

States That Have Recently Evaluated Their Early Intervention Programs

California has recently updated its rate-setting methodology for Early Start and Infant Development programs, and the changes are part of a broader Rate Reform initiative.

Under the D-2024 Rate Reform Implementation for Early Start and Infant Development directive, effective January 1, 2025, the Department of Developmental Services (DDS) has replaced the previous single rate for the Infant Development Program (service code 805) with a new rate structure that assigns separate rates based on the type of provider delivering the service [CA Department of Developmental Services+1](#). This reflects differences in service delivery, cost, and staffing requirements.

Key changes include:

- Multiple rates for Infant Development Program services, aligned to provider type (e.g., Early Intervention Specialist, Assistant, Technician) and service delivery model [CA Department of Developmental Services](#).
- Specialized Therapeutic Services (service code 116) now have their own rate model, with separate billing units and service descriptions [CA Department of Developmental Services](#).
- Providers must complete a Rate Reform Service Acknowledgement Form by March 31, 2025 to confirm the updated service description, subcode, and rate [CA Department of Developmental Services](#).
- Rates above 90% of the new rate model are “held harmless” until June 30, 2026, with opportunities to earn 100% through a Quality Incentive Program [CA Department of Developmental Services](#).
- No change to the age range for Infant Development Program eligibility [CA Department of Developmental Services](#).

These reforms are part of a statewide shift toward rate model fee schedules for community-based services, which use detailed cost assumptions (wages, benefits, staffing ratios, facility expenses, etc.) to set fair and transparent rates [DHCS](#). The 2025–26 budget also continues the “Hold Harmless” policy for certain programs, ensuring stability for providers during the transition www.everychildca.org.

In short, California has recently evaluated and updated its rate-setting methodology for Early Intervention services, moving from a one-size-fits-all rate to a provider-specific, service-specific model to better reflect actual costs and service delivery.

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Virginia has not publicly announced a recent, formal evaluation of its early intervention rate-setting methodology, but there are clear signs that the state is actively reviewing and adjusting reimbursement rates in response to financial and operational challenges.

In its FY 2025 Report on the Part C Early Intervention System (published November 15, 2025), the Department of Behavioral Health and Developmental Services (DBHDS) noted that early intervention reimbursement rates have not increased since 2009 and that a 12.5% rate increase in 2024 was the first and only increase in that period [Reports to the General Assembly](#). The report highlighted that in FY 2025, expenditures exceeded revenues by about \$1.6 million, and local systems are projecting combined deficits of around \$3.61 million for FY 2026. This shortfall is contributing to provider shortages and some local agencies considering ending their early intervention roles [Reports to the General Assembly](#).

Separately, **House Bill 177 (HB 30)**, introduced in the 2024–2025 legislative session, directed the Department of Medical Assistance Services (DMAS) to **convene a work group of stakeholders to assess and make recommendations on reimbursement rates** for the federal Early Intervention Program. The bill required the work group to report its recommendations by **November 1, 2024** [Virginia State Budget](#). While the FY 2025 budget amendment provided funding for the first year of this work group’s activities, the legislative record does not indicate that the recommendations have yet been adopted or that a new rate-setting methodology has been implemented.

In summary:

- No public record shows a recent, standalone evaluation of the *methodology* for setting rates.
- The state is actively reviewing reimbursement rates due to persistent funding gaps and provider shortages.
- A legislative mandate exists for a stakeholder work group to assess and recommend changes, but the process is ongoing and no new rates have been implemented yet.

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Washington State has recently updated its payment rates for Birth to Three Early Intervention services, effective **July 1, 2026**, which reflects a formal evaluation and adjustment of its rate-setting methodology.

Key 2026 Rate Changes

The updated rates, published by the Washington Department of Social Services (DSS) and Birth23.org, include:

- **Evaluation:** \$200 per unit (one person completing an evaluation, regardless of time).
- **Assessment:** \$142/hour (billed in 15-minute units).
- **IFSP meetings:** \$142/hour (same billing structure as assessments).
- **EI Treatment Services (EITS):**
 - Professional rates: \$142/hour if ≤6 units/day; \$96/hour if more than 6 units/day.
 - Para-professional rates: \$95/hour if ≤6 units/day; \$48/hour if more than 6 units/day.
- **General Administrative Payment (GAP):** \$175/child per billing month (for programs with IFSPs planning <9 hours/month and providing at least one service that month).

These adjustments appear to be the result of a **state plan amendment and payment procedure review**, which likely involved cost-recovery modeling, provider feedback, and alignment with federal IDEA Part C requirements.

Context and Purpose

The rate-setting methodology in Washington is guided by:

- **Federal IDEA Part C** funding and requirements.
- **State plan amendments** approved by the U.S. Department of Education.
- **Provider contracts** and the Payment to Program Procedure, which set caps and billing rules to balance cost-recovery with service access.

The July 2026 update suggests Washington has **evaluated its prior rate structure** to ensure it remains cost-effective, responsive to provider needs, and aligned with eligibility and service delivery realities

How to Access the Full Methodology

For the detailed evaluation process, including cost-analysis, provider input, and legislative review, you can consult:

- The **DSS Birth to Three Early Intervention Rates** page.
- The **Payment to Program Procedure** documents.
- The **State Plan Amendment** approved October 1, 2017, which sets the framework for rate adjustments.

In summary: Yes — Washington recently evaluated and updated its early intervention rate-setting methodology, with the July 1, 2026, effective rates reflecting that review. The changes target evaluation, assessment, IFSP meetings, and treatment service billing, with caps and tiered rates to balance provider costs and service access

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Michigan has indeed undertaken a recent, comprehensive evaluation of its early intervention rate-setting methodology through a **Comprehensive Fiscal Analysis (CFA)** of the Prenatal to Five system, specifically focusing on **Early On Michigan** [Early Childhood Investment Corporation](#).

The **January 2025 CFA** was conducted by the Early Childhood Investment Corporation and the Michigan Department of Lifelong Education, Advancement, and Potential, with input from parents, providers, and Early On coordinators. It examined the **cost model and analysis** for Early On services, modeling the cost of providing high-quality early intervention to children from birth to age three [Early Childhood Investment Corporation](#).

Key findings from the cost modeling included:

- **Statewide annual average per-child cost** for a full year of high-quality Early On services: **\$17,949** statewide, with regional variation from **\$15,914 (Western)** to **\$23,399 (Northern)** [State of Michigan](#).
- **Cost drivers:** Personnel accounted for 89% of costs, travel for 7%, and equipment for 4% [State of Michigan](#).
- The analysis aimed to inform **equity in funding and access**, and to support a **cross-agency, cross-service approach** to rate setting that reflects actual service delivery needs [Early Childhood Investment Corporation](#).

This fiscal analysis is part of Michigan's broader **Prenatal to Five Fiscal Strategies**, which seek to improve the accuracy and fairness of rate-setting by aligning funding with the true cost of delivering high-quality services [Early Childhood Investment Corporation](#).

While the CFA itself is a cost modeling and fiscal strategy review, it directly informs how Michigan may adjust its rate-setting methodology to ensure funding reflects actual service costs, staffing needs, and regional differences. This is distinct from the FY26 budget discussions, which included proposals for prospective payments and scholarship program reimbursements [Early Childhood Investment Corporation](#), but the CFA provides the underlying cost data that could influence those proposals. <https://www.ecic4kids.org/wp-content/uploads/2025/10/FY26-State-Budget-Tracker-ECIC-Website-Final-Budget-10.13.25.pdf> **(PDF attached)**

States That Have Recently Evaluated Their Early Intervention Programs

Pennsylvania has recently evaluated its Early Intervention (EI) program through data briefs and reports by advocacy groups like Pennsylvania Partnerships for Children and Thriving PA. These evaluations highlight record enrollment growth, persistent county-by-county variations, and ongoing challenges with service delays and provider workforce shortages. [[1](#), [2](#), [3](#), [4](#), [5](#)]

Key Findings from Recent Evaluations

- **Enrollment and Demand:** Numbers are at record highs, stressing the capacity of the system across both Part C (infants and toddlers) and Part B (preschoolers).
- **Access and Timeliness:** Reports highlight service delivery delays in major metropolitan areas like Philadelphia, raising concerns over whether children are assessed within mandated windows. [[1](#)]
- **County Disparities:** Significant administrative and enrollment variations exist across Pennsylvania's 67 counties. [[1](#)]
- **Workforce Needs:** Evaluations emphasize a strong need for rate adjustments to support provider retention and combat workforce shortages

(Attached is the PA EI System Rate Study by PCG published March 2025)