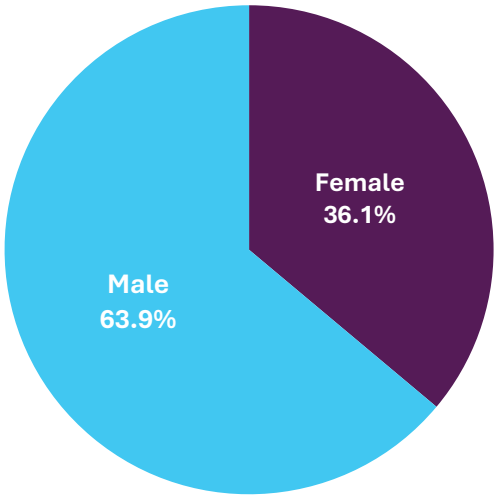
Note: AIAN and NHPI represent 0.2% of the 2020 Census population and both years of EI participation. Due to enrollment data defining children of more than one race, children with some other race and children of unknown race as Multiracial comparisons to census data cannot be made.

Data Point C: How many children are enrolled by sex in Infant/Toddler EI?

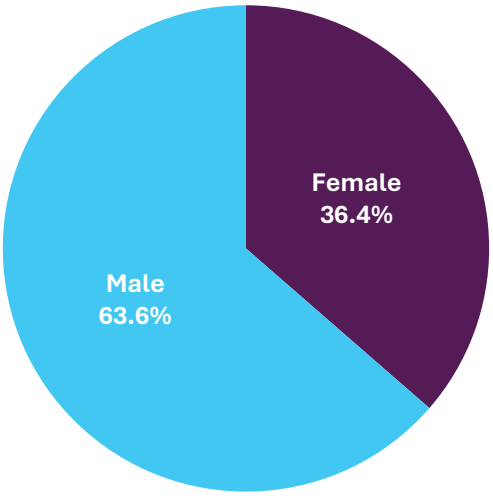
EI participation by child's sex remained relatively stable between FY 2021-22 and FY 2022-23, with males constituting the majority of participants. This contrasts with the 2020 Census estimates, which indicate that males aged 0-3 comprise 51.1% of the population and females comprise 48.9%. In FY 2021-22, 4.3% of the female population ages 0-3 was enrolled in EI, compared to 7.2% of the male population. Similarly, in FY 2022-23, 4.6% of the female population ages 0-3 was enrolled in EI, compared to 7.8% of the male population. This over-representation of males in EI aligns with national research, which suggests that boys are twice as likely as girls to be enrolled in the program and receive services for developmental delays or disabilities.

Data Point C: Infant/Toddler EI Enrollment by Sex

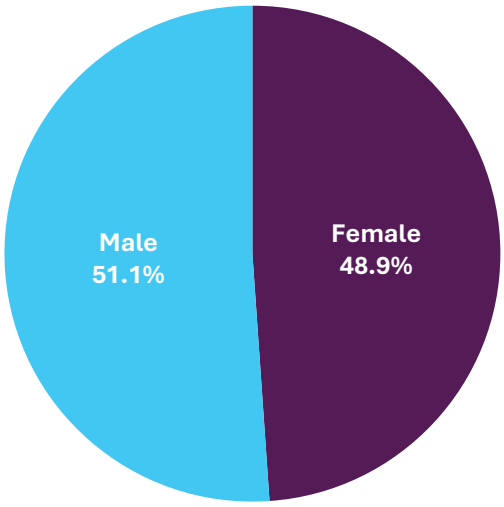
FY 21-22



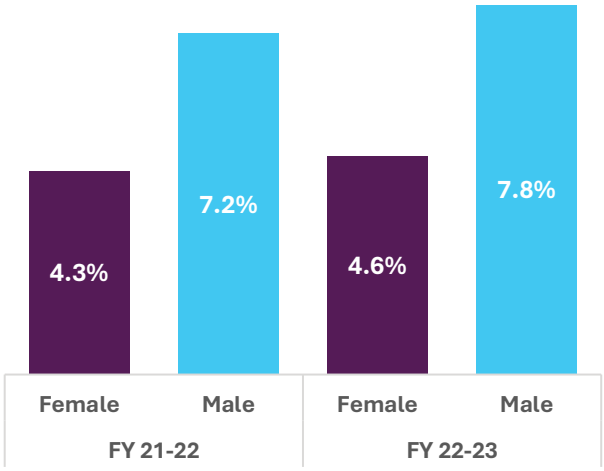
FY 22-23



Children Ages 0-3, 2020 Census



Percent of Population in EI by Sex



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Data Point D: What are the rates of child use of specific types of Infant/Toddler EI services?

In FY 2021-22, the most commonly utilized services were Occupational Therapy, Physical Therapy, Special Instruction, and Speech Pathology. Utilization patterns remained consistent in FY 2022-23, with Occupational Therapy, Physical Therapy, Special Instruction, and Speech Pathology once again being the most used services. This data provides valuable insights into how counties vary in their service utilization, underscoring that the majority of services received in EI are for physical, cognitive, or communication delays. Despite social and emotional development being part of EI's focus, psychological and behavioral services constitute a very small percentage of overall service utilization. This is concerning considering the growing emphasis on mental health by professionals in the field and even more broadly in society.

Data Point D: Infant/Toddler EI Service Type Utilization

	FY 21-22	FY 22-23		FY 21-22	FY 22-23
AUDIOLOGY	<1%	<1%	SPECIAL INSTRUCTION	22.9%	22.8%
NURSING/HEALTH SERVICES	<1%	<1%	SPECIAL INSTRUCTION-BEHAVIOR	3.0%	2.8%
OCCUPATIONAL THERAPY	22.2%	22.8%	SPECIAL INSTRUCTION-HEARING	<1%	<1%
PHYSICAL THERAPY	18.3%	18.2%	SPECIAL INSTRUCTION-NUTRITION	2.3%	2.2%
PSYCHOLOGICAL SERVICES	<1%	<1%	SPECIAL INSTRUCTION-VISION	<1%	<1%
SOCIAL WORK	2.4%	2.6%	SPEECH PATHOLOGY	27.5%	27.3%

Because all children receive service coordination, it is not considered a planned service. It is included in the funding data above since they are billable costs.

What does the enrollment and eligibility data show us?

The Infant and Toddler EI population continues to grow, with 22,511 children served as of December 1, 2021, and 24,195 served as of December 1, 2022. Over the course of the 2022-2023 school year, 48,199 total children were served, with children coming and going throughout the year, most often as they age into and out of the program.

Health care providers and family members were the most common referral sources for EI services, underscoring the importance of these stakeholders in the referral process. Participation rates increased across most race and ethnicity groups, with notable rises among Hispanic and children of multiple races. Despite this growth, Asian children experienced a slight decline in participation. The distribution of child's sex remained stable, with males constituting the majority of EI participants, reflecting national trends that suggest boys are more likely to receive services for developmental delays. The data also indicated that children enrolled in EI were most commonly two-years-old, and there was an increased proportion of enrolled children in almost all age groups except those under one year old. However, the eligibility rates for EI services saw a slight decrease, from 66.3% in FY 2021-22 to 63.3% in FY 2022-23, with a corresponding increase in ineligibility and tracking rates. These findings highlight potential gaps in service access and the need for a closer examination of the evaluation and eligibility determination processes. Additionally, significant regional disparities in eligibility rates indicate that targeted interventions are necessary to ensure consistent and equitable access to services across counties.

Next Steps: Continued Advocacy for EI Data and State Investments

The ability to analyze this level of statewide and county-level data is an exciting first step, but in many ways, it raises additional questions as the work moves forward. In the future, this data brief will be updated to include more current fiscal, eligibility and enrollment data, along with workforce, outcomes and Medicaid data. At this juncture, the data indicates a need for more detailed information to be collected in the areas of participant satisfaction and fiscal impact. Tracking communication between programs and primary care providers, as well as the coordination between EI, behavioral health providers, and families, requires improvement. Additionally, data on service gaps, child care participation, and post-EI program outcomes, including family survey results, are essential for a thorough understanding and enhancement of the EI program in Pennsylvania. Moving forward there is also a need to dig deeper into differences that exist in the Infant/Toddler EI program from county to county. With significant diversity across Pennsylvania's 67 counties, there are likely significant variations in administration to investigate.

As the ability to understand Pennsylvania-specific EI data continues to deepen, work must continue in future state budgets to further support the program. Solutions recommended by the statewide EI workgroup include serving additional children and a long-needed rate adjustment for EI providers. This support would help to address key issues in the sector, including workforce shortages, achieving equitable enrollment, moving to the coaching model, and addressing the growing needs of families across the commonwealth.

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