

Alaska State Legislature

House Education Committee

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Representative Andi Story

Co-Chair
120 4th Street, Room 403
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House Bill 376

Version 34-LS1545\N

27 March 2026

Sponsor Statement

“An Act relating to early intervention services for certain children; relating to optional services under the medical assistance program; and providing for an effective date.”

Alaska is currently on the wrong side of the “pay now or pay more later” equation for early intervention services. Approximately 90 percent of a child’s brain development occurs before age three, making early intervention one of the most effective ways to improve long-term outcomes.

This is why the Individuals with Disabilities Education Act (IDEA) is sound policy. IDEA is a federal law that requires public education systems to provide students with disabilities ages three and older a free appropriate public education and ensures early intervention services for eligible infants and toddlers with developmental delays at no cost to families.

In Alaska, these federally mandated early intervention services are delivered through the Infant Learning Program (ILP), and the Alaska Department of Health (DOH) sets eligibility policies. Alaska is one of three states with the most restrictive eligibility standards for early intervention services in the nation. Under current policy, infants and toddlers must demonstrate a 50 percent developmental delay to qualify for services. Because this threshold is so high, many children with significant developmental delays cannot access early intervention during the most critical stage of development, often leading to more intensive and costly services later, ultimately increasing costs for the state.

HB 376 addresses this issue by lowering the eligibility threshold for Alaska’s Infant Learning Program to include children with a 25 percent developmental delay, bringing Alaska closer to national standards. Importantly, providing interventions and support to infants and toddlers with meaningful developmental delays, as well as their families, will improve their future outcomes and long-term success.

In addition, HB 376 expands and clarifies the definition of early intervention services in the statute, allowing services currently funded primarily with state funds to be reimbursed through Medicaid in the future. The bill also requires the Alaska DOH to review the list of conditions that qualify as disabilities under the program and provide recommendations to the legislature to ensure the program reflects current medical knowledge and best practices.

HB 376 is based on recommendations from the Alaska Interagency Coordinating Council for Infants and Toddlers and was developed with input from providers, advocates, and families across Alaska.

CS FOR HOUSE BILL NO. 376(EDC)

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - SECOND SESSION

BY THE HOUSE EDUCATION COMMITTEE

Offered: 3/30/26

Referred: Health and Social Services, Finance

Sponsor(s): HOUSE EDUCATION COMMITTEE

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to early intervention services for certain children; relating to optional**
2 **services under the medical assistance program; and providing for an effective date."**

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 *** Section 1.** AS 47.07.030(b) is amended to read:

5 (b) In addition to the mandatory services specified in (a) of this section and the
6 services provided under (d) of this section, the department may offer only the
7 following optional services: case management services for traumatic or acquired brain
8 injury; case management and nutrition services for pregnant women; personal care
9 services in a recipient's home; emergency hospital services; long-term care
10 noninstitutional services; medical supplies and equipment; advanced practice
11 registered nurse services; clinic services; rehabilitative services for children eligible
12 for services under AS 47.07.063, substance abusers, and emotionally disturbed or
13 chronically mentally ill adults; targeted case management services; inpatient
14 psychiatric facility services for individuals 65 years of age or older and individuals

1 under 21 years of age; psychologists' services; clinical social workers' services; marital
 2 and family therapy services; professional counseling services; midwife services;
 3 prescribed drugs; physical therapy; occupational therapy; chiropractic services; low-
 4 dose mammography screening, as defined in AS 21.42.375(e); hospice care; treatment
 5 of speech, hearing, and language disorders; adult dental and dental hygiene services;
 6 prosthetic devices and eyeglasses; optometrists' services; intermediate care facility
 7 services, including intermediate care facility services for persons with intellectual and
 8 developmental disabilities; skilled nursing facility services for individuals under 21
 9 years of age; **early intervention services for children eligible under AS 47.20.080;**
 10 and reasonable transportation to and from the point of medical care.

11 * **Sec. 2.** AS 47.20.060 is amended to read:

12 **Sec. 47.20.060. Purpose.** It is the purpose of AS 47.20.060 - 47.20.290 to

13 (1) subject to the availability of funding, provide quality learning and
 14 related early intervention family support services to eligible children under the age of
 15 three who have developmental delays or disabilities [AND, ON A DISCRETIONARY
 16 BASIS, TO THOSE CHILDREN UNDER THE AGE OF THREE WHO ARE AT
 17 RISK OF DEVELOPMENTAL DELAYS OR DISABILITIES];

18 (2) bring together and make optimal use of all available federal, state,
 19 local, and private resources for the benefit of children under the age of three with
 20 developmental delays or disabilities and their families;

21 (3) expand and improve existing learning and early intervention
 22 services and to provide and arrange for comprehensive services through local agencies
 23 and statewide support programs.

24 * **Sec. 3.** AS 47.20.070(c) is amended to read:

25 (c) In connection with the system established under (a) of this section, the
 26 department shall

27 (1) develop a state plan that identifies the best methods of providing
 28 services to children under the age of three with developmental delays or disabilities
 29 and their families and report to the governor on the extent to which that plan is being
 30 implemented in the state;

31 (2) develop and implement an educational program concerning the

1 nature and effects of developmental delays and disabilities;

2 (3) serve as a clearinghouse for educational materials and information
3 about developmental delays and disabilities;

4 (4) organize and encourage training programs for persons who provide
5 services to children under the age of three with developmental delays and disabilities
6 and their families;

7 (5) [ESTABLISH A TRAINING PROGRAM FOR
8 PARAPROFESSIONALS WHO PROVIDE SERVICES TO CHILDREN UNDER
9 THE AGE OF THREE WITH DEVELOPMENTAL DELAYS AND DISABILITIES
10 AND THEIR FAMILIES;

11 (6)] cooperate with other public and private agencies and individuals to
12 facilitate the transition of children served in the early intervention system to the formal
13 education system;

14 (6) [(7)] identify and use all public and private resources available to
15 the state;

16 (7) [AND (8)] monitor and evaluate the services provided to ensure the
17 demonstrable effectiveness of the services and compliance with state and federal law
18 and department policy regarding the provision of early intervention services; **and**

19 **(8) at least every five years, in consultation with medical**
20 **professionals and the state entity that satisfies the requirement for a state**
21 **interagency coordinating council as provided under 20 U.S.C. 1441, review the**
22 **conditions that qualify as a disability under AS 47.20.060 - 47.20.290 and, as**
23 **appropriate, make recommendations to the legislature on updating those**
24 **conditions.**

25 * **Sec. 4.** AS 47.20.080(a) is amended to read:

26 (a) A child and the child's family are eligible for [CORE] early intervention
27 services [AND ADDITIONAL EARLY INTERVENTION SERVICES] under
28 AS 47.20.060 - 47.20.290 if the child is under the age of three and

29 [(1)] experiencing developmental delay or disability [; OR

30 (2) AT RISK OF EXPERIENCING DEVELOPMENTAL DELAY
31 OR DISABILITY IF EARLY INTERVENTION SERVICES ARE NOT

1 PROVIDED].

2 * **Sec. 5.** AS 47.20.100 is amended to read:

3 **Sec. 47.20.100. Individualized family service plan.** The individualized
4 family service plan developed under AS 47.20.090(b)(2) shall be based on the
5 evaluation conducted under AS 47.20.090(b)(1) and must include [, SUBJECT TO
6 AS 47.20.080(b),]

7 (1) provisions for case management services to implement the plan,
8 including the name of the case manager from the profession most immediately
9 relevant to the child's or family's needs who will be responsible for the implementation
10 of the plan and coordination with other agencies and persons;

11 (2) a statement of the child's present levels of physical development,
12 cognitive development, language and speech development, psychosocial development,
13 and self-help skills, based on appropriate objective criteria;

14 (3) a description of the family's concerns, priorities, and resources as
15 they relate to the future enhancement of the child's development;

16 (4) a description of the specific early intervention services that will
17 help meet the unique needs of the child and the family, including the frequency,
18 intensity, and method with which the services should be delivered;

19 (5) the projected dates for initiation of services and the anticipated
20 duration of the services;

21 (6) an outline of the major outcomes expected to be achieved for the
22 child and the family along with the criteria, procedures, and timelines that will be used
23 to determine the degree to which progress toward achieving the outcomes are being
24 made and whether modifications or revisions of the outcomes or services are
25 necessary; and

26 (7) a statement of the steps that will be taken to support the transition
27 of the child and the family to the use of services available under other appropriate
28 programs, including programs for children who are three years of age or older.

29 * **Sec. 6.** AS 47.20.290(4) is amended to read:

30 (4) "developmentally delayed" means

31 **(A) for services not provided under 20 U.S.C. 1431 - 1445**

1 **(Individuals with Disabilities in Education Act), as amended,** functioning at
 2 least 15 percent below a chronological or corrected age or **the equivalent** [1.5]
 3 standard **deviation** [DEVIATIONS] below age appropriate norms in one or
 4 more of the following areas: cognitive development, gross motor development,
 5 sensory development, speech or language development, or psychosocial
 6 development, including self-help skills and behavior, as measured and verified
 7 by appropriate diagnostic instruments and procedures or through systematic
 8 observation of functional abilities in a daily routine by two professionals and a
 9 parent, developmental history, and appropriate assessment procedures; **or**

10 **(B) for services provided under 20 U.S.C. 1431 - 1445**
 11 **(Individuals with Disabilities in Education Act), as amended, functioning**
 12 **at least 25 percent below a chronological or corrected age or the**
 13 **equivalent standard deviation below age appropriate norms in one of the**
 14 **areas listed in (A) of this paragraph, or at least 20 percent below a**
 15 **chronological or corrected age or the equivalent standard deviation below**
 16 **age appropriate norms in two or more of the areas listed in (A) of this**
 17 **paragraph;**

18 * **Sec. 7.** AS 47.20.290(6) is repealed and reenacted to read:

19 (6) "early intervention services" means the following services designed
 20 to help meet the developmental needs of a child under the age of three who is
 21 developmentally delayed or disabled:

- 22 (A) assistive technology devices and services;
 23 (B) early identification, screening, and assessment;
 24 (C) family training, counseling, and home visits;
 25 (D) health services for the child that are necessary to enable the
 26 child to benefit from the other services described in this paragraph;
 27 (E) medical services only for diagnostic or evaluation purposes;
 28 (F) occupational therapy;
 29 (G) physical therapy;
 30 (H) psychological services;
 31 (I) service coordination services;

1 (J) sign language and cued language services;

2 (K) special instruction (developmental therapy);

3 (L) speech-language pathology and audiology services;

4 (M) social work services;

5 (N) transportation and related costs that are necessary to enable
6 the child and the child's family to receive a service described in this paragraph;

7 (O) vision services; and

8 (P) other services identified by the department in regulation.

9 * **Sec. 8.** AS 47.20.080(b), 47.20.290(1), and 47.20.290(2) are repealed.

10 * **Sec. 9.** The uncodified law of the State of Alaska is amended by adding a new section to
11 read:

12 REPORT TO THE LEGISLATURE. By July 1, 2029, the Department of Health shall
13 submit a report to the senate secretary and chief clerk of the house of representatives and
14 notify the legislature that the report is available. The report must include the number of
15 children in the state who need early intervention services, the number of children in the state
16 being provided early intervention services, the types of early intervention services provided in
17 the state, the cost of early intervention services provided in the state, the amount of federal
18 funding received by the state for early intervention services, and recommendations for any
19 additional statutory changes that may be needed to improve and expand early intervention
20 services to eligible children under the age of three who have developmental delays or
21 disabilities.

22 * **Sec. 10.** The uncodified law of the State of Alaska is amended by adding a new section to
23 read:

24 MEDICAID STATE PLAN FEDERAL APPROVAL. To the extent necessary to
25 implement this Act, the Department of Health shall amend and submit for federal approval the
26 state plan for medical assistance coverage consistent with AS 47.07.030(b), as amended by
27 sec. 1 of this Act.

28 * **Sec. 11.** The uncodified law of the State of Alaska is amended by adding a new section to
29 read:

30 CONDITIONAL EFFECT. (a) Section 1 of this Act takes effect only if, on or before
31 July 1, 2028, the United States Department of Health and Human Services

1 (1) approves the amendments to the state plan for medical assistance coverage
2 under AS 47.07.030; or

3 (2) determines that approval of the amendments to the state plan for medical
4 assistance coverage under AS 47.07.030 is not necessary.

5 (b) The commissioner of health shall notify the revisor of statutes in writing within 30
6 days after the United States Department of Health and Human Services approves the
7 amendments to the state plan or determines that approval is not necessary under this section.

8 * **Sec. 12.** If sec. 1 of this Act takes effect, it takes effect on the day after the date on which
9 the United States Department of Health and Human Services approves the amendments to the
10 state plan or determines that approval is not necessary.

11 * **Sec. 13.** Except as provided in sec. 12 of this Act, this Act takes effect July 1, 2026.

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House Bill 376

Version 34-LS1545\N

27 March 2026

Explanation of Changes in CSHB 367(EDU)

Version A to Version N

“An Act relating to early intervention services for certain children; relating to optional services under the medical assistance program; and providing for an effective date.”

Version N of this bill changes the effective date by which the Department of Health must receive approval from the United States Department of Health and Human Services to provide more time and changes the effective date by which the Alaska State Department of Health must act after receiving approval from the United States Department of Health and Human Services.

Section 11 a – Changed July 1, 2026, to July 1, 2028.

Section 12– Changes the effective date from July 1, 2026, to the day after the date on which the United States Department of Health and Human Services approves the amendment to the state plan or determines that approval is not necessary.

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House Bill 376

Version 34-LS1545\N

27 March 2026

Sectional Analysis

“An Act relating to early intervention services for certain children; relating to optional services under the medical assistance program; and providing for an effective date.”

Section 1 – Amends AS 47.07.030(b) to add early intervention services for children with developmental delays to the medical services provided by the Alaska Department of Health.

Section 2 – Amends AS 47.20.060 to delete the discretionary authority of the department to serve children under the age of three who are at risk of developmental delays or disabilities. AS 47.20.060 is the statute governing the department's authority to provide quality learning and related early intervention family support services to eligible children under the age of three with developmental delays.

Section 3 – Amends AS 47.20.070(c), which is the statute governing the establishment of the early intervention services program, to delete the mandate for the Department of Health to establish a training program for paraprofessionals who provide services to children under the age of three with developmental delays and disabilities.

Additionally, in Section 3, a new subsection is added requiring the Department of Health to review the conditions that qualify as a disability and make recommendations to the Alaska State Legislature on updating those conditions. The review must be conducted at least every five years, in consultation with medical professionals and the Department of Health's Interagency Coordinating Council.

Section 4 – Amends AS 47.20.080(a), the statute governing eligibility for early intervention services, to stipulate that a child and the child's family are eligible for services if the child is experiencing developmental delay or disability.

Section 5 – Amends AS 47.20.100, the statute governing individualized family service plans, to remove the right of the Department of Health to eliminate coverage for services if there is insufficient funding to provide services to all eligible persons.

Section 6 – Amends AS 47.20.290(4) to change the definition of “developmentally delayed” to align with the federal Individuals with Disabilities in Education Act and to expand eligibility to those children with a developmental delay of at least 25 percent below a chronological or State corrected age or equivalent

standard deviation below age-appropriate norms in one of the identified areas listed in the definition of “developmentally delayed.” The standard is 20 percent for children in two or more of the areas listed.

Section 7 – Repeals and reenacts AS 47.20.290(6) to list the services that qualify as early intervention services. Qualified services include audiology services, health services, medical services, nursing services, nutrition services, occupational therapy, psychological services, special instruction, transportation and related costs, vision, and vision services.

Section 8 – Repeals three sections of state law. AS 47.20.080(b) allows the Department to eliminate coverage if there is insufficient funding. AS 47.20.290(1) is the definition of “additional early intervention services.” The definition is no longer necessary because early intervention services are detailed in Section 7 of this act. AS 47.20.290(2) is the definition of “core early intervention services.” This definition is no longer applicable because the act eliminates “core” services in favor of a broader list of early intervention services.

Section 9 – Adds a new section to uncodified law requiring the Alaska Department of Health to submit a report to the Alaska State Legislature by July 1, 2029, that includes details about how many children in Alaska need early intervention services and the types of services provided. The report must also include the cost to the State of Alaska of providing services and the amount of federal funding received by the state. Additionally, the report must include recommendations for further statutory changes to enhance and expand early intervention services for eligible children under the age of three who have developmental delays or disabilities.

Section 10 – Adds a new section to the uncodified law requiring the Department of Health to amend and resubmit for federal approval the state plan for medical assistance coverage to align with the changes made by this act.

Section 11 – Adds a new section to the uncodified law stipulating that the changes to early intervention services only take effect if the U.S. Department of Health and Human Services approves the amendment to the state plan for medical assistance coverage or determines that approval of the amendments to the state plan is not necessary.

Section 12 – Stipulates that section 1 of this act takes effect, it takes effect on the day after the date on which the United States Department of Health and Human Services approves the amendments to the state plan.

Section 13 – Sets an effective date of July 1, 2026, for this act.

Fiscal Note

State of Alaska
2026 Legislative Session

Bill Version:	CSHB 376(EDC)
Fiscal Note Number:	2
(H) Publish Date:	3/30/2026

Identifier: HB376-DOH-MS-03-10-26
 Title: EXPAND EARLY INTERVENTION SERVICES
 Sponsor: EDUCATION
 Requester: (H) EDC

Department: Department of Health
 Appropriation: Medicaid Services
 Allocation: Medicaid Services
 OMB Component Number: 3234

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2027 Appropriation Requested	Included in Governor's FY2027 Request	Out-Year Cost Estimates					
			FY 2027	FY 2028	FY 2029	FY 2030	FY 2031	FY 2032
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services								
Commodities								
Capital Outlay								
Grants & Benefits			5,459.2	5,459.2	5,459.2	5,459.2	5,459.2	5,459.2
Miscellaneous								
Total Operating	0.0	0.0	5,459.2	5,459.2	5,459.2	5,459.2	5,459.2	5,459.2

Fund Source (Operating Only)

1002 Fed Rcpts (Fed)			2,729.6	2,729.6	2,729.6	2,729.6	2,729.6
1003 GF/Match (UGF)			2,729.6	2,729.6	2,729.6	2,729.6	2,729.6
Total	0.0	0.0	5,459.2	5,459.2	5,459.2	5,459.2	5,459.2

Positions

Full-time							
Part-time							
Temporary							

Change in Revenues

None							
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2026) cost: 0.0 *(separate supplemental appropriation required)*

Estimated CAPITAL (FY2027) cost: 0.0 *(separate capital appropriation required)*

Does the bill create or modify a new fund or account? No
(Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? No
 If yes, by what date are the regulations to be adopted, amended or repealed? N/A

Why this fiscal note differs from previous version/comments:

Not applicable; initial version.

Prepared By:	Terra Serpette, Division Operations Manager	Phone:	(907)465-5481
Division:	Medicaid Services	Date:	03/11/2026
Approved By:	Pam Halloran, Assistant Commissioner	Date:	03/13/26
Agency:	Department of Health		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2026 LEGISLATIVE SESSION

Analysis

This bill would allow for the department to pursue the addition of early intervention services as a reimbursable Medicaid service by adding it to the list of services listed under AS 47.07.030(b).

The bill clarifies who is eligible to receive early intervention services by removing mention of an at-risk population.

Every five years the department would be required to consult with medical professionals and the state entity that satisfies the federal requirement for the interagency coordinating council to periodically review the conditions that qualify as a disability under AS 47.20.060-47.20.290.

The bill would change the definition of developmental delay, with three sub-definitions under which an infant or child could meet the definition of having a developmental delay:

- 1) Infants or children who do not meet the eligibility requirements to receive services under the Individuals with Disabilities Education Act (IDEA) would meet the definition of developmental delay if they have a 15% delay in one or more areas. These infants and children are referred to as non-part C since they would not be eligible to receive services under the state’s definition of eligibility for early intervention services under Part 303 of the IDEA.
- 2) Infants or children would meet the definition of developmental delay if they have a 25% delay in one area and would be eligible to receive early intervention services under IDEA.
- 3) Infants or children would meet the definition of developmental delay if they have at least a 20% delay in two or more areas and would be eligible to receive early intervention services under IDEA.

The bill would authorize the department to pursue a state plan amendment if necessary to add early intervention services as a Medicaid service and provides for a July 1, 2026 effective date.

The estimated cost of early intervention services under AS 47.20.080 can be calculated based on current service data from the Infant Learning Program (ILP) data system and prior cost estimates from a 2011 ILP cost study. Many key services provided in the early intervention program are not currently reimbursed by Alaska Medicaid but are reimbursed by Medicaid in most other states. The 2011 cost study estimated actual costs for these services. The attached cost estimate chart shows key services, the estimated cost per unit, and the number of units of each service provided in the past one-year period. This estimated cost of service is then multiplied by 57%, the percentage of ILP children enrolled in Medicaid. In order to estimate the state Medicaid match, the estimated cost is then multiplied by the FMAP rate of 50%. Updates to the cost study may be required in the rate setting process but reflect our most accurate starting point of costs for the purpose of this estimate. In addition, there is uncertainty about how the proposed changes to the ILP eligibility criteria will actually impact enrollment.

Service Type Category	Projected Cost Based on Increased Units of Service	Portion of Services for Medicaid Enrolled Clients (57%)	State Match (50%)
Referral Follow-Up/Intake	\$ 1,115,321	\$ 635,733	\$ 317,867
Screening	\$ 132,665	\$ 75,619	\$ 37,810
Evaluation/Assessment Other	\$ 1,296,475	\$ 738,991	\$ 369,496
Special Instruction	\$ 3,154,140	\$ 1,797,860	\$ 898,930
Occupational Therapy	\$ 1,303,862	\$ 743,201	\$ 371,601
Physical Therapy	\$ 917,938	\$ 523,225	\$ 261,612
Speech Language Therapy	\$ 1,544,891	\$ 880,588	\$ 440,294
Behavioral Health	\$ 112,232	\$ 63,972	\$ 31,986
	\$ 9,577,525	\$ 5,459,189	\$ 2,729,595
<i>Cost based on expanded eligibility</i>			

Fiscal Note

State of Alaska
2026 Legislative Session

Bill Version:	CSHB 376(EDC)
Fiscal Note Number:	1
(H) Publish Date:	3/30/2026

Identifier: HB376-DOH-SDSA-03-10-26
 Title: EXPAND EARLY INTERVENTION SERVICES
 Sponsor: EDUCATION
 Requester: H (EDC)

Department: Department of Health
 Appropriation: Senior and Disabilities Services
 Allocation: Senior and Disabilities Services Administration
 OMB Component Number: 2663

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2027	Included in	Out-Year Cost Estimates					
	Appropriation Requested	Governor's FY2027 Request	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031	FY 2032
OPERATING EXPENDITURES	FY 2027	FY 2027						
Personal Services	308.5		308.5	308.5	308.5	308.5	308.5	308.5
Travel	22.0		22.0	22.0	22.0	22.0	22.0	22.0
Services	114.0		114.0	114.0	114.0	114.0	114.0	114.0
Commodities	10.0		4.0	4.0	4.0	4.0	4.0	4.0
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	454.5	0.0	448.5	448.5	448.5	448.5	448.5	448.5

Fund Source (Operating Only)

1037 GF/MH (UGF)	454.5		448.5	448.5	448.5	448.5	448.5	448.5
Total	454.5	0.0	448.5	448.5	448.5	448.5	448.5	448.5

Positions

Full-time	2.0		2.0	2.0	2.0	2.0	2.0	2.0
Part-time								
Temporary								

Change in Revenues

None								
Total	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimated SUPPLEMENTAL (FY2026) cost: 0.0 *(separate supplemental appropriation required)*

Estimated CAPITAL (FY2027) cost: 0.0 *(separate capital appropriation required)*

Does the bill create or modify a new fund or account? No
(Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? **Yes**
 If yes, by what date are the regulations to be adopted, amended or repealed? **07/01/27**

Why this fiscal note differs from previous version/comments:

Not applicable; initial version.

Prepared By:	Anthony Newman, Director	Phone:	(907)465-5481
Division:	Senior and Disabilities Services	Date:	03/11/2026
Approved By:	Pam Halloran, Assistant Commissioner	Date:	03/13/26
Agency:	Department of Health		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2026 LEGISLATIVE SESSION

Analysis

This bill would allow the department to pursue the addition of early intervention services as a reimbursable Medicaid service by adding it to the list of services listed under AS 47.07.030(b). The bill clarifies who is eligible to receive early intervention services by removing mention of an at-risk population.

Every five years the department would be required to consult with medical professionals and the state entity that satisfies the federal requirement for the interagency coordinating council to periodically review the conditions that qualify as a disability under AS 47.20.060-47.20.290.

The bill would change the definition of developmental delay, with three sub-definitions under which an infant or child could meet the definition of having a developmental delay:

- 1) Infants or children who do not meet the eligibility requirements to receive services under the Individuals with Disabilities Education Act (IDEA) would meet the definition of developmental delay if they have a 15% delay in one or more areas. These infants and children are referred to as non-part C since they would not be eligible to receive services under the state's definition of eligibility for early intervention services under Part C (Section 303) of the IDEA.
- 2) Infants or children would meet the definition of developmental delay if they have a 25% delay in one area and would be eligible to receive early intervention services under IDEA.
- 3) Infants or children would meet the definition of developmental delay if they have at least a 20% delay in two or more areas and would be eligible to receive early intervention services under IDEA.

The bill would authorize the department to pursue a state plan amendment if necessary to add early intervention services as a Medicaid service and provides for a July 1, 2026, effective date.

The department anticipates needing two additional full-time positions, a Health Program Manager 2 and a Health Program Manager 3 to fulfill the requirements under HB376. Implementation of expanded enrollment and development of new early intervention billing codes will require significant policy and procedure updates and statewide staff training. The Health Program Manager 3 position is critical to address the additional technical assistance needed for Infant Learning programs around the state and provide supervision for Health Program Manager 2 Technical Assistants. The new Health Program Manager 2 will work directly with programs to recruit and retain qualified staff, work with the University of Alaska system to develop needed higher education programs, develop additional training in the Infant Learning Program Learning Management System, and host training for new providers as needed. Federal requirements under Individuals with Disabilities Education Act (IDEA) requires significant ongoing monitoring of services and programs, as well as on-site visits, all of which will be more work with more children enrolled and more providers in the Infant Learning Program system.

Personal Services: One full-time Health Program Manager 2 (including benefits), range 19, Anchorage: \$139.6 and one full-time Health Program Manager 3 (including benefits), range 21, Anchorage: \$168.9 annually, total \$308.5.

Travel: Travel for the required federal monitoring of sites, outreach, training, and education around Alaska, \$22.0 annually.

Services: Office space, phone, reimbursable service agreements for position support: \$40.0 annually for two positions. Contracts and services to support Early Intervention/Infant Learning Program training, outreach, and education: \$74.0 annually.

Commodities: Office supplies: \$4.0 annually starting in the second year.

One-time Commodities Cost: Computer, software, and office equipment \$5.0 per position in the first year.

Expanded Eligibility for Alaska's Infant Learning Program (IDEA Part C)

**Leveraging the Power of Early Intervention Services
and Ensuring Equitable Access**

House Health and Social Services Committee

April 2, 2026

What is IDEA Part C?

Purpose and Funding:

- IDEA Part C is a federal program designed to support early intervention services for infants and toddlers (birth to age 3) with developmental delays or disabilities.
- Funded jointly by federal and state governments, it ensures services are available regardless of family income.

Alaska's Infant Learning Program (ILP):

- Administered by the Alaska Department of Health, the ILP is the state's implementation of IDEA Part C.
- The program supports infants and toddlers through individualized services delivered in natural environments, such as homes or childcare settings, emphasizing inclusivity.










Focus on Ages Birth to 3:

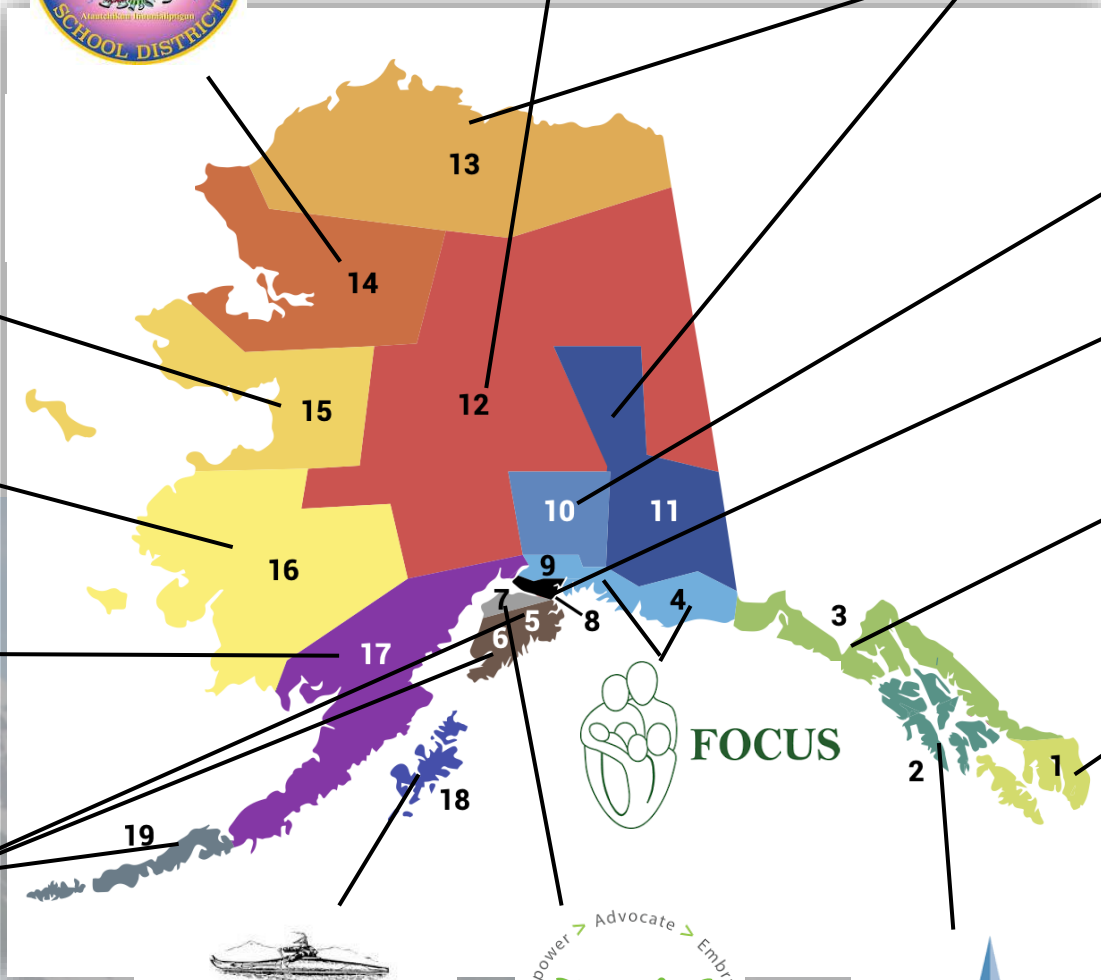
- The first three years of life are critical for brain development. Neural pathways for learning, behavior, and health are highly flexible during this period.
- Early intervention during this window can significantly improve cognitive, language, motor, and social-emotional outcomes.

Family-Centered Approach:

- Services are designed to empower families to become advocates and active participants in their child's development.
- Evidence-based practices focus on integrating interventions into daily routines to maximize developmental progress.

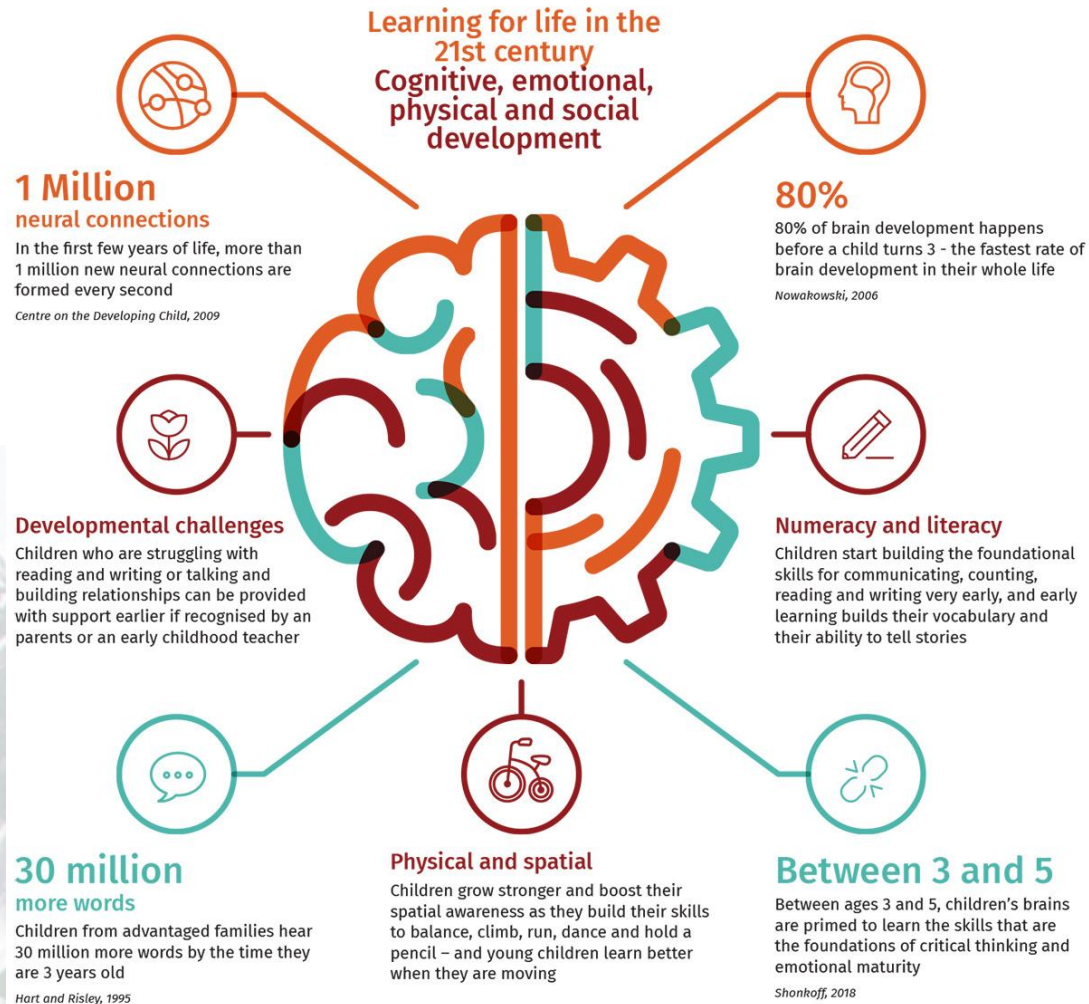


-  1 Ketchikan, POW Island, Metliakatla Area
-  2 Sitka, Kake, Angoon Area
-  3 Juneau, Haines, Petersburg Area
-  4 Cordova, Valdez Area
-  5 Seward Area
-  6 Homer Area
-  7 Kenai/Soldotna Area
-  8 Anchorage, Girdwood & Whittier
-  9 Eagle River, Chugiak, and JBER



-  10 Mat-Su Borough
-  11 Fairbanks, Copper River & Delta/Greeley
-  12 Interior Tanana Chiefs Region
-  13 North Slope Borough
-  14 Northwest Arctic
-  15 Norton Sound
-  16 Yukon-Kuskokwim
-  17 Bristol Bay Area
-  18 Kodiak Island
-  19 Aleutian and Pribilof Islands

Science of Brain Development



- **Neural Connections:** More than 1 million new neural connections are formed every second in the first few years of life.

- **Brain Development Speed:** Approximately 80% of brain development occurs before a child turns 3 years old.

- **Literacy and Numeracy:** Early learning fosters foundational skills for communication, counting, reading, and writing.

- **Words Heard:** Children from advantaged families may hear 30 million more words by age 3.

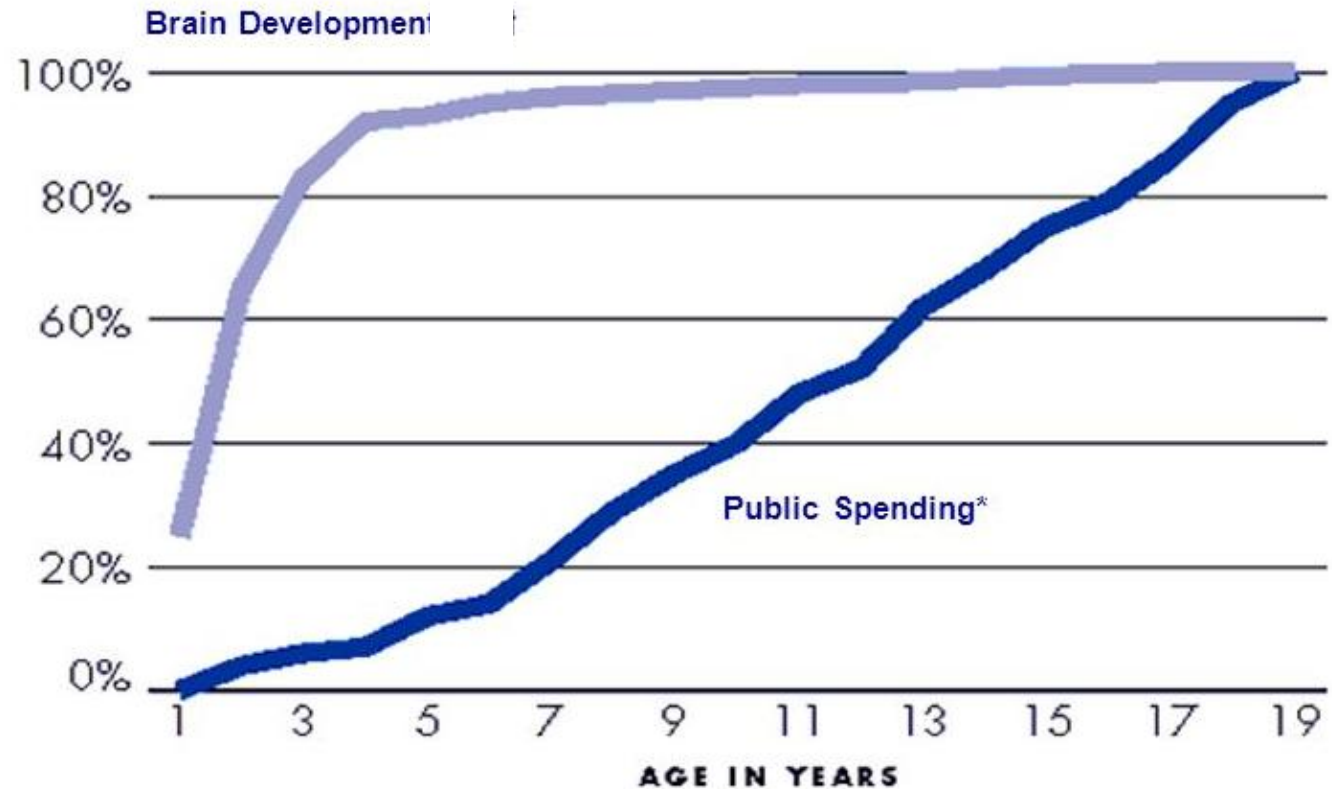
Invest Earlier

Almost 90% of brain development happens by age 3 and builds foundational learning.

Children who don't receive ILP services, may not be identified for support until Kindergarten or later.

Earlier services can lead to much greater impact!

PUBLIC SPENDING & BRAIN DEVELOPMENT THE DISCONNECT



* Portion of total public investment in children being spent during indicated year in children's lives.


Source: The RAND Corporation

Why Expand Eligibility?



Alaska has the most restrictive eligibility criteria for early intervention services in the nation.

Only two other states require a 50% developmental delay. Most states use 33% or 25%.
Alaska Part B (K-12 special education) uses a 25% threshold.
The difference results in delayed onset of services for children with 25-49% delay.



Often-cited studies by James Heckman have shown high return on investment for early intervention: ***For every \$1 invested, up to \$17 saved.*** *Heckman Equation. (n.d.)*

46% of children that receive early intervention don't require special education by the time they get to Kindergarten, which represents annual savings up to \$34.9M.



Early intervention improves long-term outcomes for children, families, and the state.

The Work That Led Us Here

2022 REPORT WORK BEGAN

Sponsored by Governor's Council on Disabilities and Special Education & Alaska Mental Health Trust

- Interagency Coordinating Council-Finance Subcommittee explored eligibility criteria and funding of Part C across the nation
- The resulting report listed recommendations to expand eligibility and improve the funding systems for AK ILP.

RECOMMENDATIONS

- Align Part C criteria with Part B (25% delay in one domain of development or 20% in two) and update the list of qualifying conditions accordingly.
- Make supporting changes to the Medicaid statute
 - add new ILP provider type and reimburse for all ILP services
 - allow the IFSP as an authorizing document for Medicaid coverage

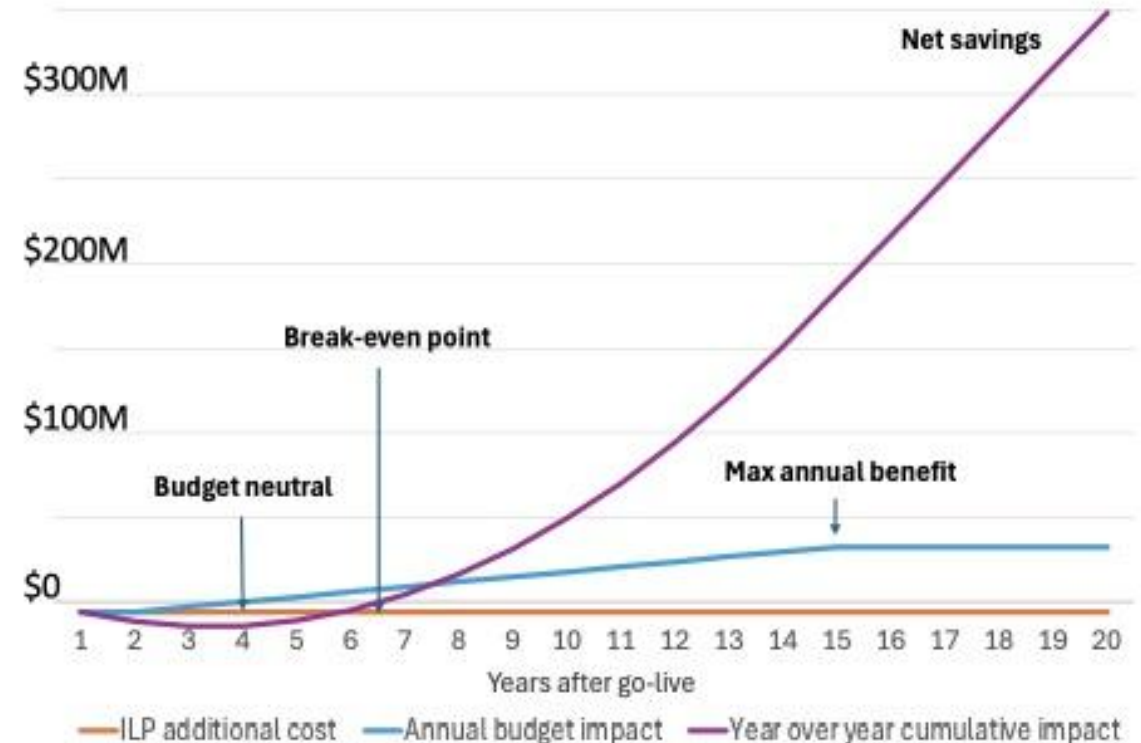


Savings to Alaska

- Budget neutral at 4 years
- Overall cost neutral at 6.5 years
- Backend cost avoidance/savings accumulate exponentially after that

Substantial Savings That Can Be Used for Other Education Needs

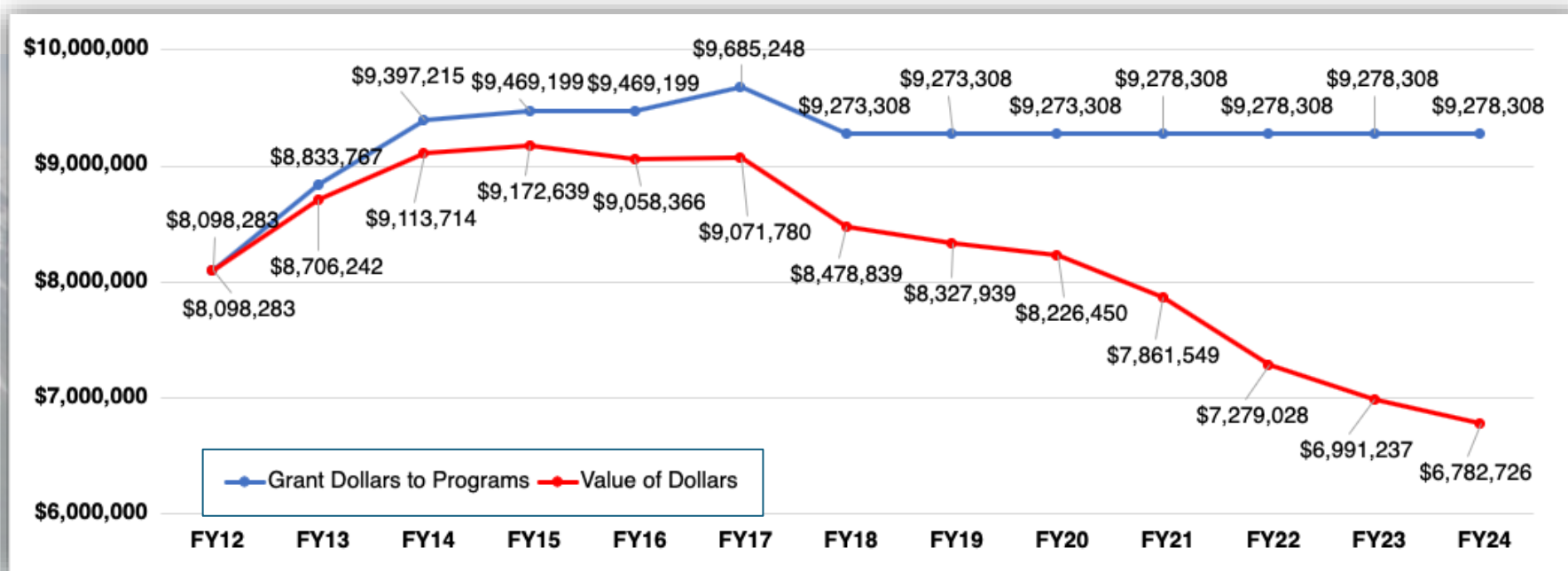
For each child that doesn't need special education due to ILP services, the state could save up to **\$229k**. Further savings from other services such as juvenile justice and adult Medicaid services are expected, but not easily quantified.



(Raviant, 2025)

Funding Challenge in Alaska

- Funding has been flat for a decade, while costs have risen 25%.
- Equity issues: rural and urban disparities in service availability.
- Individual children receive less frequent services due to funding deterioration.

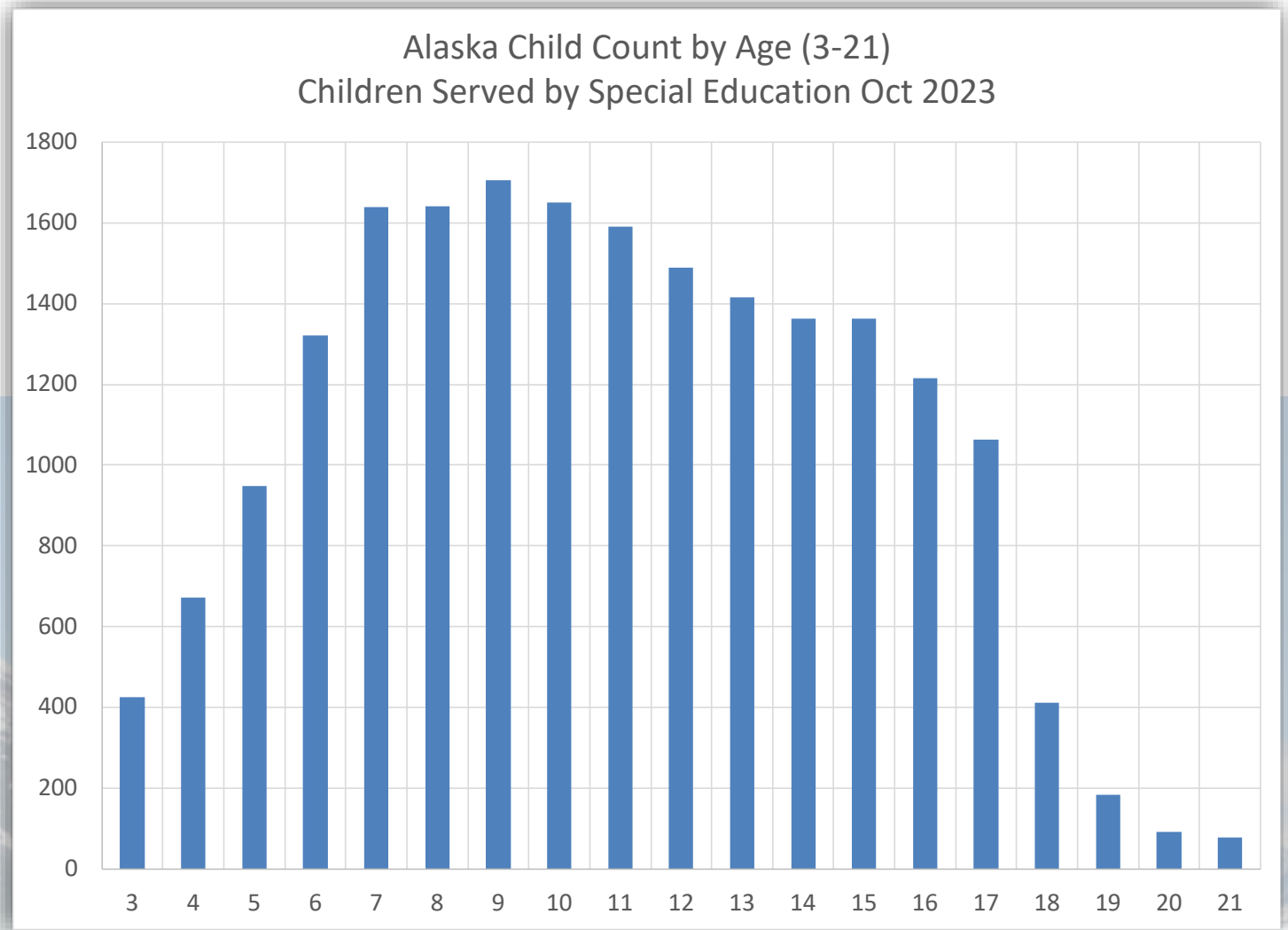


(Alaska Department of Labor and Workforce Development, 2024).

(Alaska Department of Health, 2024).

Identification Challenge in Alaska

- Many children who ultimately qualify for special education are not identified until after age 6 and peaks at age 9.
- What would be the impact if identification was earlier?



(DEED, 2023-2024)

Rural Health Transformation Program

- AILPA has held conversations with ILP's and various State staff for the last two months to discuss RHTP funding and how to leverage this opportunity to expand services in innovative ways.
- Potential projects target:
 - Rural Program Enhancements
 - Efficiencies Across Regions
 - Technology Innovation
 - Workforce Retention & Development

Alaska's RHTP Goals and Initiatives



Goal 1: Promote Lifelong Health and Wellbeing for Rural, Remote, and Frontier Alaskans

Healthy Beginnings

Health Care Access

Healthy Communities

Goal 2: Build Sustainable Outcomes Driven Health Systems

Pay for Value:
Fiscal Sustainability

Goal 3: Drive Workforce and Technology Innovation

Strengthen Workforce

Spark Technology & Innovation

Thank You

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References

- Alaska Department of Labor and Workforce Development. (n.d.). Consumer Price Index (CPI). *Alaska Department of Labor and Workforce Development*. <https://live.laborstats.alaska.gov/cpi/charts>
- DEED. (2023-2024). *Special Education Child Count by Disability and Age*.
- Heckman Equation. (n.d.). *Research Summary: The Lifecycle Benefits of an Influential Early Childhood Program*. Retrieved June 9, 2024, from <https://heckmanequation.org/resource/research-summary/lifecycle-benefits-influential-early-childhood-program/>
- IDEA Infant & Toddler Coordinators Association. (2022). 2022 Child Count Data Charts. <https://www.ideainfanttoddler.org/pdf/2022-Child-Count-DataCharts.pdf>
- RAND analysis of Table 1 in r. Haveman and B. Wolfe, “The Determinants of children’s Attainments: A re-view of Methods and Findings,” *Journal of Economic Literature*, Vol. 33, December 1995. Brain growth: Figure 2-0 in Purves, *Body and Brain*, Harvard university Press 1998, adopted from D.W. Thompson, *On Growth and Form*.
- Raviant. *Recommendations to Expand Eligibility and Funding for the Alaska Infant Learning Program*. (2024).
- The Front Project. <https://www.thefrontproject.org.au/component/content/article/8-neuroscience-and-the-brain> (2026).



5 Reasons To Expand Eligibility for Early Intervention



For years early intervention has helped families learn how to be the best teachers for their children with developmental delays or disabilities. Early intervention's evidence-based practice of helping families incorporate intervention strategies into daily routines increases children's rate of growth in key developmental areas, multiplies the opportunities and effects of intervention, and increases the return on every dollar spent.

Discover how early intervention can help the children and families in your community and healthcare practice.

"Investing in the continuum of learning from birth to age 5 not only impacts each child, but it also strengthens our country's workforce today and prepares future generations to be competitive in the global economy tomorrow."
Professor James Heckman, University of Chicago

1 Reduces Need for Special Education

The National Early Intervention Longitudinal Study (NEILS) Special Education and Part C Programs tracked children with a developmental delay and found 46% did not need special education by the time they reached kindergarten as a result of early intervention services.

36%

had no disability, and were not receiving special education services.

10%

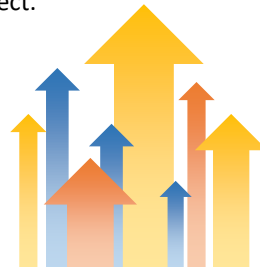
were reported to have a disability, but were not receiving special education.



2 Positive Results for Children

Studies found that children who participate in high-quality early intervention/early childhood development programs tend to have:

- Less need for special education and other remedial work.
- Greater language abilities.
- Improved nutrition and health.
- Experienced less child abuse and neglect.



3 Works with Brain Development

Neural circuits create the foundation for learning, behavior and health. These circuits are most flexible from birth to three.

Early social/emotional development provides the foundation upon which cognitive and language skills develop.

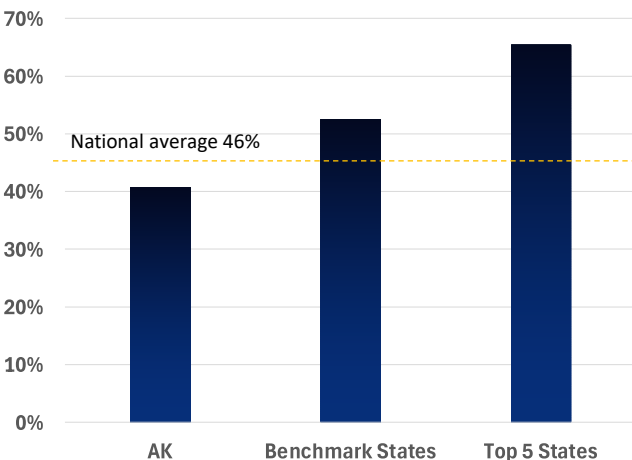
High-quality early intervention services can change a child's developmental trajectory and improve outcomes for children, families, and communities.

Intervention is likely to be more effective and less costly when it is provided earlier in life rather than later.



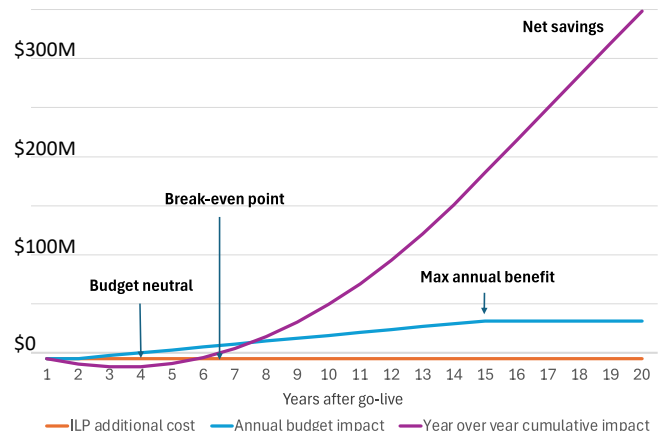
4 Because of Restrictive Eligibility, Alaska Trails Behind Other States

States with less restrictive eligibility help more children meet developmental age expectations at age 3 as a result of early intervention services.



5 Substantial Savings That Can Be Used for Other Education Needs

The state could save up to **\$229k** for each child that doesn't need special education due to expanded ILP services. Further savings from other services such as juvenile justice and adult Medicaid services are expected, but not easily quantified.



ASK:

Support SB 178 - Expand Eligibility for the Early Intervention/Infant Learning Program (ILP) from 50% to 25% developmental delay and increase their annual funding by \$5,716,865 (77%).

WHY:

- Alaska has the most restrictive eligibility criteria for early intervention services in the nation. Currently to qualify for ILP services, a child must exhibit a 50% delay in one developmental area. In other words, a 2-year-old must be functioning at a 1-year-old level to qualify for services.
- Expanding eligibility from a 50% delay to a 25% delay will align eligibility for ILP services with eligibility for K-12 special education eliminating an inequity of services.
- A child's brain develops the most from birth to age 5. Expanding eligibility and funding for the ILP we will ensure the services for these children are provided at a time when they will have the most impact rather than delaying services until later years. National benchmarking predicts this will
 - lead to a 77% increase in children eligible for ILP in Alaska.
- Medicaid can be leveraged and billed for ILP services *in addition to the funding increase if*
 - "developmental therapies" becomes a billable service.

FISCAL INVESTMENT = POSTIVE FISCAL IMPACT:

- Investment in early intervention can lead to substantial cost savings over the course of a child's education. According to national data, 46% of children who receive early intervention services meet developmental age expectations by age 3 and do not require special education when they enter Kindergarten.
- Each of those children represents a potential savings of \$229,071 over the course of their public education, when comparing the cost of 3 years of early intervention with 13 years of special education.
- With expansion, the projected additional number of children who would not require special education is 152 each school year, representing a potential annual cost savings of \$34,888,837*.
 - * It will take 2-3 years to develop the ILP system for expanded eligibility and another 6-7 for the initiative to break even. After that, net savings begin to accumulate, with full continual annual impact around 15 years after changes are implemented.

ADDITIONAL ANTICIPATED BENEFITS AND COST SAVINGS:

- **Reinforce funding** after 12 years of flat funding which has made programs vulnerable to inflation.
- **Reduced need for adult home and community-based Medicaid services.**
- **Reduced Crime and Victimization:** Fewer children entering the Juvenile Justice system = less burden on child protective services, public safety, and corrections.
- **Reduced need for special needs daycare:** Allow parents to re-enter the workforce while lowering burden on public assistance programs.
- **Increase future workforce:** More high school graduates ready to enter post-secondary or vocational programs or to enter the workforce directly and contribute positively to society.

Recommendations to Expand Eligibility and Funding for the Alaska Infant Learning Program



TABLE OF CONTENTS

Executive Summary	3
Introduction	6
Early Intervention - Alaska Infant Learning Program	6
The Case for Eligibility Expansion	7
The Case for Funding Review	7
Individuals with Disabilities Education Act	8
The Current State	9
Role and Authority of Interagency Coordinating Council	10
Process and Methods	11
Stage 1: Develop Recommendations	11
Eligibility	12
Definition and Explanation of Developmental Delay	12
Established Conditions	12
Alaska Enrollment Compared to Other States.....	13
Table 1: Percentage of Children Served, Birth to Age One	14
Table 2: Percentage of Children Served, Birth Through Age Three	15
Percent Delay	17
Recommendations for Eligibility Change	19
Reduce the Developmental Delay Threshold.....	19
Update the Established Condition List and Establish Supporting Procedures.....	20
Funding for Infant Learning Programs	21
Current fiscal system for Alaska's Infant Learning Program (ILP).....	21
ILP funding	21
Medicaid Funding	21
Total Funding Picture for ILP	23
National Fiscal Picture for Early Intervention (Part C).....	24
State and local funding.....	24
Medicaid funding.....	24
Private Insurance Funding	25
National Funding for Early Intervention in Summary.....	25
Peer State Examples	26
Arizona.....	26
New Mexico	27
West Virginia.....	28
Financial Recommendations	29
Moving Forward from Here	39
Seek an Increment to Catch Up with Inflation.....	39
Stage 2: Prepare and Secure Commitment	40
Stage 3: Support Implementation	40
Summary and Conclusion	41
Appendix	42
Appendix A: Current List Established Conditions in Alaska	42
Appendix B: Example of Reorganized List of Established Conditions	44
References	47



ALASKA EARLY INTERVENTION / INFANT LEARNING PROGRAM

Executive Summary

The purpose of this work is to ensure that every Alaskan infant and toddler has equitable access to Infant Learning Program (ILP) services, especially in smaller communities. We believe in the value of investing early, for long-term development and leveraging Alaska's existing infrastructure to support more families. Through the expansion of ILP eligibility, more Alaskans will have the opportunity for early intervention, reducing later need for more intensive interventions. Early intervention service provisions will set our infants and children up for long-term success, preventing compounding developmental challenges. Ultimately, our goal is to secure support for ILP services, recognizing their pivotal role in shaping the future of Alaskan children and families. This proactive, early investment in our children and families simultaneously supports improved intervention and outcomes, while decreasing long-term financial cost and burden to the state of Alaska.

Alaska's Early Intervention/Infant Learning Program is a multidisciplinary program designed to support Alaskan infants and toddlers with developmental delays and

disabilities, as well as their families, to access essential supports, resources, and interventions. Administered by the Alaska Department of Health, in accordance with the Individuals with Disabilities Education Act (IDEA), intervention services are provided to support optimal development of children from birth to three years old.

Dedicated to serving Alaskan families with children experiencing developmental delay, Alaska's programming is designed to empower families in advocating for the development of their children. Despite these efforts and essential mission, many of Alaska's most vulnerable and at-risk children are ineligible and precluded from accessing services due to the stringent eligibility criteria that has long been established by the state. Expanding eligibility access will ensure our state's most vulnerable children have access to essential developmental services.

Reviewing national best practices, outcome data, and evidence-based considerations, the following recommendations for eligibility and finance are identified.

Eligibility Recommendation

1. Expand eligibility for EI/ILP programming to parity with school-age special education (Part B)
 - 25% or greater delay in one area of development when compared with chronological age, or
 - 20% delay in two or more areas of development when compared with chronological age.
2. Implement eligibility changes incrementally to avoid overwhelming ILP service providers.
3. Determine eligibility in standard deviations to match percent delay (e.g., 1.5 standard deviations or more below the mean in one or more assessed areas as equivalent to 25% developmental delay).
4. Update and reorganize the List of Established Conditions. (See example in Appendix B.)
5. Develop a process and timeframe to update the list regularly.
6. Develop a process for providers in the field to contact the ILP office and get a response/determination for novel or ambiguous cases.
7. During implementation of eligibility expansion, revise the condition list with each increment to match the current level of developmental delay.

Financial Recommendation

1. Determine costs and reimbursement through conducting a cost modeling and rate setting study.
2. Expand Medicaid coverage for all ILP services (including developmental therapy) with billing guidelines and rates that include services in home and community settings.
3. Determine IFSP to be an authorizing document for Medicaid covered ILP services.
4. Accurately determine a child's month-to-month Medicaid enrollment and support retroactive claiming.
5. Reimburse for non-Medicaid eligible children under a fee-for-service for some ILP services, with formula grants for child find, professional development; extreme travel (flights); language access.
6. Create a mandate for private health insurance coverage for ILP services under 'essential health benefits.'
7. Explore potential funding through other state agencies and programs e.g., child welfare (Title IV–E public health [Title V], Mental Health, Department of Education & Early Development, etc.).
8. Enhance ILP data system to support billing, accountability and reporting.
9. Develop a Central Finance Office (CFO) where data entered into the ILP data system is developed into claims and submitted to third parties including Medicaid and private insurance (including Tricare).

A final recommendation is to seek a state budget increment for the Alaska Infant Learning Program in order to catch up to the effects of cumulative inflation, which has reduced the present-day value of flat funding by 20% since 2015.

ACKNOWLEDGMENTS

This report to the Governor's Council on Disabilities and Special Education – Interagency Coordinating Council (ICC) – and the work it represents was completed by the ICC Finance Subcommittee. Funding provided by the Alaska Mental Health Trust Authority. Planning, research, facilitation and report by Raviant LLC.





Introduction

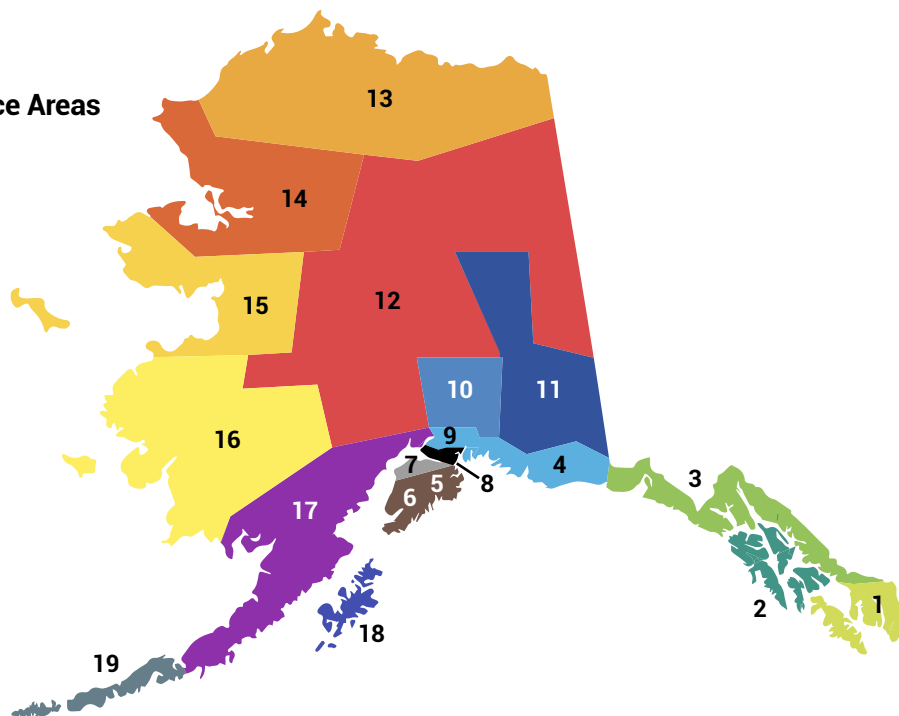
Early Intervention - Alaska Infant Learning Program

Part C of the Individuals with Disabilities Education Act (IDEA) provides funds for states to establish Early Intervention (EI) programs, which offer services for infants and toddlers (birth to age 3) with disabilities or developmental delays, regardless of family income. In Alaska, these funds and services are coordinated by the Alaska Infant Learning Program (ILP), a state office within the Alaska Department of Health. Eligibility for ILP services is based on developmental delay – in areas such as motor skills, communication skills or cognitive skills – or conditions that are known to be associated with developmental delays. Early Intervention can

improve the developmental trajectories of infants and toddlers, prevent further delays, and has been shown to be a good financial investment in terms of future cost avoidance, as less intensive supports may be required later in childhood and throughout life (PN-3 Policy Roadmap, 2021).

The Alaska ILP program currently funds fifteen (15) local ILP provider agencies through a competitive grant contract system, distributing state and federal grant funds. Three-to-five-year grants are issued subsequent to approved proposals and budgets submitted by community-based organizations serving a specific region.

EI / ILP Service Areas





The Case for Eligibility Expansion

Under the guiding principle that every infant and toddler should have equitable access to services, the state must consider that a 2-year-old, for example, should have equitable access to services as compared to a 7-year-old with similar concerns and developmental needs. The process of updating and revising access to early intervention services must include processes for both looking at definitions of developmental delay and established conditions leading to eligibility. It is widely understood that serving more children through cost effective, early intervention programs can reduce costs in later interventions and programming, while simultaneously improving outcomes and wellness for infants, children, and families. Children engaged in EI programs have been demonstrated to have enhanced life outcomes as compared to those children who did not receive care (i.e., Heckman Equation, n.d.).

Early intervention has consistently been demonstrated to have improved developmental outcomes and long-term improved functioning and well-being (Frank Porter Graham Child Development Institute, n.d.). "By providing services to young children with less severe disabilities or lower levels of developmental delay, we can set more children up for kindergarten readiness and life-long success, instead of delaying intervention until later ages with more expensive services." There is no evidence-based rationale for not serving children with 25% delay. Without receiving services, it is likely the impact of the developmental delay will result in further and ongoing impacts, academically, socially and emotionally.

The Case for Funding Review

In addition to considerations of eligibility expansion, there is significant value in reviewing financing considerations, independent of eligibility expansion, to optimize revenue and programmatic funding sustainability over the long-term. Through addressing funding sustainability and optimizing billing and reimbursement, Alaska would have the opportunity to support equitable funding distributions based on enrollment patterns. This optimization will help ensure that children have equitable access regardless of which of Alaska's 15 service areas they reside within. Enhanced funding and reimbursement operations will ensure services are maintained, and will need to be able to increase in order to match increased need as eligibility expands. Funding improvements will support program enrollment increases and simultaneously be able to address cost increase due to inflation or changes in service models.

Individuals with Disabilities Education Act

Each state is responsible for effective implementation of the Individuals with Disabilities Education Act (IDEA). IDEA specifically outlines states' obligations to have policies and procedures in place to support fair and equitable education for individuals with disabilities. Under IDEA, states are obligated to identify, locate, and evaluate the developmental needs of children, offering services to children and families who could benefit from specialized services. Additionally, states must assist and assign financial responsibility to the appropriate, supportive services. Obligations under IDEA Part B include protections for children ranging from ages 3 through 21. IDEA Part B protects access to Free Appropriate Public Education (FAPE) and ensures that children with disabilities are entitled to free education in the least restrictive environment, appropriate to their needs. Part C under IDEA supports infants and children with developmental delays or disabilities from birth to their third birthday.

The Infant Learning Program (ILP) supports children birth to three and their families through provision of a comprehensive array of early intervention services designed to meet the unique and varied developmental needs of eligible infants and toddlers with disabilities. These services are specifically designed to be family centered, emphasizing the importance of family involvement and collaboration as an integral component to the intervention process, and as members of the intervention team (US Dept of Education, Accessed May

2024). Additionally, IDEA outlines that services should be provided in the natural environment, resulting in service provision occurring where typically developing peers are similarly likely to be. To support this level of inclusion and access, service provision at this age generally occurs within the home or childcare setting.

The number of students receiving special education and related services under IDEA has significantly increased over time. During 2010-2011, 6.4 million students received services under IDEA. During 2021-2022, the number of engaged students increased to 7.3 million. This increase in identified students receiving services represents an increase from 13 to 15 percent of total public-school enrollment across the United States (National Center for Education Statistics, 2023). Unfortunately, the rates of engaged students are not equally distributed across states. Under IDEA, states are independently able to set state specific eligibility criteria and similarly can establish their own processes and procedures for identifying and evaluating children, presuming that minimum standards set forth by IDEA are adhered to. Similarly, Part C allows but does not require states to provide services to at-risk infants and toddlers (US Government Accountability Office, 2019). These differing processes results in discrepancies across states regarding the number and types of children accessing services, and ultimately may result in a child qualifying for and receiving EI/ILP programming in one state, while they simultaneously may be ineligible for those same services in another state.



The Current State

IDEA Part C was implemented nationwide in the United States in 1986, and since its inception, Alaska has utilized an eligibility criteria that includes a 50% developmental delay cutoff for ILP eligibility. To be determined eligible, an infant or child, birth through age three, must demonstrate one of the following:

1. A 50% developmental delay in one or more area of development, and/or
2. Must have one of a selected list of identified medical diagnoses or established conditions known to likely result in a developmental delay, and/or
3. Have eligibility determined through the informed clinical opinion of a multidisciplinary team (Alaska Dept of Health, Accessed May, 2024).

Federal policy does not limit a state at the 50% threshold for developmental delay. This standard for Part C eligibility is outlined through state regulations and implemented through policy. Only three states have – like Alaska – restricted eligibility to 50% delay (IDEA Infant & Toddler Coordinators Assn, 2022). All other states have determined much less restrictive definitions and criteria for service eligibility. The ILP (Part C) 50% eligibility is in contrast with Alaska's less restrictive special education (Part B) program, which supports children and youth aged three through 21. For Part B, children or youth may be eligible for intervention services with a 25% delay in one area of development or a 20% delay in two or more areas of development. The disparity in eligibility criteria results in a likely significant difference in the rate of children and youth who are eligible for services. Children with a 25%-49% developmental delay, who were not eligible for services under Part C, become eligible for Part B services as they reach age 3.

Early intervention is crucial for supporting the long-term health and wellness of our state's most vulnerable youth. Children with disabilities are at increased risk for adversity, adverse childhood experiences (ACEs) and/or adverse life events, and are more likely to be expelled or suspended from early childhood education, due to behavior related considerations. Those children who experience exclusionary practices early on are at risk for further expulsions, risking eventual disengagement from the education system or dropping out (Meek &

Gilliam, 2016). At the same time, disadvantaged children benefit the most from early childhood education (Elango, Garcia, Heckman & Hojman, 2015). Early intervention is known to be associated with improved health outcomes, academic outcomes and social outcomes, reducing the need for services throughout the lifespan. The long-term cost to the state is higher than the cost of early, proactive intervention (Allen, 2017). These risks of ACEs and exclusionary practices are further amplified for Black, Indigenous, People of Color (BIPOC) and minority identified infants, children and families.



Role and Authority of Interagency Coordinating Council

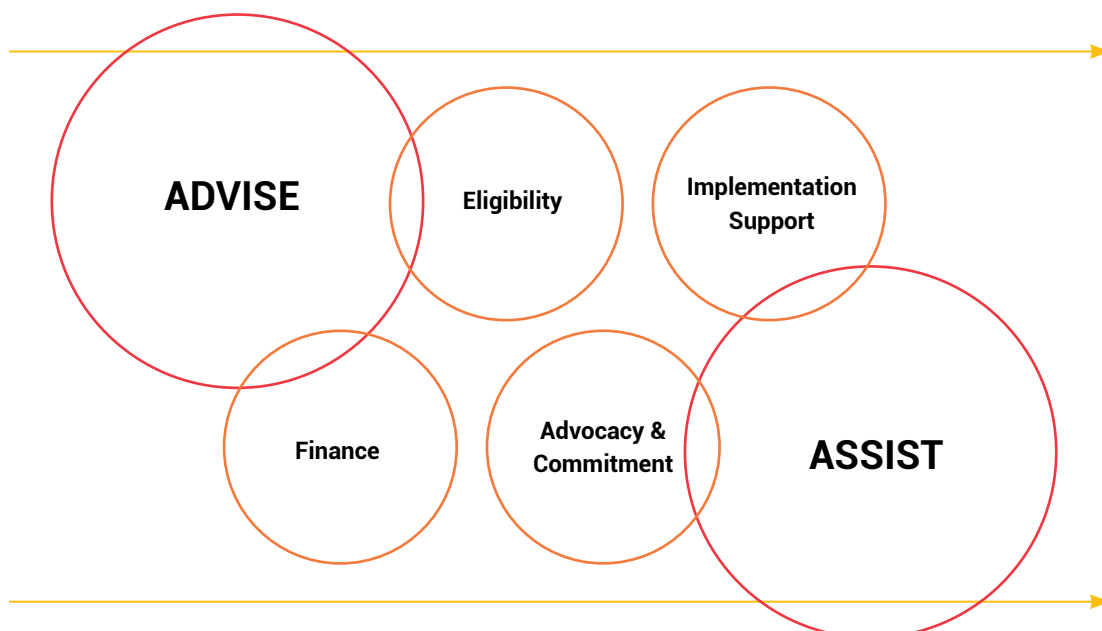
IDEA law requires that each state establish and maintain an Interagency Coordinating Council (ICC), supporting the lead agency in overseeing early intervention. In Alaska, the Governor's Council on Disabilities and Special Education (GCDSE) houses the ICC. The ICC plays a crucial role as the primary advisory group with responsibilities that are outlined in state and federal statutes. ICC designated responsibilities (Alaska state statute 303.64) include:

1. Advising and assisting the lead agency in identification of fiscal and other support services for early intervention programs as outlined by Part C.
2. Assigning appropriate financial responsibility to the associated and coordinating agency.
3. Supporting coordination and collaboration through both intra- and inter-agency collaboration for child find.
4. Support provision of transition services for toddlers entering preschool or other similar supportive services.
5. Prepare and submit an annual report to the Governor's office and OSEP reviewing the status of the state's early intervention programming.

In addition to the core identified functions of the ICC, an ICC may be authorized to support and assist the

Part C lead agency in provision of appropriate services for children with disabilities between birth and age three. The ICC may provide consultative support and advisement to appropriate agencies throughout Alaska on the appropriate integration of services for children and families with disabilities, and those who may be at risk for disabilities. Additionally, an ICC may be tasked with coordination and collaboration with the State Advisory Council Early Childhood Education and Care for children and families with disabilities (Governor's Council on Disabilities and Special Education, 2021).

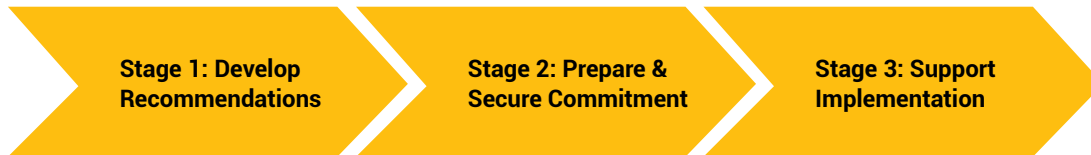
A sub-committee of the ICC was developed to review current policies and support enhancement and expansion of services. This subcommittee remains under the direction of the ICC and was tasked with developing recommendations to the full ICC. Subcommittee members included family members, providers, representatives of other state agencies such as Medicaid, with whom ILP is required to coordinate financing for early intervention services. This elevates the unique factors and considerations for Alaska and Alaskan residents specifically. The intent of the subcommittee was initially to strengthen ICC knowledge of ILP fiscal systems, and identify and formulate recommendations, but soon expanded to include review and consideration of eligibility expansion.



Process and Methods

The process of reviewing, outlining and adopting evidence-based best practices is delineated into three distinct stages. Each stage represents an essential body of work that is foundational for the long-term success of implementation of strategic, evidence-based practices for early intervention eligibility and service provision.

This subcommittee of the ICC was solely focused on Stage 1 and the processes of reviewing national best practices, standards, and processes with the goal of developing both process and financial recommendations for the larger ICC to review and consider. Preliminary recommendations for Stages 2 and 3 will be reviewed briefly in the section covering recommendations for next steps.



Stage 1: Develop Recommendations

Throughout the course of monthly meetings, subject matter experts reviewed current practices and policies, outcome data, and completed reviews of other similar states policies and procedures. The taskforce initiated a review of national trends in data and early intervention eligibility. The review of national trends supported the opportunity for comparison with peer states and exemplars. Specifically, the ICC subcommittee identified benchmark states used for inter-state comparisons including New Mexico, North Dakota, and Oregon. Once the subcommittee had a firm understanding of local and national trends, focus groups and interviews with key stakeholders such as Alaska Infant Learning Program Association (ALPA), Tribal providers, and staff members employed with the Medicaid/ Insurance office for the state of Alaska. The subcommittee additionally reviewed Alaska ILP data.

Part C of IDEA specifically requires that all recommendations be scientifically informed as an underpinning of regulation language. The workgroup identified and followed guiding principles of evidence-based considerations within the context of relationships, connections and community, flexibility and collaboration, equity and accessibility, in the development of new guidance to support Part C implementation. In addition to review of eligibility criteria, this subcommittee attended to long-term fiscal viability for programmatic sustainability.

Eligibility

Definition and Explanation of Developmental Delay

The term 'Developmental Delay' is outlined under IDEA describing children experiencing significant delays in one or more developmental areas including: physical development, cognitive development, communication development, social or emotional development, and/or adaptive development. Specific criteria may vary state by state, and states retain the ability to define what constitutes a significant delay, though this determination is usually made through standardized testing and professional assessments (Individuals with Disabilities Education Act, Accessed, 2024; Federal Law: 34 C.F.R., Accessed, 2024). Alaska generally shares this definition of eligibility, recognizing significant delay for children demonstrating significant delay at least 1.5 standard deviations below the mean on standardized tests in one of the noted five areas of development (Alaska Administrative Code, 2024). Currently Alaska requires a 50% eligibility in developmental delay, meaning a 24-month-old must function at a 12-month-old level in order to be eligible for services. Only three other states have established this level of restriction for service eligibility. In addition to percent delay, there are a number of established conditions and genetic disorders qualifying infants and toddlers for service eligibility.

Established Conditions

In addition to assessed developmental delay, Alaska maintains a list of established conditions and medical diagnoses that may determine an infant or child to be eligible for early intervention services. The Alaska ILP list of established conditions is a longstanding compilation of health conditions known to impact child development and long-term developmental outcomes. This list has been in place for an extended period with limited changes or updates. The current identified conditions constitute a list of 46 identified conditions, that fall under the identified categories of: A) Diagnosed Physical or Mental Conditions, B) Low Incidence Disability Expanded Definitions: B1 – Deaf or Hard of Hearing and B2 – Blind or Visually Impaired (Alaska EI-ILP Part C Policies, 2024). For a full list of current approved conditions, please see Appendix A.





Alaska Enrollment Compared to Other States

Enrollment in Early Intervention services is determined annually through a single day point in time count. This point in time count considers both the number of children birth to age one and the number of children birth to age three engaged in Early Intervention. These point in time counts are divided by the population of children in those age ranges in the state, providing the percentage of young children engaged in early intervention services.

The Infant Toddler Coordinators Association (ITCA) delineates states into three categories based on eligibility criteria. States are categorized with designations A through C. Those states with an 'A' designation demonstrate the least restrictive eligibility while states with a 'C' designation demonstrate the most restrictive eligibility.

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

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

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

IDEA Infant & Toddler Coordinators Association, 2022

Alaska currently holds a Category C eligibility given its criteria consisting of a 50% delay in one domain (ITCA, 2022). Eligibility criteria are not the sole factors responsible for infant and child enrollment as evidenced by those states with an 'A' designation simultaneously serving limited percentages of infants and children. Additional considerations impacting enrollment and utilization include Child Find practices, how well-resourced systems are, including funding, and overall implementation of programming. These limited numbers identify the essential roles of Child Find requirements and public awareness factors around availability of services that may impact both the number and percentages of infants and toddlers enrolled in Early Intervention services.

Table 1: Percentage of Children Served, Birth to Age One

Category A Eligibility (17)

New Mexico	5.88
Washington	2.78
Pennsylvania	2.46
Vermont	2.26
Kansas	2.02
District of Columbia	1.80
Virginia	1.47
Maryland	1.44
Delaware	1.43
Michigan	1.29
Iowa	1.17
Colorado	1.16
Texas	1.15
Hawaii	1.03
Wisconsin	1.01
Alabama	0.71
Arkansas	0.68

Category B Eligibility (19)

Massachusetts	4.23
West Virginia	3.69
North Dakota	2.73
Wyoming	2.72
New Hampshire	2.34
Indiana	1.55
Rhode Island	1.35
South Dakota	1.30
Tennessee	1.30
Illinois	1.27
Nebraska	1.22
Utah	1.21
California	1.10
Ohio	1.04
North Carolina	.091
New York	0.87
Minnesota	0.85
Mississippi	0.62
Puerto Rico	0.40

Category C Eligibility (16)

Alaska	2.03
Idaho	1.67
Missouri	1.63
South Carolina	1.42
Louisiana	1.28
Nevada	1.20
Oregon	1.02
Maine	0.98
New Jersey	0.86
Arizona	0.85
Montana	0.77
Oklahoma	0.77
Connecticut	0.64
Georgia	0.64
Florida	0.63
Kentucky	0.46

— **Average: 1.26**

For children under the age of one, eligibility is predominately determined by the presence of an established qualifying medical condition, given the difficulty identifying developmental delay at this early age. In the most recent numbers, from 2022, Alaska's percent of children birth to age one served, 2.03 percent, is above the national average of 1.26 percent (ITCA, 2022).

Table 2: Percentage of Children Served, Birth Through Age Three

Category A Eligibility (17)		Category B Eligibility (19)		Category C Eligibility (16)	
New Mexico	11.20	Massachusetts	10.40	New Jersey	5.61
Vermont	6.79	West Virginia	8.51	Connecticut	4.94
Pennsylvania	6.11	Wyoming	6.28	South Carolina	4.91
Kansas	5.41	Rhode Island	6.14	Missouri	3.94
District of Columbia	5.12	New Hampshire	6.04	Louisiana	3.49
Delaware	4.90	Indiana	5.93	Idaho	3.48
Maryland	4.63	North Dakota	5.71	Maine	4.48
Washington	4.49	New York	5.05	Oregon	3.38
Virginia	4.12	California	4.44	Nevada	3.20
Michigan	3.92	Illinois	4.11	Alaska	3.12
Colorado	3.88	Tennessee	3.93	Kentucky	3.12
Wisconsin	3.46	Puerto Rico	3.79	Florida	2.69
Hawaii	3.28	Utah	3.69	Arizona	2.35
Texas	2.85	Ohio	3.46	Georgia	2.33
Iowa	2.76	South Dakota	3.37	Montana	2.00
Alabama	2.53	Nebraska	3.24	Oklahoma	1.78
Arkansas	1.18	Minnesota	3.14		
		North Carolina	2.92		
		Mississippi	0.40		

— **Average: 4.01**

For children under the age of three, Alaska has the same Category C eligibility with the requirement of a 50% delay in a single domain. At the time of the last count, Alaska's percentage of eligible infants and toddlers, based on developmental delay, is 3.12% of the population, below the national average of 4.01% (ITCA, 2022).



Alaska's current identification policies and processes for ILP result in a significant diminished number of infants and children accessing services. At the time of the 2022 point in time count, Alaska demonstrated a rate of 3.12% of children under the age of three receiving services by eligibility. When compared to the national average (4.01%) Alaska is missing and failing to identify one out of every four children needing services. When this rate is compared to the top 3 performers in Category C (New Jersey, Connecticut, and South Carolina; Table 2 above) collectively averaging 5.15%, Alaska is failing to identify and serve two of every five children in need of services (ITCA, 2022).

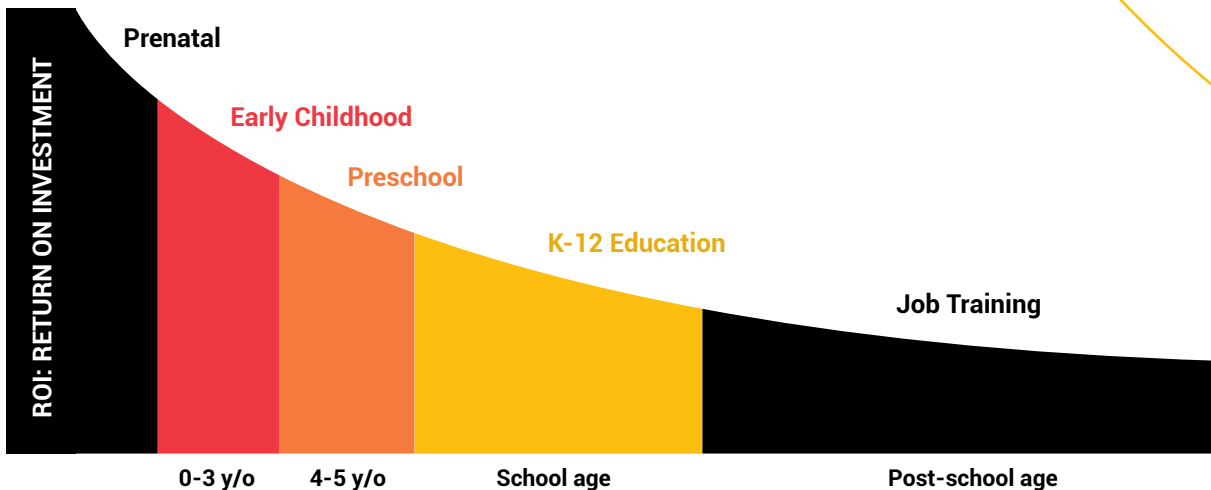
In conjunction with stringent eligibility for services, Alaska has unique characteristics impacting the state's child find and engagement processes. Medical providers come into Alaska from all over the country, and as each state has their own processes for determining eligibility, providers will have varying understanding of what constitutes a developmental delay. This variety in understanding and application of criteria for disability directly undermines the Child Find system which is specifically designed to identify, locate, and evaluate infants and children who may have developmental delays or disabilities.

Currently 20% of infants and children are eligible for ILP through clinical opinion, 20% through established conditions, and the remaining 60% enroll through developmental delay (Governor's Council on Disabilities and Special Education, 2022). By increasing eligibility through known conditions, enrollments will grow through increased provider referral rates. Currently providers are hesitant to refer children as they are unsure whether they will meet developmental delay requirements. Through expansion of services in conjunction with the lower percentage delays, providers will be able to quickly and easily refer families for services without the concern that a referral may be declined for lack of sufficient developmental delay or not being included on the list of established conditions.

Percent Delay

Changing the required percentage of developmentally disabled eligibility requirements is supported by scientifically and fiscally based considerations. The very nature of early intervention is to identify children with special needs and to provide services early, to avoid developmental delay to potentially accumulate. There is significant benefit in providing early intervention for infants and toddlers in the 25-49% delay range, as many other states choose to do. By providing intervention to infants and children with lower percentage delay, they will have increased opportunities for skill development and require less specialized education services, thus decreasing the total number of children needing intensive services at older ages. In addition to the child and family outcomes of intervening early, research on economic outcomes has shown that earlier investment – through service delivery – results in great economic returns. EI programs have been demonstrated to have a substantial return on investment. Studies demonstrate a \$2.05-\$17.07 for every dollar spent. The Heckman equation specifically identifies that the long-term effects of EI and result in a 13% return on investment (Heckman Equation, n.d.). The graph demonstrates the significant increased rate of return for those early intervention programs administered in the earliest points of a child's life, including pre-natal and early interventions services (Heckman Equation. (n.d.).

Economic Impact of investing in early childhood learning.





The list of established conditions is maintained by the Infant Learning Program in each state and lists conditions that are known to have a great likelihood of developmental delay or need for special education supports. The Alaska list was most recently updated in 2015. States vary in their approach to their list, with varying degrees of detail, and with differences in the conditions that are listed. Some lists have been in place for 20 years, while others have been updated in the last year or two. There is no documented process that describes how, or expectation of how often, the Alaska list of established conditions is updated, which puts it at risk of being slow to respond to changes, in the research and in the Alaska population. Alaska's current eligibility requirements create a system of limited referrals by medical providers and expert caregivers due to concerns that an infant or child may not fully meet criteria, whether developmental delay may

not yet be at 50%, or because conditions are difficult to diagnose, which could be due to the child's presenting symptoms or behaviors, or because of a shortage of providers with the ability to diagnose the child's condition. It also results in the situation where 20% of children in ILP are enrolled through informed medical opinion, where a child presents developmental patterns that are difficult to evaluate with available tools and an individualized justification for services has to be developed, reviewed and adjudicated. The current system can therefore result in delayed intervention that may ultimately result in a more costly long-term intervention requirement as children age. Decreasing the required developmental delay will increase access for infants, children, and families and ultimately result in decreased-long-term systemic impact as a whole as more children will be able to enroll with safeguards, supports, and interventions already in place.

Recommendations for Eligibility Change

Recommendations include changes for developmental delay threshold and the established condition list. With the reduced developmental delay threshold, in conjunction with the updated conditions list, barriers for enrollment will be removed and informed clinical opinion can be used for children with difficult to measure developmental differences, as intended. In the interim, the Clinical Opinion policy was recently updated and disseminated, clarifying the current guidance to increase supervisory oversight and compliance monitoring and encourage program managers to oversee their use within their programs.

Reduce the Developmental Delay Threshold

It is specifically recommended that the State of Alaska align the eligibility for the two adjacent parts of IDEA, ILP (Part C) and school-age special education (Part B) [12]. Doing so will improve the state's ability to identify children eligible for school-aged special education, and in some cases even meet and prevent that need before they get to school age. Specifically, this is a recommendation to adopt a 25% delay in one or more areas, or 20% delay in one area domain of development, e.g., social-emotional, speech and language, or motor development. Adopting this new requirement will better align Early Intervention and Special Education, allowing for a seamless transition from ILP to special education services, as well as addressing an age-based equity issue in terms of service access. This expansion will increase access for children birth to age three.

It is further recommended that this expansion from 50% to 25% developmental delay is done incrementally, to allow the development of the necessary provider workforce and supporting infrastructure over time, monitoring anticipated and actual increases in children needing and receiving services. Under-compensation, burnout and high turnover are already a significant concern for this workforce. It will serve the workforce, children, families, and the state of Alaska to ensure these changes in expansion are made incrementally over time to support sustainability.

In addition to changing the level of developmental delay required for eligibility, it is also recommended that the way that delay is established is expanded from the current method of age-based percent delay to include a method based on average development by age and standard deviation from that average. Utilizing an equivalence of 1.5 standard deviations or more below the mean in one or more assessed areas will increase ease in identifying delay utilizing many standardized assessment tools. This would allow early intervention and other professionals (i.e., SLP, OT, PT, Psychology) who are trained on and frequently utilize standardized assessments in their work to more easily identify children based on their assessment scores.

To stay in alignment, a standard deviation should be determined for each step of the incremental expansion of percent delay.



Update the Established Condition List and Establish Supporting Procedures

Based on review of comparison states and the current Alaska list, an update to the list of established qualifying conditions is recommended. In conjunction with updating the list, a more comprehensive support system is warranted to keep the list up to date and easy to use. The list should be reorganized to match the categories outlined in ILP policy to support effective communication of the types of conditions that can qualify a child.

Additional instruction is also warranted to clarify that the list is not intended to be comprehensive, but rather a list of examples and common conditions that fall under each category.

To provide support when conditions are identified that may not be included on the list, clearly fall within one of the categories, or otherwise cast doubt on whether a condition would qualify, it is recommended that the ILP state office develop a decision-making process by which they can receive and adjudicate questions and requests for eligibility in a standard process with clearly defined criteria or guiding principles.

In order to make changes more sustainable without unnecessary future efforts, it is also recommended that the state ILP office develop a standard process for updating the list and establish a timetable for a regular review and update, e.g., every 5 years. In the course of this work,

example conditions were named for consideration in the next update, such as low/very low birth weight/small for gestational age; complicated prematurity with established criteria, and unilateral hearing loss with criteria.

Specific recommendations for the list of established conditions include:

- Reorganize the list of established conditions using the categories established in ILP policy for ease of use and improved functionality (see attached example in Appendix B).
- Develop a process for the state ILP office to regularly review and update the list, considering input from both the ICC and a medical expert panel. A first test of the process would include considerations of the changes recommended in this report. During the change process to expand eligibility, the ILP state office should consider working with a medical expert panel to review and align the condition list with each incremental level of developmental delay.
- Develop a system and a decision-making process where providers can contact the ILP office for consultation and receive a determination regarding novel or ambiguous cases.
- Identify conditions that can potentially resolve and indicate those clearly on the list. Considerations of such conditions might include examples such as low birth weight, prematurity or cleft palate.



Funding for Infant Learning Programs

Current fiscal system for Alaska's Infant Learning Program (ILP)

The following is a high-level summary of the current Alaska Infant Learning Program (ILP) fiscal system by funding source.

ILP funding

ILP is resourced by state general funds and federal funding, with no established funding formula, or method of regular increases. Funds are distributed to regional EI Programs through a competitive grant process every 3-5 years, considering factors such as population and enrollment data, cost of living, travel, and historical patterns. The current ILP grant funding for ILP provider agency (state funds and IDEA Part C grant funds) is an average of \$5,100 per child (the range is \$3,600 to \$19,400 per child) but does not factor in the variance in the level of services provided across ILP programs. While the population of children served in the region is considered when making the grant allocation, there is currently not a mechanism to increase or decrease the grant amount based on the number of children served or the volume of early intervention services provided, for example if the ILP provider agency experiences an increase in referrals and eligible children and families.

ILP Provider agencies receive a quarterly advance payment and must submit a quarterly revenue report through an electronic portal on the amount of third party (Medicaid, private insurance, Tricare) and other revenue (in-kind, fund raising, etc.) received. A total of \$7.4 Million in state general funds and \$1.8 Million in IDEA Part C funds were included in ILP provider agency grants in Fiscal Year (FY) 2023.

Medicaid Funding

Medicaid Therapy Services

ILP provider agencies bill Medicaid fee-for-service (a rate per service provided) for occupational therapy, physical therapy and speech and language therapy. ILP providers bill the established Medicaid rates for OT, PT and SLT services.

There are no specific ILP early intervention rates and codes for these services. Current Medicaid rates assume a center/clinic-based service delivery model that does not consider the travel costs associated with providing ILP services in home and community-based settings. Because there is also no specific code and/or modifier for therapy services provided to ILP children and families, reports cannot be generated regarding utilization of services or expenditures. The ILP office is therefore reliant on the ILP provider agencies reporting the Medicaid revenue they receive.

There is variability regarding the amount and percentage of Medicaid therapy revenue collected across ILP provider agencies that may be related to billing procedures and operations within the organizations, as well as availability of therapy staff or contractors in regions across the state. There may also be Medicaid revenue collected but not credited to the ILP program as the organization may not be able to track the payment received as being for ILP eligible children. Additionally, ILP provider agencies may have agreements with therapy providers in their region that process their own claims, resulting in the Medicaid expenditures for ILP services not being accounted for by the local ILP provider agency and therefore not included in the overall ILP program expenditures.

There is currently no Medicaid reimbursement for special instruction (developmental therapy), a reimbursable service in a majority of states.

\$789,000 in Medicaid therapy services revenue was collected in FY2023.

Medicaid Targeted Case Management (TCM)

Alaska ILP was successful in adding billing for Targeted Case Management (TCM) in 2006 to fund family service coordination (case management) services for children enrolled in ILP related to intake, coordinating the assessment, IFSP and services, as well as finding solutions to challenges identified by the parent or member of the team working with the child and family. There is a specific billing manual for TCM services with a service code and a current monthly rate of \$346 that is periodically adjusted for inflation.

\$2.5 Million in TCM revenue was reported in FY2024, with all ILP provider agencies receiving TCM funding.

Medicaid Administrative Claiming (MAC)

Alaska ILP was successful in adding billing under Medicaid Administrative Claiming (MAC) in 2018 that allows ILP provider agencies to be reimbursed for activities that support the Medicaid program in accordance with section 1903(a) of Title XIX of the Social Security Act. Activities that can be documented for MAC include 1) outreach 2) provider travel for Medicaid related outreach 3) facilitating applications and 4) arranging transportation. Medicaid Administrative Claiming can be billed for pre-enrollment activities related to assisting families in learning about, applying for, and/or utilizing Medicaid benefits.

ILP provider agencies are reimbursed based on a flat monthly encounter rate, per eligible child, for a maximum of 12 in a calendar year. The current encounter rate being \$303.08.

\$241,000 in MAC revenue was reported in FY2023 by 8 of the 15 ILP provider agencies. At the current time, Tribal Organizations which have Tribal MAC billing programs have not been authorized to bill ILP.

Private Insurance

ILP provider agencies are required to bill private health plans and TRICARE (the uniformed services health care program) for early intervention services provided. Currently, ILP provider agencies submit claims to health plans through their finance office with some using a clearing house/billing agent. There is currently no mandate under the Alaska Division of Insurance for health insurance plans to cover early intervention services under a statute or the state's 'Essential Health Benefits (EHB)'.

\$291,000 in private insurance revenue was reported in FY2023 with 7 of the 15 ILP provider agencies reporting. A total of \$267,000 in TRICARE revenue was reported in FY2023 with 7 of the 15 ILP provider agencies reporting. ILP provider agencies are working on how these data can be accurately reported with their agency.

Other Revenue

ILP provider agencies are required to report revenue from other funding sources including donations, in-kind, fund raising. A total of \$262,000 in 'other' revenue was reported in FY2023 by 8 of the total 15 ILP provider agencies.



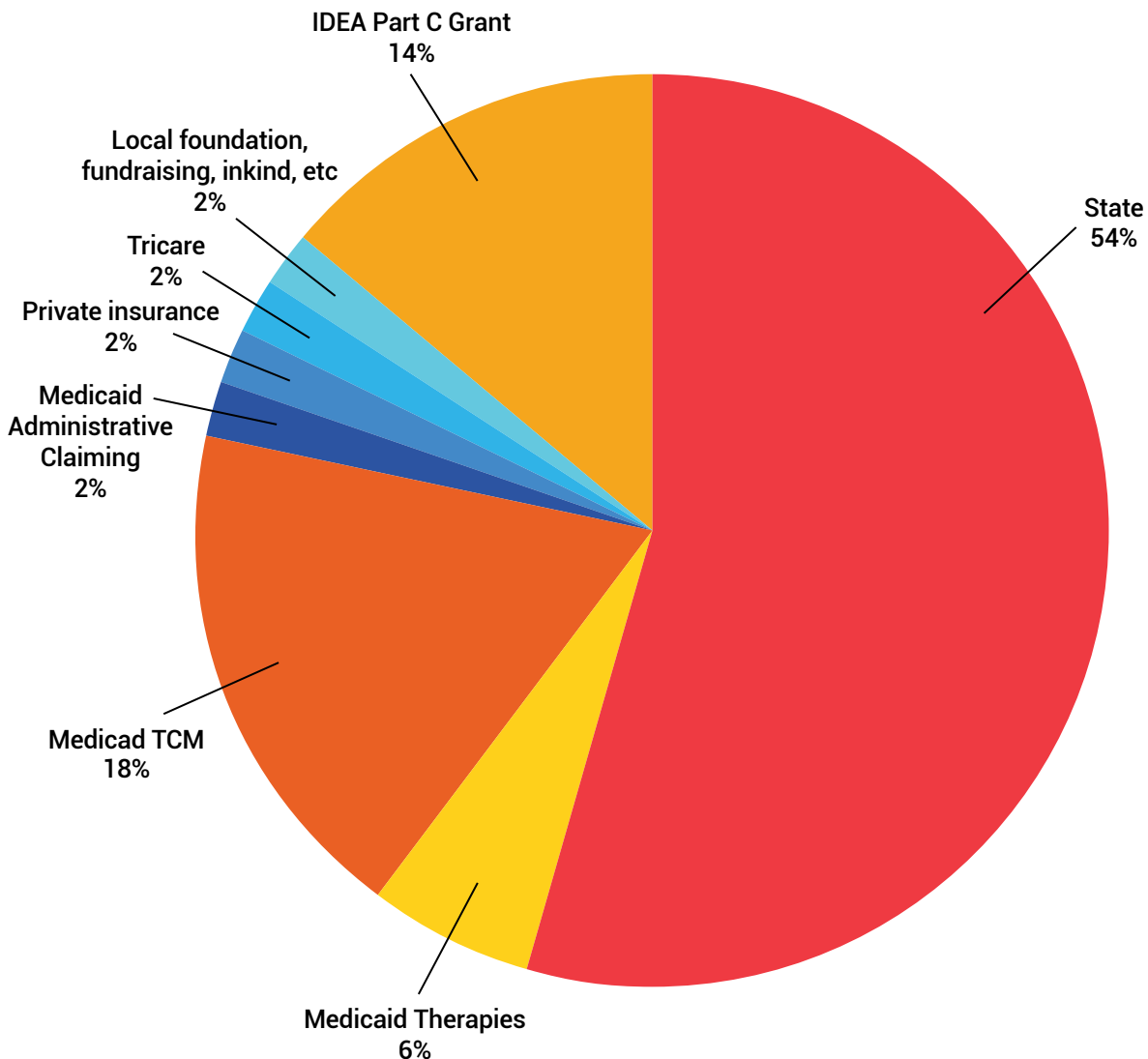
Total Funding Picture for ILP

The following chart shows the total funding for the ILP in FY2023 as reported by the ILP provider agencies. The 'IDEA Part C Grant' and 'state' funding are included in the grants to the ILP provider agencies. All other funding sources are revenue collected and reported by the ILP provider agencies.

As previously mentioned, some organizations are not able to accurately report on all revenue received from third party payers for services provided to children and families in the ILP program due to their accounting and billing operations. Additionally, some services are provided by community therapy providers under agreements with ILP provider agencies, but because they submit claims outside of the ILP, it is not captured as revenue by the ILP.

The largest funding source is state funds, but between therapy services, Targeted Case Management (TCM), and Medicaid Administrative Claiming, Medicaid is at 26%.

AK ILP Funding FY2023





National Fiscal Picture for Early Intervention (Part C)

State and local funding

State general fund appropriations for early intervention account for 49% of the overall funds expended nationally. State ILP funds are either line itemed in the state budget for early intervention or appropriated to the lead state agency. States may also include other state appropriated funds in other state agencies or divisions that are used to support early intervention, including: state special education funds; small amounts of TANF, children with special health care needs; state mental health; deaf and blind school funds; and developmental disability funding. Local funds account for 10.1% of the overall funding with some states requiring county contributions and tax levies, generally if early intervention is administered through a county-based system.

Medicaid funding

All states access Medicaid funding for at least some early intervention services. Medicaid funds are 17.3% of total early intervention funding nationally, which is likely an undercount, as some states can report the Medicaid expenditures, whereas other states have established billing codes or modifiers identifying the service as an early intervention service for reporting and accountability purposes.

The state match (based on the Federal Medical Assistance Percentage (FMAP)) ranges from 76.9% – 50% and may be paid from a state's early intervention program's budget or with the Medicaid agency paying the state match in other states.

The early intervention services covered by Medicaid vary across states. Here is a summary based on a 2023 survey of states by the Infant Toddler Coordinators Association of the percentage of states where Medicaid covers a particular service:

- 69% Special instruction (developmental therapy)
- 72% Service coordination (case management)
- 72% Family counseling
- 69% Social work
- 85% Psychological services
- 74% Nutrition
- 82% Nursing

A number of states have included early intervention in their state plan and/or have developed specific billing guidelines for early intervention services, including service codes and modifiers and rates (including specific rates for home and community-based services). Additionally, in 53.7% of states Medicaid accepts the IFSP for authorization purposes.

Private Insurance Funding

Private insurance accounts for just 3% of total revenue for early intervention nationally, although, like Medicaid, this is likely an undercount due to some states inability to accurately collect private insurance revenue data.

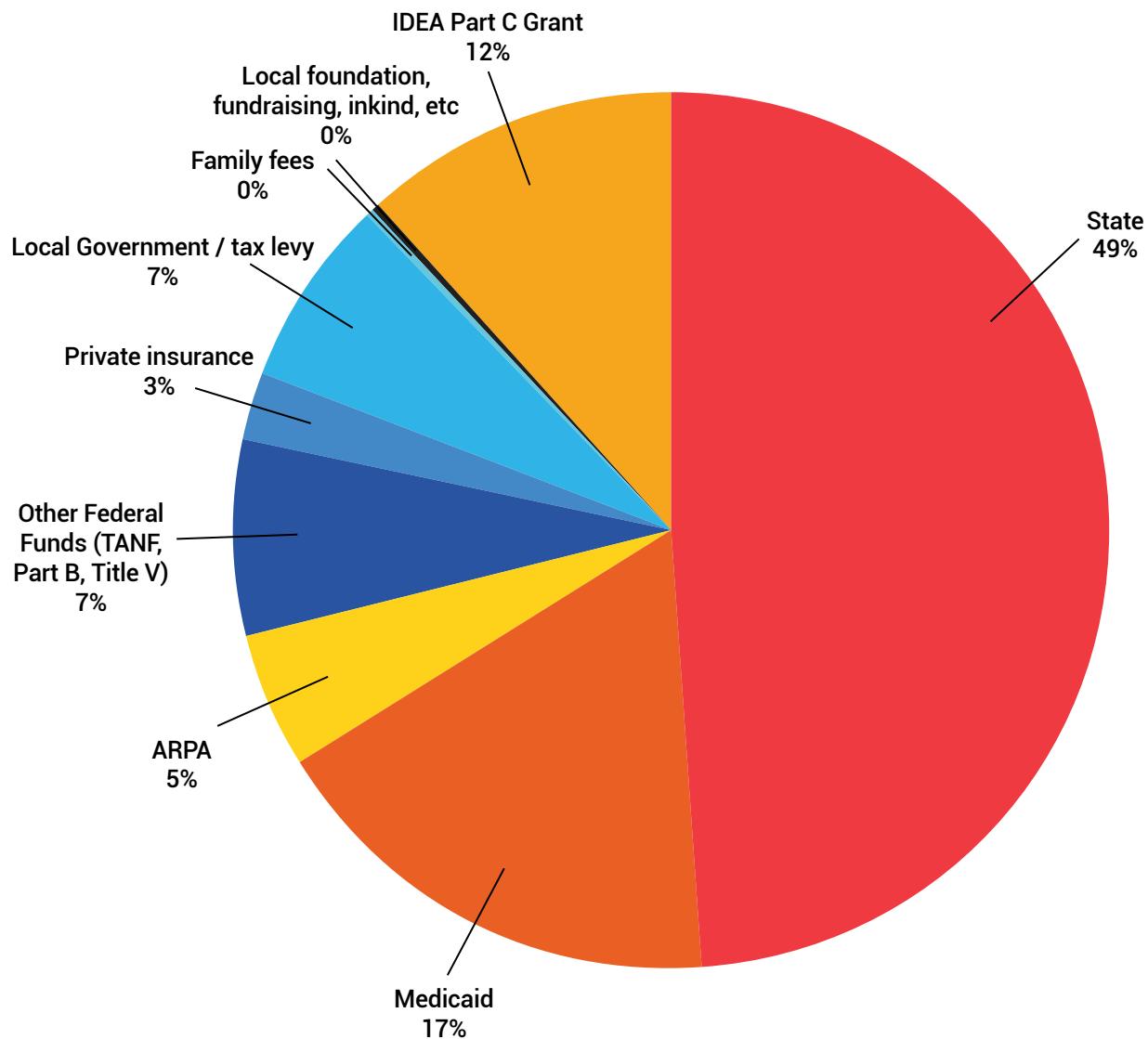
31% of states have private insurance legislation that mandates coverage of early intervention by health insurance plans within in the state. Another 12% of states have included early intervention services in their state's definition of 'Essential Health Benefits' that mandates the services health plans must cover. State mandates for private insurance can reduce denial of claims and therefore reduce administrative costs related to chasing up denials.

National Funding for Early Intervention in Summary

The following chart shows the total national funding for the early intervention as reported in the fiscal survey of states by the Infant Toddler Coordinators Association (2023), with 46 states responding to the survey.

As previously mentioned, some states are not able to accurately report on revenue received from all funding sources, including third party payers for early intervention services provided.

National Funding of IDEA Part C





Peer State Examples

Three peer states were interviewed to see if there are lessons to be learned about their finance and payment structure that would be potential strategies for Alaska's ILP program to consider. States were chosen in consultation with the ILP state team, to include large diverse western states with significant Native American populations, as well as states that use a fee-for-service and grant structure. The states chosen were Arizona, New Mexico and West Virginia. The following is a summary of the financing and payment systems in these states:

Arizona

The Arizona Early Intervention Program (AzEIP) is within the Arizona Department of Economic Security. Early intervention services are provided by ten (10) service provider agencies statewide, with other services providers through the Division of Developmental Disabilities (DDD), and the Arizona Schools for the Deaf and Blind (ASDB). AzEIP uses a routines and team-based approach.

- Medicaid: AZ has a developmental disabilities waiver that covers many young children eligible for early intervention, along with fee-for-service under Managed Care Organizations (MCOs). Medicaid funds 'special instruction' along with a range of other early intervention services required under IDEA. The rates are 15 minutes and are the same amount across the Medicaid waiver and AzEIP, and include funding for teaming and IFSP development.
- Private insurance: Claiming is done by the AzEIP provider agencies, and there is no state mandate for insurance coverage of early intervention. If the claim is denied the provider agency can bill AzEIP and they can also bill AzEIP for the difference between what the insurance plan pays and the established AzEIP rate for that service.
- State / IDEA Funds: AzEIP utilizes a fee for service system with rates subject to a 'rebase' process every few years which requires a rate study.
- Billing and claiming: AzEIP has a data system that is used to enter service delivery and for billing purposes.

New Mexico

The New Mexico Family Infant Toddler (FIT) Program is within the newly established Early Childhood Education and Care Department (ECECD), having formerly been within the Department of Health. Early intervention services, including service coordination, is provided through 29 FIT Program provider agencies statewide.

- **Medicaid:** In NM early intervention through the FIT Program continues to be carved out managed care. Early intervention services, including special instruction and service coordination (case management) and a range of other services are billed to Medicaid on a fee-for-service basis. Claiming for Medicaid is done through the central finance vendor utilizing the FIT-KIDS (Key Information Data System). FIT-KIDS receives a Medicaid electronic enrollment file monthly to maximize claims, including retroactive claiming for children who did not show as enrolled the previous month. Payment rates for services under Medicaid are the same as those paid by the FIT Program for non-Medicaid enrolled children. Funding for team consultation and IFSP development is included and there are billing guidelines for early intervention under Medicaid, including that the IFSP is the authorizing document for services, and no prescriptions are required.

- **Private insurance:** Like Medicaid, private insurance claiming is done through the central finance vendor. NM uses a 'pay-and-chase' model, where the FIT provider agencies are paid in full for the service provided and the central finance vendor 'chases' the third-party reimbursement from the health plan. NM has private insurance legislation that was passed in 2005 that includes a \$5,000 per year cap.
- **State / IDEA Funds:** The FIT Program utilizes a fee for service system, with 15-minute units for EI services, a monthly unit for service coordination and a bundled unit for the initial evaluation. The FIT program conducted cost studies in 2017 and 2023 to determine rates and was able to get an increased legislative appropriation as a result of the studies. The FIT Program funds 'professional development', 'child find', and 'language access' (translation and interpretation) through grants with each FIT provider agency.
- **Billing and claiming:** Services are entered into the FIT-KIDS data system and the central finance vendor processes the delivered services data into HIPAA compliant electronic claims to Medicaid and private health insurance plans, and generates an invoice for non-Medicaid enrolled children to the FIT Program.



West Virginia

The West Virginia Birth To Three (BTT) program is within the WV Department of Health and has grants with System Point of Entry (SPOE) providers in each of the eight regions that includes child find, interim service coordination, evaluation and eligibility determination and initial IFSP completion. Service coordination is provided by designated contract agencies and the early intervention providers include both organizations and individual practitioners.

- **Medicaid:** Early intervention services are defined in the state plan, including special instruction and the IFSP is designated as the authorizing document, with no prescriptions for services required. There are early intervention specific codes and modifiers and rates for each service. Teaming is reimbursable, as well as virtual (tele-health) services. WV BTT utilizes a central finance vendor that processes claims to Medicaid. A Medicaid eligibility file is accessed weekly to maximize claims for Medicaid enrolled children, including retroactive claiming when a child who is retroactively enrolled in Medicaid.
- **Private insurance:** Early intervention services are not billed to private health insurance plans.
- **State / IDEA Funds:** WV BTT utilizes a fee for service system with 15-minute units for early intervention services and claims and payments are processed through the central finance office vendor.
- **Billing and claiming:** Services are entered into the WV BTT data system and the central finance office vendor processes the delivered services data into HIPAA compliant electronic claims to Medicaid and to the state office weekly. BTT providers receive payments from the state account, through the state auditor's office, and receive an Explanation of Payments (EOP).



Financial Recommendations

Financial recommendations have been delineated into four specific areas of opportunity that are fiscally responsible and sustainable and support the provision and expansion of EI services including address the recommended expansion of eligibility.

1.

Cost Study: Recommendations include considerations for completion of a cost study to support determinations of costs of providing early intervention and reimbursements through a cost modeling and rate study.

2.

Medicaid Changes: Medicaid changes can be implemented to support expanding the ILP services covered by Medicaid, with the IFSP as the authorizing document. Efficiencies can also include data sharing with Medicaid to maximize the claims submitted for Medicaid enrolled children monthly, and supporting the submission of retroactive claims.

3.

Non-Medicaid Coverage and Funding: Non-Medicaid coverage includes expanding private health insurance coverage for ILP services through the creation of a mandate. Another recommendation regarding funding and reimbursement for non-Medicaid eligible children is through fee-for-service payments for the provision of ILP services. Additionally, potential funding considerations through other state agencies may simultaneously be explored to support ILP services and functions.

4.

ILP Data System Efficiency Changes: To further support and enhance provision of ILP services, enhancements to the data system could be made to support ILP effective and efficient billing and reporting. Additionally, a central finance office would maximize third party claiming to private health insurance plans and Medicaid.

The following tables further expand on and delineate recommendations for the Alaska ILP program to consider implementing, to maximize revenues and establish efficient and effective systems for billing and claiming. Several of the recommendations for efficiencies can also lead to savings in administrative costs.

Recommendation 1

Determine costs and reimbursement through conducting a cost modeling and rate setting study

Pros / Advantages

- Can determine the cost (direct, indirect, and administrative costs) of providing evidence-based EI services.
- Results can be used to determine grant amounts and/or rate recommendations for EI services including 1) center, 2) home & community; and 3) via telehealth.
- Can analyze the cost of child find, professional development, language access, travel.
- Can be used to make rate recommendations to Medicaid.

Cons / Challenges

- Cost of conducting cost modeling and rate setting study is between \$150K - \$250K.
- Cost and rate study generally takes 9-12 months.

Effort / Change:

- Statute Regulation Policy Guidance Other: Funding

State level implications:

- Secure funding
- Develop a procurement (Request for Proposal)
- Work with Medicaid and Office of Rate Review to understand their requirements

ILP Program implications:

- Participation in the study can take time – cost reports, personnel rosters, time study

Evidence / Justification:

- A number of states conduct periodic cost and rate studies
- AZ statute requires rate rebase every few years
- NM did a rate study in 2017 and 2022

Recommendation 2

Expand Medicaid coverage for all ILP services (including developmental therapy) with billing guidelines and rates that include services in home and community settings

Pros / Advantages

- Developmental therapy (special instruction) services can be covered.
- Other IDEA services (family therapy, nursing, social work, psychological services, etc.) could be covered.
- Unique ILP rates for home & community and teleintervention can be established.
- Medicaid utilization and expenditures can be tracked and reported by ILP.
- May include reimbursement for 'teaming'.

Cons / Challenges

- Will likely need to strengthen the credentialing of developmental therapists.
- May need a statute to define ILP early intervention services.
- May require a state plan amendment.

Effort / change:

Statute Regulation Policy Guidance Other: Funding

State level implications:

- ILP with the Division of Public Assistance to develop language for the statute to define the coverage for ILP EI services (similar to TCM and Medicaid in the schools)
- Division of Public Assistance to submit a state plan amendment if necessary
- Develop ILP services Billing Manual with codes reimbursement methodology (rates)

ILP Program implications:

- Increase funds from Medicaid and with rates that cover the costs of providing services in home and community-based setting

Evidence / Justification:

- Medicaid in a majority of states cover developmental therapy and other EI services
- In comparison states (NM, AZ, WV) Medicaid cover these services

Recommendation 3

Determine the IFSP to be an authorizing document for Medicaid covered ILP services.

Pros / Advantages

- Reduced time developing a separate plan of care and obtaining prescriptions* by parents and ILP provider admin staff.
- Reduced delays in providing services while obtaining prescriptions.
- Increase the revenue from Medicaid.

**Prescriptions for some services may be required by licensing.*

Cons / Challenges

- May have to be achieved through legislation and a Medicaid state plan amendment (see also #2).
- May result different requirements for approval for Medicaid and private health insurance claims.

Effort / change:

Statute Regulation Policy Guidance Other: Funding

State level implications:

- ILP with the Division of Public Assistance to develop language for the statute to define the coverage for ILP EI services (similar to TCM and Medicaid in the schools)
- Division of Public Assistance to submit a state plan amendment if necessary

ILP Program implications:

- Reduced administrative cost

Evidence / Justification:

The Infant Toddler Coordinators Association Finance Survey Report (2023) found:

- 54% of states report that Medicaid accepts the IFSP for authorization purposes i.e., no additional plan of care
- 44% of states reported that no physician signature is required
- 31% of states reported that no prescription is required

Recommendation 4

Accurately determine a child's month-to-month Medicaid enrollment and support retroactive claiming

Pros / Advantages

- Ensure that all claims for Medicaid enrolled children are processed to Medicaid.
- Enable billing for children who are made retroactively eligible for Medicaid.

Cons / Challenges

- Cost of developing data transfer protocol of Medicaid enrollment file from Medicaid.

Effort / change:

- Statute Regulation Policy Guidance Other: Cross agency funding

State level implications:

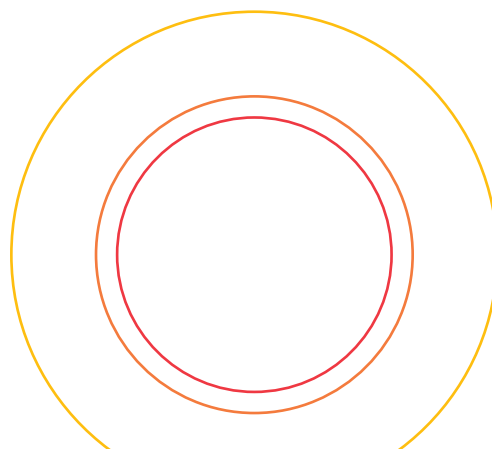
- ILP to work with Division of Public Assistance to explore data sharing / data transfer to support automatic display and utilization for Medicaid enrollment status for the month.

ILP Program implications:

- Integration with current electronic medical records.

Evidence / Justification:

- A number of states (including NM and WV) have been able to integrate their data systems to establish accurate Medicaid enrollment through a data files transfer or other data matching
- States report increasing revenue from maximizing Medicaid claims, including retroactive eligibility claiming



Recommendation 5

Reimburse for non-Medicaid eligible children under a fee-for-service for some ILP services with formula grants for child find, professional development; extreme travel (flights); language access

Pros / Advantages

- Equity of funding across ILP programs and regions.
- Reimbursement of ILP programs will be based on utilization of services and children served i.e., reimbursement grows based on services provided.
- Reimbursement rates established based on cost study and can include methodology to increase based on inflation.
- Equity of reimbursement across ILP (state, Medicaid and private insurance) – no incentive/dis-incentive to serve one group or another.
- Supports state and IDEA funds as 'Payer of last resort'.

Cons / Challenges

- ILP provider may fear the change of predictable grant revenue for fluctuating revenue based of utilization.
- ILP contracts may change to provider agreements i.e., ILP provider approved to bill for EI services based on a billing table.

Effort / change:

- Statute Regulation Policy Guidance Other

State level implications:

- Revise contracts to provider agreements
- Develop billing policy and guidance
- Develop procedures to process monthly invoices from ILP programs

ILP Program implications:

- Revenue will vary from month-to-month based on utilization but will also increase as more children are served

Evidence / Justification:

- Significant number of state conduct period rate studies
- AZ statute requires rate rebase every few years
- NM did a rate study in 2017 and 2022

Recommendation 6

Create a mandate for private health insurance coverage for ILP services under 'essential health benefits.'

Pros / Advantages

- Increased revenue for OT, PT, SLP.
- May include developmental therapy and other IDEA services.
- Could be processed through central finance office.

Cons / Challenges

- May need legislative bill to require the addition to Alaska's 'essential health benefits'.
- Changes to 'essential health benefit' are only done periodically.
- Would not apply to self-insured / ERISA plans.

Effort / change:

- Statute Regulation Policy Guidance Other

State level implications:

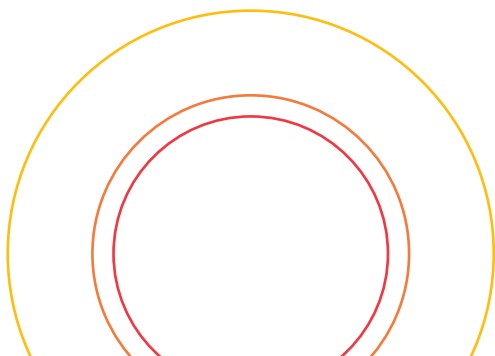
- ILP with the AK Division of Insurance to do projects of revenue projection i.e. estimated number of child covered x cost per child
- ILP with the AK Division of Insurance to draft language for the statute

ILP Program implications:

- Reduced administrative burden due to less denials

Evidence / Justification:

- Medicaid = public health insurance for EI services, therefore the justification can be made for equity that private insurance should cover EI services
- Some states have generated significant revenue for the EI program
- Even if health plans do not fund the full costs – it is additional revenue for the ILP program



Recommendation 7

Explore potential funding through other state agencies and programs e.g., child welfare (Title IV-E public health (Title V)), Mental Health, Department of Education & Early Development, etc.

Pros / Advantages

- IDEA Part C encourages a multi-agency approach to funding and provision of early Intervention services.
- Some providers may be accessing these funds.
- May fund activities like child find screening, mental health consultation.

Cons / Challenges

- May be more successful in collaboration with those programs/agencies to provide supports e.g., child find, infant and early childhood mental health, rather than actually funding existing ILP services.

Effort / change:

- Statute Regulation Policy Guidance Other: Cross agency planning

State level implications:

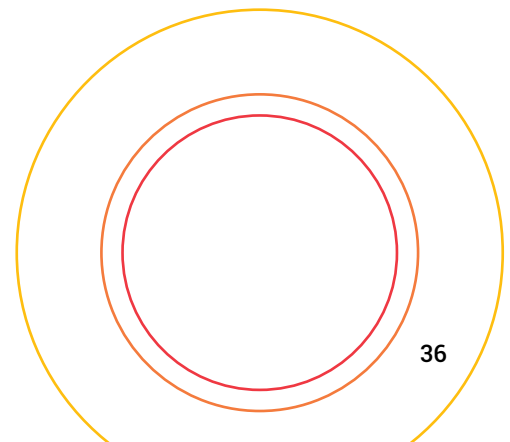
- Invite presentations at the ICC to explore opportunities
- ILP to meet with state agencies and programs

ILP Program implications:

- May support collaborative opportunities

Evidence / Justification:

- There is not a lot of evidence nationally that this can generate a lot of funds but may support collaboration





Recommendation 8

Enhance ILP data system to support billing, accountability and reporting

Pros / Advantages

- Include service logging (potentially to include on mobile devices) to include all data fields needed for billing, including time in/out).
- Ensure inclusion of other data needed for claiming (diagnosis code; insurance coverage, etc.).
- Include service notes option.
- Develop reports, extracts for billing/claiming at the provider level.
- Include ability for ILP provider to mark paid claims to enable reporting on all revenue expended for ILP services.
- Consider developing a parent portal – where parents they can access documents (IFSP, evaluation) and service notes.

Cons / Challenges

- Cost of upgrades to the current ILP data system.
- Training and support needed for ILP programs.
- Provide technical assistance around integration with current electronic medical records.

Effort / change:

Statute Regulation Policy Guidance Other: Funding

State level implications:

- ILP to work with current database developer to develop system requirements, development and testing. Consider outsourcing for modules as necessary (e.g., mobile friendly service logging; parent portal, etc.) .

ILP Program implications:

- Integration with current electronic medical records.

Evidence / Justification:

- This enhancement would generate claims level data for ILP/state billing
- A number of states have a data system that captures services delivered for billing and accountability purposes

Recommendation 9

Develop a Central Finance Office (CFO) where data entered into the ILP data system is developed into claims and submitted to third parties including Medicaid and private insurance (incl. Tricare)

Pros / Advantages

- Data system upgrades to capture all delivered services time to be used for claiming.
- Data can be used to analyze utilization of EI services and expenditures across funding sources.
- Reduce the administrative time and costs for providers in billing private insurance.
- Maximize revenue for Medicaid and private insurance.
- Enable clear system of payments/ payer of last resort where private insurance, Medicaid then state funds are billed.
- Medicaid reimburses ILP provider directly.
- Private Insurance claims can either include payments directly to ILP providers or can be made to the state ILP program (i.e. pay and chase).

Cons / Challenges

- Cost of database enhancements.
- Determine if state billing staff or vendor will provide the CFO functions.
- State personnel expansion or funding for vendor.

Effort / change:

- Statute Regulation Policy Guidance Other: Funding

State level implications:

- ILP to work with the current database developer to develop system requirements, development and testing
- Costs analysis regarding establishing CFO functions at the state or contracting with a vendor

ILP Program implications:

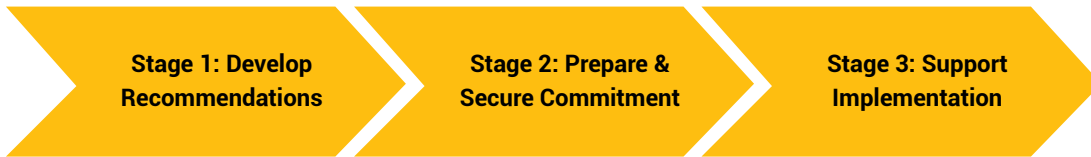
- Integration with current electronic medical records

Evidence / Justification:

- A number of states have shown that establishing a CFO maximizes revenue from third parties – Medicaid and private insurance, while minimizes admin support by local EI programs
- A CFO enables clear and accurate reporting and accountability on expenditures from all funding sources

Moving Forward from Here

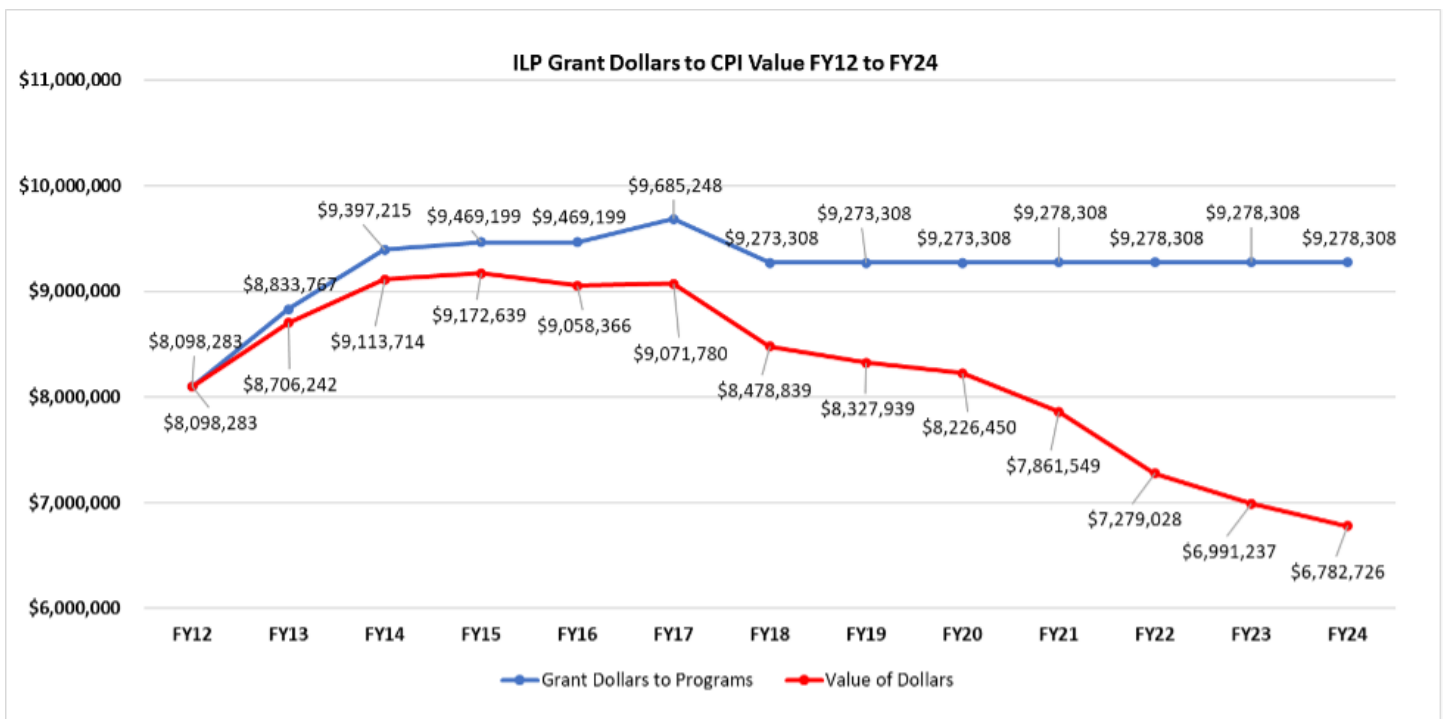
This project was solely focused on Stage 1, limiting our work to the development of recommendations for consideration by the GCDSE. Recommendations for future steps include continuation of Stages 2 and 3 of this three-step model of implementation.



Seek an Increment to Catch Up with Inflation

The expected effects of expanded eligibility include an increase in the number of children served and this is one of the main reasons that the scope of this work includes a review of funding sources and methods and financial recommendations. However, it is critical to understand that programs have already gone through years of having to stretch resources further and further. Over the time period of FY2015 to FY2023, service volumes have stayed the same, and at first glance, it might seem reasonable that funding would also stay relatively constant, around \$9.3M - \$9.5M annually. This view does not take into account the effects of inflation, which over the same period has increased costs by 20%, based on the consumer price index over the years 2015-2023 (based on Urban Alaska numbers; Alaska Department of

Labor and Workforce Development, n.d.). ILP providers have been forced to cover rising costs with the same amount of money. This results in decreasing ability to pay competitive wages, to provide professional development and other supports, and results in increased strain on the workforce, with greater risk of burnout and turnover. To preserve and improve the ability of the ILP system to deliver high quality, funding needs to catch up with inflation. Therefore, a foundational recommendation is to seek an increment reflecting inflation, in the vicinity of \$2 M based on the 20% CPI increase. It is also recommended that an inflationary increase is built into ILP funding at a regular interval, whether annually or every few years. These funds are needed to cover current service levels, and eligibility expansion will require further funding in addition.



Stage 2: Prepare and Secure Commitment

Step 2 involves advocacy and commitment. It is likely that the substantial changes required through the phased implementation of the recommendations outlined in this report will require significant and persistent advocacy with key stakeholders including the GCDSE, ILP Office, Tribal Leadership, local and state government, the Governor's office, content experts such as Alaska Infant Learning Program Association (AILPA) and many others to ensure expert consensus, backing, and unified implementation of this expansion work. Training opportunities must be considered to support effective advocacy at every level of state, local, and individual-based advocacy work. Additionally, work must be done to ensure effective alignment with other stakeholders such as the Early Childhood Advocacy Group.

Stage 3: Support Implementation

Effective implementation requires the utilization and employment of a change model fully grounded in implementation science. This evidence-based approach to implementation will ensure best practices including preparation and training, infrastructure development, fidelity in adaptation, pilot testing in communities, monitoring and support, and then scaling and spreading of programming and eligibility in a manner that will allow for long-term sustainability, capacity building, and outcome evaluation and monitoring.

As part of employing an implementation science-based approach, it is strongly recommended that implementation of the expansion of developmental delay be done incrementally in stages in order to allow provider organizations to adapt and build capacity for greater volumes. This paced expansion will additionally allow for workforce development, expansion of resources, and effective identification and problem solving for any unanticipated barriers that may present and need to be addressed. Starting and piloting the work with early adopters who have identified organizational readiness and capability to test expansion processes may be an optimal way to begin to capture data, monitor processes, and share learnings with other providers and communities. Subsequent work should be expected to surface additional changes and require further adaptation, as organizations other than early adopters become involved.



Summary and Conclusion

This work sets a strong framework to support every Alaskan infant and toddler experiencing developmental delay or a disabling complex health condition through ensuring equitable access to ILP services. There is incredible value in investing early, for long-term development and leveraging Alaska's existing infrastructure to support more families. Expanding ILP eligibility through addressing percent developmental delay and the established conditions list, in conjunction

with optimizing financial and insurance related practices will set infants and children up for long-term success, preventing compounding developmental challenges. ILP services play a pivotal role in shaping the future of Alaskan children and families. This proactive, early investment in our children and families will simultaneously support improved intervention and outcomes, while decreasing long-term financial cost and burden to the state of Alaska.



APPENDIX

Appendix A: Current List of Established Conditions in Alaska

Alaska EI/ILP Part C Qualifying Conditions

A. Diagnosed Physical or Mental Conditions

1. Adjustment Disorder
2. AIDS or HIV Positive
3. Anxiety Disorder of Infancy and Early Childhood
4. Arthritis
5. Autism Spectrum Disorder
6. Blind or Visually Impaired, Significant/Progressive
7. Central Nervous System deficit or degenerative disorder
8. Cerebral Palsy
9. Chronic Lung Disease
10. Chronic Otitis Media longer than 6 months
11. Cleft Palate with or without Cleft Lip
12. Complex Seizure Disorder
13. Cornelia de Lange syndrome
14. Cystic Fibrosis
15. Cytomegalovirus (CMV), congenital
16. Deaf or Hard of Hearing, Significant/Progressive
17. Deafblind
18. Disorders of Affect
19. Disorders of Relating or Communicating
20. Down Syndrome
21. Dwarfism
22. Epilepsy
23. Failure to Thrive
24. Fetal Alcohol Spectrum Disorder
25. Fragile X Syndrome
26. Hearing Impairment, Significant/Progressive
27. Heart Disease, Congenital
28. Hydrocephaly
29. Microcephaly
30. Muscular Dystrophy
31. Myelomeningocele
32. Neurological impairment
33. Orthopedic Impairment
34. Other (Diagnosis typically associated with substantial developmental delay)
35. Periventricular Leukomalacia, unresolved
36. Posttraumatic Stress Disorder
37. Prader-Willi Syndrome
38. Reactive Attachment Disorder

39. Renal agenesis with or without hypospadias
40. Rubella, congenital
41. Spina Bifida
42. Toxoplasmosis, congenital
43. Trisomy 13
44. Trisomy 18
45. Turner Syndrome
46. Uncontrolled maternal PKU

B. Low Incidence Disability Expanded Definitions:

1. Deaf or Hard of Hearing, Significant/Progressive:
 - a. 40 dB or greater in two or more frequencies, bilateral, pure tone, hearing loss diagnosed by an audiologist or
 - b. Chronic Otitis Media (six months or more months in duration) diagnosed by a medical provider, with fluctuating hearing loss;
 - c. Guidance for Use of Clinical Opinion to qualify children with Hearing Impairment, Significant/Progressive for Part C Services:
 - i. Less than 40 dB bilateral hearing loss (diagnosed by an audiologist) with additional risk factors which could lead to a 50% or greater delay in one or more areas of development or
 - ii. Unilateral hearing loss greater than 30 dB (diagnosed by an audiologist) with additional risk factors which could lead to a 50% or greater delay in one or more areas of development.
2. Blind or Visually Impaired, Significant/Progressive;
 - a. The following diagnoses indicate "Significant/Progressive Vision Impairment" for Part C eligibility:
 - i. Cerebral Vision Impairment
 - ii. Optic Nerve Glioma
 - iii. Optic Nerve Hypoplasia
 - iv. Bilateral Retinoblastoma
 - v. Retinopathy of Prematurity (Stage IV or V)
 - vi. Bilateral Peter's Anomaly
 - vii. Retinal Dystrophy/Leber's Congenital Amerousis
 - viii. A designation of "Legal Blindness" as determined by an ophthalmologist

- b. There may be a qualification of "Significant/Progressive Vision Impairment" by Clinical Opinion when there is a high risk for a vision impairment diagnosis due to medical history (prematurity, birth injury, IVH, diagnosed syndrome, etc.) and visual skills less than expected for developmental age as assessed by a vision impairment educational specialist.
- c. The following diagnoses may qualify as "Significant/Progressive Vision Impairment" by Clinical Opinion and should be considered for Part C eligibility with additional evaluation and information:
 - i. Albinism
 - ii. Bilateral Congenital Cataracts
 - iii. Delayed Visual Maturation
 - iv. Glaucoma
 - v. Homonymous Field Defect
 - vi. Microphthalmia
 - vii. Nystagmus, Congenital
 - viii. Optic Atrophy
 - ix. Prader Willi Syndrome
 - x. Retinal Detachment
 - xi. Visual Field Defect
- d. Even within one diagnosis there can be a wide range of visual functioning between individuals. Therefore, final Part C eligibility is determined by:
 - i. An assessment of functional vision/developmental visual skills completed by a vision impairment educational specialist,
 - ii. Consideration of other medical/developmental concerns, and
 - iii. Findings of an ophthalmological exam



Appendix B: Example of Reorganized List of Established Conditions

i. Chromosomal abnormalities

(Conditions associated with intellectual and developmental disabilities)

- 20. Down Syndrome
- 43. Trisomy 13
- 44. Trisomy 18

ii. Genetic or congenital disorders (Congenital or genetic central nervous system disorders; Birth defects or syndromes)

- 7. Central Nervous System deficit or degenerative disorder
- 21. Dwarfism
- 37. Prader-Willi Syndrome
- 27. Heart Disease, Congenital
- 39. Renal agenesis with or without hypospadias
- 13. Cornelia de Lange syndrome
- 25. Fragile X Syndrome
- 45. Turner Syndrome

iii. Sensory impairments

(Deaf or Hard of Hearing, Significant/Progressive, Blind or Visually Impaired, Significant/Progressive, or Deafblind)

- 6. Blind or Visually Impaired, Significant/Progressive

- 16. Deaf or Hard of Hearing, Significant/Progressive
- 17. Deafblind
- 26. Hearing Impairment, Significant/Progressive

iv. Inborn errors of metabolism

v. Disorders reflecting disturbance of the development of the nervous system

(Established central nervous system deficits resulting from hypoxia, trauma, or infection)

- 32. Neurological impairment
- 35. Periventricular Leukomalacia, unresolved
- 24. Fetal Alcohol Spectrum Disorder

vi. Congenital infections

- 2. AIDS or HIV Positive
- 40. Rubella, congenital
- 42. Toxoplasmosis, congenital
- 15. Cytomegalovirus (CMV), congenital

vii. Early childhood mental health disorders, including severe attachment disorders

- 1. Adjustment Disorder
- 3. Anxiety Disorder of Infancy and Early Childhood
- 18. Disorders of Affect
- 36. Posttraumatic Stress Disorder
- 38. Reactive Attachment Disorder
- 19. Disorders of Relating or Communicating
- 5. Autism Spectrum Disorder

viii. Disorder secondary to exposure to toxic substances, including fetal alcohol syndrome

- 24. Fetal Alcohol Spectrum Disorder

ix. [Other] Health impairments

19. Disorders of Relating or Communicating

5. Autism Spectrum Disorder

- 9. Chronic Lung Disease
- 10. Chronic Otitis Media longer than 6 months
- 11. Cleft Palate with or without Cleft Lip
- 12. Complex Seizure Disorder
- 14. Cystic Fibrosis
- 22. Epilepsy
- 23. Failure to Thrive
- 28. Hydrocephaly
- 29. Microcephaly
- 46. Uncontrolled maternal PKU
- 34. Other (Diagnosis typically associated with substantial developmental delay)

*Failed -StatMD autism screening agree and priority

*Cleft lip and palate (or any combination)

*Failure to thrive

*Retinopathy of Prematurity

*Intraventricular hemorrhage

*NAS Neonatal Abstinence Syndrome

*PKU

* Low birth weight

* Prematurity

x. Orthopedic impairments

(Impairments of the normal function of muscles, joints or bones due to congenital anomaly, disease or permanent injury)

- 30. Muscular Dystrophy
- 41. Spina Bifida
- 31. Myelomeningocele
- 4. Arthritis
- 8. Cerebral Palsy
- 33. Orthopedic Impairment

i. Chromosomal Abnormalities

- Down Syndrome; Trisomy 13; Trisomy 18

ii. Genetic or Congenital Disorders

- Dwarfism; Prader-Willi Syndrome; Heart Disease, Congenital; Renal Agenesis; Cornelia de Lange Syndrome

iii. Sensory Impairments

- Blind or Visually Impaired, Significant/Progressive; Deaf or Hard of Hearing, Significant/Progressive; Deafblind

iv. Inborn Errors of Metabolism

v. Disorders Reflecting Disturbance of the Development of the Nervous System

- Neurological Impairment; Periventricular Leukomalacia, Unresolved; Fetal Alcohol Spectrum Disorder

vi. Congenital Infections

- AIDS or HIV Positive; Rubella, Congenital; Toxoplasmosis, Congenital; CMV, congenital

vii. Early Childhood Mental Health Disorders, Including Severe Attachment Disorders

- Adjustment Disorder; Anxiety Disorder; Disorders of Affect; PTSD; Reactive Attachment Disorder; Disorders of Relating or Communicating; Autism Spectrum Disorder

viii. Disorder Secondary to Exposure to Toxic Substances, Including Fetal Alcohol Syndrome

- Fetal Alcohol Syndrome

ix. [Other] Health Impairments

- Chronic Lung Disease; Chronic Otitis Media longer than 6 months; Complex Seizure Disorder; Cystic Fibrosis; Epilepsy; Failure to Thrive; Hydrocephaly; Microcephaly; Uncontrolled Maternal PKU; Cleft Lip and Palate

x. Orthopedic Impairments

- Orthopedic Impairment

REFERENCES

1. Alaska Administrative Code, 4 AAC 52.130 (2024). Available at: <https://health.alaska.gov/dsds/Documents/InfantLearning/reports/partC/AK EI-ILP Part C Policies.pdf>. Accessed 31 May 2024.
2. Alaska Department of Health. (2024). *AK EI-ILP Part C Policies*. Division of Senior and Disabilities Services. <https://health.alaska.gov/dsds/Documents/InfantLearning/reports/partC/AK%20EI-ILP%20Part%20C%20Policies.pdf> (Accessed May 31, 2024).
3. Alaska Department of Labor and Workforce Development. (n.d.). Consumer Price Index (CPI). *Alaska Department of Labor and Workforce Development*. <https://live.laborstats.alaska.gov/cpi/charts>
4. Elango, S., García, J. L., Heckman, J. J., & Hojman, A. (2015). Early Childhood Education. Human Capital and Economic Opportunity Global Working Group Working Paper Series, No. 2015-035. Retrieved from https://humcap.uchicago.edu/RePEc/hka/wpaper/Elango_et al_2015_early-childhood-education.pdf
5. Federal Law: 34 C.F.R. § 300.8(b) (2024)
6. Frank Porter Graham Child Development Institute. (n.d.). *Carolina Abecedarian Project*. University of North Carolina at Chapel Hill. Retrieved from <https://abc.fpg.unc.edu/>.
7. Governor's Council on Disabilities and Special Education. (2021). Interagency Coordinating Council for Infants and Toddlers with Disabilities of Alaska. Governance Policy. https://health.alaska.gov/gcdse/Documents/Publications/2021_ICC-Policy.pdf
8. Governor's Council on Disabilities and Special Education. (2024, January 18). *ILP Finance Subcommittee Meeting Notes*.
9. Heckman Equation. (n.d.). *Research Summary: The Lifecycle Benefits of an Influential Early Childhood Program*. Retrieved June 9, 2024, from <https://heckmanequation.org/resource/research-summary-lifecycle-benefits-influential-early-childhood-program/>
10. IDEA Infant & Toddler Coordinators Association. (2022). 2022 Child Count Data Charts. <https://www.ideainfanttoddler.org/pdf/2022-Child-Count-Data-Charts.pdf>
11. Individuals with Disabilities Education Act. (2024). 20 U.S.C. § 1401(3)(B) (2024).
12. Meek, S. E., & Gilliam, W. S. (2016). Expulsion and Suspension as Matters of Social Justice and Health Equity. Discussion Paper, National Academy of Medicine, Washington, DC. Retrieved from <https://nam.edu/wp-content/uploads/2016/10/Expulsion-and-Suspension-in-EarlyEducation-as-Matters-of-Social-Justice-and-HealthEquity.pdf>.
13. National Center for Education Statistics. (2023). Students with disabilities. Condition of education. U.S. department of education, institute of education sciences. Retrieved [date], from <https://nces.ed.gov/programs/coe/indicator/cgg>.
14. PN-3 Policy Roadmap. (2021). Early Intervention in Wisconsin. Retrieved from <https://pn3policy.org/pn-3-state-policy-roadmap-2021/wi/early-intervention/>
15. U.S. Department of Education. "Statute and Regulations." *Individuals with Disabilities Education Act*, <https://sites.ed.gov/idea/statuteregulations/#regulations>. Accessed 31 May 2024.
16. U.S. Government Accountability Office. (2019, April 11). GAO-19-348. <https://www.gao.gov/products/gao-19-348> (Published: April 11, 2019; Publicly released: April 24, 2019)

Ella Lubin

From: Makaila da Silva [REDACTED]
Sent: Monday, March 16, 2026 9:29 AM
To: House Education
Subject: House Bill 376

My name is Makaila Kosbruk. My foster daughter was evaluated by Infant Learning at birth and at 6 months old she did not qualify although she would have received great benefit from it.

At 9 months old, she was formally diagnosed with Mild Spastic and Ataxic Cerebral Palsy, which then she finally qualified for ILP. Having access to this resource from birth could have made an even bigger difference in her life.

I strongly believe adjusting the criteria to qualify will not only benefit the children and families of Alaska, but the education system and the state as a whole. It is our job to give every opportunity to our children, the next generation, and to bridge the gap between home and education. Changing the criteria for qualification will ensure no child falls through the cracks.

I hope you will choose to support House Bill 376 and ensure the future of our next generation.

Makaila Kosbruk

Ella Lubin

From: Tara Pike [REDACTED]
Sent: Monday, March 16, 2026 8:37 AM
To: House Education
Subject: HB376

My name is Tara Pike, and I am calling in support of House Bill 376. I respectfully urge the committee to support this bill. I am a biological mother, an adoptive mother, and a foster mother who has relied on the Infant Learning Program to support the children in our family.

Through this program, our family received support during critical developmental stages that truly changed the trajectory for our child. Expanding eligibility from a 50% developmental delay to a 25% delay will allow more Alaskan families to access early intervention when it matters most, no matter where they live in our state.

While we understand the budget is tight, investing early in children saves money in the long run.

Nearly half of the children who receive early intervention services will not require higher-cost special education services later in the K-12 system.

A small investment early can change the entire future of a child. Please support HB 376. Thank you for your time

Sent from my iPhone

Ella Lubin

From: Chelsea Burke [REDACTED]
Sent: Friday, March 13, 2026 11:07 AM
To: House Education
Subject: Testimony on HB 376- Expand Early Intervention Services

Dear Members of the House Education Committee,

My name is Chelsea Burke. I live in Eagle River. I am the parent of four teenage boys in the Anchorage School District, and my youngest son has a developmental disability. I previously served as a Governor-appointed member of the Alaska Governor's Council on Disabilities and Special Education and now serve as council staff.

It is important to note that I am a state employee, but I am providing this testimony in my personal capacity as a parent in strong support of HB 376, which expands eligibility for Alaska's Infant Learning Program from a 50% developmental delay to a 25% delay and increases funding to support that expansion.

Currently, Alaska has the most restrictive eligibility criteria in the nation. A two-year-old must be functioning at the level of a one-year-old to qualify for services. HB 376 would align ILP eligibility with the 25% delay standard already used in K-12 special education. There is no evidence-based rationale for continuing to deny services to children who clearly need support but do not meet that extremely high threshold.

My youngest son began receiving early intervention services before age two. At the time, we were living in Delta Junction and utilizing childcare at Fort Greely. Through the Infant Learning Program, he received itinerant services directly in his childcare setting. That flexibility was critical. It allowed both parents to remain in the workforce while ensuring consistency in his therapies, not just at home, but embedded in his preschool environment.

Those early services led to a formal diagnosis and helped streamline his transition from early intervention into preschool special education and then into school-age services.

Today, he is almost 14 years old. He is a Special Olympics athlete and excited to start high school at Chugiak High this fall. Watching him compete today, it is hard to imagine how different his trajectory might have been without early intervention.

He is independent, communicative, and thriving. He still receives special education services and will likely always need some level of support, but his needs have significantly decreased over time. His service ratio has lowered. He requires fewer behavioral interventions and less supervision. He can clearly communicate his wants and needs, which has dramatically reduced frustration and aggression. He also no longer requires therapies outside of school.

I directly attribute that progress to early intervention beginning at age two.

Research supports what families already know: early intervention works. National data shows that 46% of children who receive early intervention meet developmental expectations by kindergarten and do not require special education. Each child who avoids special education represents an estimated savings of \$229,071 over their educational career. Expansion is projected to result in approximately 152 additional children per year who may not require special education services, representing significant long-term savings.

Brain development is most rapid and flexible from birth to age three. Intervention is more effective and less costly when provided early rather than delayed. HB 376 ensures children receive services during that critical developmental window instead of waiting until delays become more severe and more expensive to address.

This bill is a compassionate policy, but it is also a fiscally responsible policy. It strengthens families, supports workforce participation, reduces future reliance on special education and Medicaid, and improves long-term outcomes.

As a parent who has lived this experience, I can say without hesitation: early intervention changes trajectories.

I respectfully urge you to support HB 376 and expand access to the Infant Learning Program for Alaska's youngest children.

Thank you for your time and consideration.

Chelsea Burke

From: [Chelsea Burke](#)
To: [Senate Finance Committee](#)
Subject: Public Testimony on SB 178 – Expand Early Intervention Services
Date: Friday, February 27, 2026 3:51:55 PM

Dear Members of the Senate Finance Committee,

My name is Chelsea Burke. I live in Eagle River. I am the parent of four school-aged children, and my youngest son has a developmental disability. I previously served as a Governor-appointed member of the Alaska Governor’s Council on Disabilities and Special Education and now serve as council staff.

I am writing in strong support of SB 178, which expands eligibility for Alaska’s Infant Learning Program (ILP) from a 50% developmental delay to a 25% delay and increases funding to support that expansion.

Currently, Alaska has the most restrictive eligibility criteria in the nation. A two-year-old must be functioning at the level of a one-year-old to qualify for services. SB 178 would align ILP eligibility with the 25% delay standard already used in K-12 special education. There is no evidence-based rationale for continuing to deny services to children who clearly need support but do not meet that extremely high threshold.

My youngest son began receiving early intervention services at age two. Those services were life-changing for our family. At the time, we were living in Delta Junction and utilizing childcare at Fort Greely. Through ILP, he was able to receive itinerant services directly in his childcare setting. That flexibility was critical. It allowed both parents to remain in the workforce while ensuring consistency in his therapies; not just at home but embedded in his preschool environment.

Those early services led to a formal diagnosis and helped streamline his transition from early intervention into preschool special education and then into school-age services. Today, he is almost 14 years old. He is independent, communicative, and thriving. He still receives special education services and likely always will need some level of support. But his needs have significantly decreased over time. His service ratio has lowered. He requires fewer behavioral interventions. He needs less supervision. He can now communicate his wants and needs, which has dramatically reduced frustration and aggression.

I directly attribute that progress to early intervention beginning at age two.

Research supports what families already know: early intervention works. National data shows that 46% of children who receive early intervention meet developmental expectations by kindergarten and do not require special education. Each child who avoids special education represents an estimated savings of \$229,071 over their educational career. Expansion is projected to result in 152 additional children per year who may not require special education services, representing significant long-term savings.

Brain development is most rapid and flexible from birth to age three. Intervention is more effective and less costly when provided early rather than delayed. SB 178 ensures children receive services during that critical developmental window instead of waiting until delays become more severe and more expensive to address.

This bill is not just compassionate policy, it is fiscally responsible policy. It strengthens families, supports workforce participation, reduces future reliance on special education and Medicaid, and improves long-term outcomes.

As a parent who has lived this experience, I can say without hesitation: early intervention changes trajectories.

I respectfully urge you to support SB 178 and expand access to the Infant Learning Program for Alaska's youngest children.

Thank you for your time and consideration.

--

Chelsea Burke



Doniece Gott

From: Sharon Franklin <[REDACTED]>
Sent: Tuesday, March 03, 2026 2:34 PM
To: Senate Finance Committee
Subject: Senate Bill 178

My name is Sharon Franklin and I'm writing in support of Senate Bill 178: Expand Eligibility for Early Intervention, and I respectfully urge the committee to support Senate Bill 178. SB178 expands Alaska's Infant Learning Program early interventions, which helps parents become the best teacher for their children with developmental delays or disabilities.

I am a Developmental Disability Resource Connection Specialist who provides services in Fairbanks, Alaska. I have seen the impact early intervention has had on my community/family. Expanding ILP eligibility from 50% developmental delay to 25% delay helps more Alaskan families and saves the state money.

We know the budget is tight. That's why it's important to recognize that in addition to being the right thing to do, investments in early interventions in SB178 promise to result in 400% return on investment for the State of Alaska.

Data shows that nearly half of the children who receive the early intervention in SB178 will not need higher cost special education services when they get to K-12 schools. Small investments upstream can help children, families, and the state budget. But cost savings are only one of the many reasons to support SB178. The others are far more personal and powerful and don't fit in my allotted time.

In closing, please support SB178, thank you.

Sincerely,
Sharon Franklin

Doniece Gott

From: Calista A. Elzey <[REDACTED]>
Sent: Tuesday, March 03, 2026 2:28 PM
To: Senate Finance Committee
Subject: Support for Senate Bill 178: Expand Eligibility for Early Intervention

My name is Calista Elzey and I'm writing in support of Senate Bill 178: Expand Eligibility for Early Intervention - and I respectfully urge the committee to support Senate Bill 178. SB178 expands Alaska's Infant Learning Program early interventions, which helps parents become the best teacher for their children with developmental delays or disabilities.

I am a licensed social worker and developmental therapist who provides early intervention services in Fairbanks. I have seen the positive impact early intervention has had on my community and the families I serve. Expanding ILP eligibility from 50% developmental delay to 25% delay helps more Alaskan families who would benefit from early intervention. Investments in early interventions in SB178 promise to result in a 400% return on investment for the State of Alaska.

Data shows that nearly half of the children who receive the early intervention in SB178 will not need higher cost special education services when they get to K-12 schools. Small investments upstream can help children, families, and the state budget. But cost savings are only one of the many reasons to support SB178. I have personally seen how early intervention can significantly benefit the lives of children and their caregivers by supporting their relationships, confidence, and access to community resources.

In closing, please support SB178,

Thank you.



Calista Elzey, LMSW

Developmental Therapist

[REDACTED]

[REDACTED]

[REDACTED] Fairbanks AK 99701

www.alaskacenter.org

Confidentiality Statement:

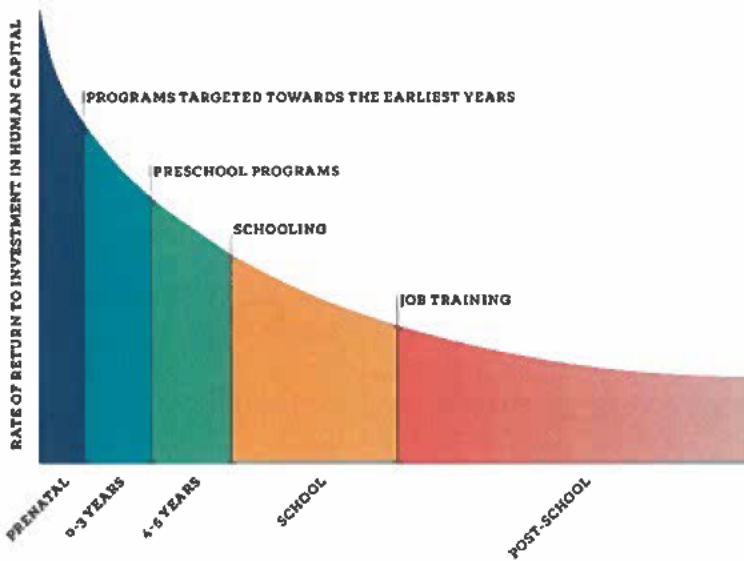
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Doniece Gott

From: Jessica Mills Clark <[REDACTED]>
Sent: Tuesday, March 03, 2026 12:57 PM
To: Senate Finance Committee
Subject: Support ILP in the state budget: SB178

My name is Jessica Mills Clark and I'm writing in support of increasing the FY 27 funding for the Infant Learning Program expansion in the Department of Health, Division of Senior and Disabilities Services by \$5.72 million. Thank you for including this increment in FY 26, please take that same step again.

I am an educator and family service coordinator who provides services in Ketchikan. I have seen the positive impact early intervention has had in my community and our surrounding areas. Expanding the ILP eligibility from 50% to 25% developmental delays help more Alaskan families and saves the state money, as demonstrated by the Heckman Curve (below). Investing early in children yields the greatest returns. The Heckman Curve demonstrates that the highest economic and social benefits come from early skill development. This investment leads to lifelong success, increased productivity, and reduced societal costs. The Heckman Curve was developed by an economist, not by an early intervention provider.



Sincerely,

Jessica Mills Clark, M.Ed., IMH-E®
Early Childhood Special Educator
Early Learning Program
Community Connections



Doniece Gott

From: Michele Girault <[REDACTED]>
Sent: Tuesday, March 03, 2026 9:04 AM
To: Senate Finance Committee
Subject: SB178

To: Alaska State Senate Finance Committee

From: Michele Girault Executive Director Hope Community Resources and Board President Key Coalition of Alaska

Subject- SB178

I am writing in full support of expanded early intervention services. This initiative is one of the top priorities for the Key Coalition of Alaska. We were very grateful for the bipartisan support of this initiative last session and hope to see that continue this session.

There is clear data that investing in our children at the earliest stages of need provides critical support to both child and family and reduces cost to the state as the child matures. The infant learning programs across the state have been a lifeline for many families and have consistently demonstrated success.

I strongly urge you to include this increment into the budget again this session, enabling our skilled ILP teams across the state to expand their critical impact.

Thank you!

Alaskans share a Vision of a flexible system in which each person directs their own supports, based on their strengths and abilities, toward a meaningful life in their home, their job and their community. Our Vision includes supported families, professional staff and services available throughout the state now and into the future.

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Visit us at <http://www.hopealaska.org> or on our [Facebook](#) page.

Doniece Gott

From: Tesia Meade <[REDACTED]>
Sent: Tuesday, March 03, 2026 9:02 AM
To: Senate Finance Committee
Subject: Support SB 178

Hi,

I'm writing in support of Senate Bill 178: Expand Eligibility for Early Intervention - and I urge the committee to support Senate Bill 178. SB178 expands Alaska's Infant Learning Program early interventions, which helps parents become the best teacher for their children with developmental delays or disabilities. Expanding ILP eligibility from 50% developmental delay to 25% delay helps more Alaskan families and saves the state money. We know the budget is tight. That's why it's important to recognize that - in addition to being the right thing to do - investments in the early interventions in SB178 promise to result in a 400% return on investment for the State of Alaska. Data shows that nearly half of the children who receive the early interventions in SB178 will not need higher cost special education services when they get to K-12 schools. Small investments upstream can help children, families, and the state budget. But cost savings are only one of the many reasons to support SB178. The others are far more personal and powerful. Please support SB178.

Thanks,
Tesia Meade
99801

Doniece Gott

From: Cathy Bolling <[REDACTED]>
Sent: Tuesday, March 03, 2026 9:27 AM
To: Senate Finance Committee
Subject: Support for SB 178: 30 years of gratitude

Tuesday, March 3, 2026

Good morning Senate Finance Committee members, Senators Hoffman, Olsen, Stedman, Kiehl, Merrick, Kaufman and Cronk:

I am writing to urge your support of **Senate Bill 178: Expand Eligibility for Early Intervention**. I write to you today from personal experience as the grateful parent of a child who received these services almost 30 years ago, right in our home in Craig.

We were so excited to welcome our first child and proudly announced, "She's above average." But at around 18 months we noticed, or rather it was brought to our attention, she was not responding to her name or making eye contact as would be expected. At first we denied that anything could be wrong with our "Above average" daughter but as we observed her more closely, our denial turned into fear and then desperation. At the recommendation of our local providers, we took her to Anchorage for a multi-disciplinary assessment. The diagnosis: somewhere on the autism spectrum, but at 2-and-a-half years old, too early to say where. The doctor recommended early intervention.

We considered whether we needed to move for services. But fortunately, through Community Connections, we had an early learning specialist come into our home with her bag of toys, to attempt to engage our daughter and meet her where she was at. I would watch the two of them, my daughter initially moving away and the specialist, gently following her and trying to engage, not always with words, but in the skilled techniques she knew and I did not.

In time, she engaged that little girl. And it made this mother's heart happy. It was the first step in a long road that brings us to today, as that little girl is nearing 30 years old and is a thriving, working, traveling, compassionate, engaged member of society, here in Southeast.

That ELP specialist did a lot for my daughter, but she did a lot for me as well. She modeled for me what I needed to do to reach my daughter and help her link in with the world around her. The specialist left me notes each week that I could refer to. She answered my questions. She was the model I needed.

And so I urge you to support SB 178 bill, which helps not only children with developmental delays/disabilities, but the parents who find themselves at a loss when the usual early parenting skills fail to work.

Thank you for your consideration.

Cathy Bolling
Craig, Alaska

Doniece Gott

From: Cheryl Welcome <[REDACTED]>
Sent: Tuesday, March 03, 2026 11:58 AM
To: Senate Finance Committee
Subject: Support for SB178 -safe-

My name is Cheryl Welcome and I'm calling in support of Senate Bill 178: Expand Eligibility for Early Intervention - and I respectfully urge the committee to support Senate Bill 178. SB178 expands Alaska's Infant Learning Program early interventions, which helps parents become the best teacher for their children with developmental delays or disabilities.

I am a Developmental Specialist and Manager who provides services in the Mat Su. I have seen the impact early intervention has had on my community, the children, and families we serve, as well as the impact of turning families and children away who don't meet the high criteria, only to return later with increased delays. Expanding ILP eligibility from 50% developmental delay to 25% delay helps more Alaskan families and saves the state money.

We know the budget is tight. That's why it's important to recognize that in addition to being the right thing to do, investments in early interventions in SB178 promise to result in 400% return on investment for the State of Alaska.

Data shows that nearly half of the children who receive the early intervention in SB178 will not need higher cost special education services when they get to K-12 schools. Small investments upstream can help children, families, and the state budget. But cost savings are only one of the many reasons to support SB178. The others are far more personal and powerful and don't fit in my allotted time.

In closing, please support SB178, thank you.

Thank you,

Cheryl Welcome
ILP Developmental Specialist Manager
M.Ed. IMH-E® Infant Family Specialist, Endorsed Reflective Supervisor
DIR Floortime Certified

Doniece Gott

From: [REDACTED] on behalf of Kristin Bradshaw
Sent: Tuesday, March 03, 2026 12:54 PM
To: Senate Finance Committee
Subject: Support For Senate Bill 178

Dear Senate Finance Committee,

My name is __Kristin Bradshaw_ and I'm writing in support of Senate Bill 178 and increasing FY27 funding for the Infant Learning Program expansion in the Department of Health, Division of Senior & Disabilities Services by \$5.72 million. I was happy to see the Legislature include this long-sought increment in FY26, and ask you to take that same step again.

I am an occupational therapist who provides early intervention services in Fairbanks. In my role, I have the impact early intervention has had on my home community. Over my 29 year career in early intervention I have seen many advances in medical interventions, evaluations, intervention strategies to best support our youngest and most vulnerable. One thing that has needed to change to meet best practices and provide support earlier is to change our qualification criteria to a 25 percent delay. How many more first steps, words, hugs, bites, etc could we support and witness if we opened up services to capture the children who are delayed but currently not eligible?

Expanding ILP eligibility from 50% to 25% developmental delay helps more Alaskan families and saves the state money.

Thank you for stepping up in support of expanding ILP programs from a 50% to 25% developmental delay! Please support Senate Bill 178 and maintain this commitment in the FY27 budget.

Sincerely,
Kristin Bradshaw

[REDACTED] Fairbanks, AK 99709-2930 [REDACTED]
[REDACTED]

Doniece Gott

From: D. McGinnis, DNP, APRN, FNP-C [REDACTED]
Sent: Tuesday, March 03, 2026 1:13 PM
To: Senate Finance Committee
Subject: SB178

Honorable Senators,

I am a family nurse practitioner from the Northwest Arctic Borough. I work for Maniilaq but am testifying for myself in support of SB178 to expand Alaska's Infant Learning Program early interventions. I work in the villages surrounding Kotzebue. I often see young children that I suspect have needs for early education that I am then informed they do not qualify. I have been working in Alaska for 3 years now, so I am seeing those children start to struggle as they get older.

We have a saying in medicine that "Prevention is better than cure," emphasizing that taking proactive steps to maintain health—such as through lifestyle choices and vaccinations—is more effective and beneficial than treating diseases after they occur.

Please take the next step to help not just the rural children but ALL children to get a good start in life as they are the FUTURE of Alaska.

Thank you,
Diane

D. McGinnis, DNP, APRN, FNP-C

Doniece Gott

From: Mary Beck <[REDACTED]>
Sent: Tuesday, March 03, 2026 1:48 PM
To: Senate Finance Committee
Subject: Support for SB178 – Expand Early Intervention Services

Dear Senate Finance Committee Members,

My name is Mary Beck, and I am writing in strong support of Senate Bill 178 to expand eligibility for early intervention services under Alaska's Infant Learning Program (ILP).

My son is non-verbal and on the autism spectrum. He participated in the ILP program, and I can say with certainty that he would not be where he is today — or as successful as he is — without those early intervention services.

Through ILP, our family received critical support during some of the most challenging and uncertain moments of our lives. The providers didn't just work with my son — they empowered me as a parent. They taught me how to better communicate with him, support his development, and build the foundational skills he needed to grow and succeed.

Early intervention truly changed the trajectory of his life. Because of ILP, he entered school more prepared, with stronger communication skills and greater independence than he would have had otherwise. The progress he has made is a direct result of those early services.

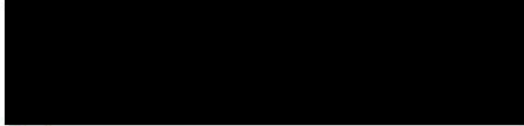
Expanding eligibility through SB178 is not only the right thing to do for families — it is a smart investment in Alaska's future. No family should miss out on life-changing early intervention services because they fall just outside current eligibility criteria.

Please support SB178 and help ensure more Alaska children receive the early support they need to reach their fullest potential.

Thank you for your time and consideration.

--

Mary Beck
LINKS Resource Center, Parent Advocate



linksprc.org

LINKS provides resources, advocacy, and connections to improve lives.



Doniece Gott

From: [REDACTED] on behalf of Stephen Morse
Sent: Wednesday, March 04, 2026 11:41 AM
To: Senate Finance Committee
Subject: Support For Senate Bill 178

Dear Senate Finance Committee,

My name is Stephen Morse and I'm writing in support of Senate Bill 178 and increasing FY27 funding for the Infant Learning Program expansion in the Department of Health, Division of Senior & Disabilities Services by \$5.72 million. I was happy to see the Legislature include this long-sought increment in FY26, and ask you to take that same step again.

I am a an SLP] who provides speech services in Sitka. In my role, I have seen the impact early intervention has had on my home community.

Expanding ILP eligibility from 50% to 25% developmental delay helps more Alaskan families and saves the state money.

Thank you for stepping up in support of expanding ILP programs from a 50% to 25% developmental delay! Please support Senate Bill 178 and maintain this commitment in the FY27 budget.

Sincerely,
Stephen Morse

[REDACTED] Sitka, AK 99835-7131
[REDACTED]
[REDACTED] 4

Doniece Gott

From: Santanna Sumauang <[REDACTED]>
Sent: Wednesday, March 04, 2026 9:31 AM
To: Senate Finance Committee
Subject: Please Support SB178

Hello, my name is Santanna Sumauang and I am emailing you today in support of Senate Bill 178: Expand eligibility for Early Intervention. I respectfully urge the committee to support Senate Bill 178. SB178 expands Alaska's Infant Learning Program early interventions, which helps parents become the best teacher for their children with developmental delays or disabilities.

I am a developmental specialist and speech language pathologist assistant and provide early intervention services in Sitka, AK. In my role, I have seen the profound impact early intervention has had on my home community. Expanding ILP eligibility from 50% developmental delay to 25% delay helps more Alaskan families and saves the state money.

We know the budget is tight. That's why it's important to recognize that - in addition to being the right thing to do - investments in the early interventions in SB178 promise to result in a 400% return on investment for the State of Alaska.

Data shows that nearly half of the children who receive the early interventions in SB178 will not need higher cost special education services when they get to K-12 schools. Small investments upstream can help children, families, and the state budget. But cost savings are only one of the many reasons to support SB178.

Beyond cost savings, early intervention helps children and families thrive during birth-3 years old, some of the most important and formative years of a child's life. The support families receive from early intervention services are skills they are able to carry throughout their child's entire life.

Thank you for your time and consideration in SB178.

Sincerely,

Santanna Sumauang, BA, SLP-A
Early Learning Program
Developmental Specialist/ Family Service Coordinator

Center for Community
[REDACTED]

Doniece Gott

From: Suriyani Raip <[REDACTED]>
Sent: Wednesday, March 04, 2026 9:30 AM
To: Senate Finance Committee
Subject: SB 178

My name is Suriyani Raip and I'm sending this email in support of Senate Bill 178. Expand Eligibility for Early Intervention - and I respectfully urge the committee to support Senate Bill SB178 expands Alaska's Infant Learning Program early interventions, which helps parents become the best teacher for their children with developmental delays or disabilities.

I am a Case Manager who **provides/receives** services in **Unalaska / Dutch Harbor**. I have seen the impact early intervention has had on my **community/family**. Expanding ILP eligibility from 50% developmental delay to 25% delay helps more Alaskan families and saves the state money. We know the budget is tight. That's why it's important to recognize that in addition to being the right thing to do, investments in early interventions in SB178 promise to result in 400% return on investment for the State of Alaska.

Data shows that nearly half of the children who receive the early intervention in SB178 will not need higher cost special education services when they get to K-12 schools. Small investments upstream can help children, families, and the state budget. But cost savings are only one of the many reasons to support SB178. The others are far more personal and powerful and don't fit in my allotted time.

In closing, please support SB178, thank you.



Suriyani Raip

Iliuliuk Family & Health Services, Inc.

[REDACTED]

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Doniece Gott

From: Erika Apathy <[REDACTED]>
Sent: Wednesday, March 04, 2026 9:27 AM
To: Senate Finance Committee
Subject: Support for the Infant Learning Program

Hello,

My name is Erika Apathy and I am writing in support of Senate Bill 178 to expand eligibility for early intervention. I respectfully urge the committee to support this bill, which expands Alaska's Infant Learning Program early interventions.

I am a parent who has received services in Sitka from the Early Learning Program with Center for Community. They are an amazing group that have helped my family immensely.

Expanding ILP eligibility from 50% developmental delay to 25% delay helps more Alaskan families and saves state money in the long run when more children are "caught" before they enter the public school system. So much development (90%) happens before the age of 6, that catching and addressing any delays is so crucial to our education system and our public services later in life. The data shows how much money is saved in the long run when you invest in these early childhood programs at the start of their lives.

I know the budget is tight, so I know this is a tough decision. I hope that the committee can look into the future and see the 400% return on investment the State of Alaska can get by investing in early intervention through SB178. Data shows that nearly half of the children who receive early intervention will not need higher cost special education services when they get to the K-12 school system.

Thank you for your time, and please support SB178!

--

Erika Apathy
Bachelor's of Arts in Elementary Education
Master's in Educational Technology
[REDACTED]

Doniece Gott

From: Lydia Nelson <[REDACTED]>
Sent: Wednesday, March 04, 2026 9:23 AM
To: Senate Finance Committee
Subject: Senate bill 178

My name is Lydia Nelson and I'm calling in support of Senate Bill 178: Expand Eligibility for Early Intervention - and I respectfully urge the committee to support Senate Bill 178. SB178 expands Alaska's Infant Learning Program early interventions, which helps parents become the best teacher for their children with developmental delays or disabilities.

I am a mom who receives services for my son. I have seen the impact early intervention has had on my son. Expanding ILP eligibility from 50% developmental delay to 25% delay helps more Alaskan families and saves the state money. My son will soon not be eligible at 50% delay but isn't at all caught up. He needs these services.

We know the budget is tight. That's why it's important to recognize that in addition to being the right thing to do, investments in early interventions in SB178 promise to result in 400% return on investment for the State of Alaska.

Data shows that nearly half of the children who receive the early intervention in SB178 will not need higher cost special education services when they get to K-12 schools. Small investments upstream can help children, families, and the state budget. But cost savings are only one of the many reasons to support SB178. The others are far more personal and powerful and don't fit in my allotted time.

Thank you

[Sent from Yahoo Mail for iPhone](#)

Doniece Gott

From: Carrie Nash <[REDACTED]>
Sent: Wednesday, March 04, 2026 9:12 AM
To: Senate Finance Committee
Subject: Support for Senate Bill 178 -Funding for Infant Learning Program

To the members of the Senate Finance Committee:

I am writing to ask your support for Senate Bill 178: Expand Eligibility for Early Intervention. I have two children who were enrolled in the Infant Learning Program many years ago. The support and therapies they received made a huge difference in their lives and in our family's life. We learned terminology, solid and practical information and were sustained at a difficult time in our lives.

I am now the Board President at ACCA in Fairbanks. Our intervention specialists, early childhood educators and therapists serve a huge area of Northern and Interior Alaska. We know that nearly half of the children we serve between birth and age 3 will not need to be enrolled in Special Education in public schools as they will graduate from the need for services. We know that state investments in the Infant Learning Program at the beginning of kids' lives promise a 400% return for Alaska's budget.

Families are sustained and successful.

By expanding the eligibility for Alaskan kids from 25% disabled rating to 50% disabled rating we will be able to serve all of the Alaskan kids who really need our help. It also puts us in line with eligibility guidelines in most of the other states.

Parents are the best teachers for their young children with disabilities and developmental delays.

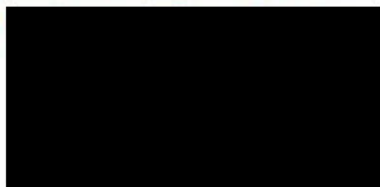
Please pass Senate Bill 178 for our kids and families.

Thank you,

Carrie Nash, Fairbanks

--

Carrie Nash



Fairbanks, AK 99709

Doniece Gott

From: Angie Gingue <[REDACTED]>
Sent: Wednesday, March 04, 2026 9:00 AM
To: Senate Finance Committee
Subject: Support for SB178

My name is **Angie Gingue** and I'm emailing in support of Senate Bill 178: Expand Eligibility for Early Intervention - and I respectfully urge the committee to support Senate Bill 178. SB178 expands Alaska's Infant Learning Program early interventions, which helps parents become the best teacher for their children with developmental delays or disabilities.

I am the Infant Learning Program Coordinator for ACCA, who provides services in the Fairbanks North Star Borough, Delta Junction/Ft. Greely, Copper River, and North Slope regions. I was also born and raised in Alaska and have seen the impact early intervention has had on my own family, as well as my community throughout my life. Expanding ILP eligibility from 50% developmental delay to 25% delay helps more Alaskan families and saves the state money. Data also shows that almost half of the children who receive the early intervention in SB178 will not need higher cost special education services when they get to K-12 schools.

In closing, please support SB178, thank you.



**Angie Gingue, M.Ed. ECSE Assistant Director
Infant Learning Program Coordinator**

[REDACTED] Fairbanks AK 99701 Phone: [REDACTED]
[REDACTED]

www.alaskacenter.org

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Doniece Gott

From: Brittni Haan <[REDACTED]>
Sent: Wednesday, March 04, 2026 8:54 AM
To: Senate Finance Committee
Subject: SB178

My name is Brittni Haan and I respectfully urge the committee to support SB178. Expanding ILP eligibility to a 25% delay results in a 400% return on investment for Alaska, as nearly half of these children will not need higher-cost special education services later in K-12. Small investments upstream help children, families, and the state budget. Please support SB178. This program has been crucial in supporting the needs of our youngest community members in our region and linking them with the supports and resources to nourish their growth and development. Starting these interventions early prevent so many future supports that may be needed actively decreasing the cost for the State overall.

Brittni Haan, BSN, RN
Public Health Nurse III
Maniilaq Association Public Health
[REDACTED]

Doniece Gott

From: Lauren Wild <[REDACTED]>
Sent: Wednesday, March 04, 2026 8:52 AM
To: Senate Finance Committee
Subject: SB 178 Support

Hello,

My name is Lauren Wild and I am writing in support of Senate Bill 178 to expand eligibility for early intervention. I respectfully urge the committee to support his bill, which expands Alaska's infant learning program early interventions.

I am a parent who has received services in Sitka from the Early Learning Program with Center for Community. They are an amazing group that have helped my family immensely.

Expanding ILP eligibility from 50% developmental delay to 25% delay helps more Alaskan families and saves state money in the long run when more children are "caught" before they enter the public school system. So much development (90%) happens before the age of 6, that catching and addressing any delays is so crucial to our education system and our public services later in life. The data shows how much money is saved in the long run when you invest in these early childhood programs at the start of their lives.

I know the budget is tight, so I know this is a tough decision. I hope that the committee can look into the future and see the 400% return on investment the State of Alaska can get by investing in early intervention through SB178. Data shows that nearly half of the children who receive early intervention will not need higher cost special education services when they get to the K-12 school system.

Thank you for your time, and please support SB178!

- Lauren Wild

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Lauren Wild, PhD

Assistant Professor - Applied Fisheries
Research Biologist - Marine Mammalogy
University of Alaska Southeast Sitka Campus

Sitka, Alaska
[REDACTED]

Doniece Gott

From: Fontana Dawson <[REDACTED]>
Sent: Wednesday, March 04, 2026 8:42 AM
To: Senate Finance Committee
Subject: I Support Senate Bill 178

Good Morning,

*My name is **Fontana** and I'm reaching out in support of Senate Bill 178: Expand Eligibility for Early Intervention - and I respectfully urge the committee to support Senate Bill 178. SB178 expands Alaska's Infant Learning Program early interventions, which helps parents become the best teacher for their children with developmental delays or disabilities.*

*I am a parent of twins who **received** services in **Fairbanks**. I have seen the impact early intervention has had on my **family**. Expanding ILP eligibility from 50% developmental delay to 25% delay helps more Alaskan families and saves the state money. One of my twin's "B" was one of the children that unfortunately fell below the 50% delay. For the first year of his life, he received ILP services and made huge gains. At his one-year evaluation he was at a 35% delay and no longer qualified for services. Over the next year we watched as his twin brother "O" continued to make gains developing communication and motor skills supported through ILP. At close to their 2nd birthday "B" had made very limit progress in language and communication. I made the decision for a reevaluation. At the reevaluation he was evaluated as a 24-month child because he was 24 months and 15 days, if he had been evaluated the next day he would have been evaluated as a 25-month-old, and not met the threshold for a 50% delay. Therefore, he would not qualify for services. I firmly believe the lapse in being eligible in services directly impacted him. "O" continued services from birth until he graduated from ILP at 2 years and 9 months. "B" was eligible for school services, which would be a longer-term cost to the state. I have an older child "J" who did not qualify for ILP services due to "not enough of a delay," he was eligible and used 4 years of school-based Speech services. This took away from his academic time, that could have been supported earlier in life when the brain grows and develops quickly.*

We know the budget is tight. That's why it's important to recognize that in addition to being the right thing to do, investments in early interventions in SB178 promise to result in 400% return on investment for the State of Alaska.

Data shows that nearly half of the children who receive the early intervention in SB178 will not need higher cost special education services when they get to K-12 schools. Small investments upstream can help children, families, and the state budget. But cost savings are only one of the many reasons to support SB178. The others are far more personal and powerful.

In closing, please support SB178, thank you.

Fontana Dawson

Fairbanks, Alaska 99709

Doniece Gott

From: Rita Short <[REDACTED]>
Sent: Wednesday, March 04, 2026 8:28 AM
To: Senate Finance Committee
Subject: Testify for Continued Support of SB178 (Infant Learning Program)

Dear Committee Members,

My name is [NAME], and I respectfully urge you to support SB178.

Expanding eligibility for Alaska's Infant Learning Program (ILP) to include children with a 25% developmental delay is a practical, fiscally responsible step that will make a measurable difference for children and families across our state. Early identification and intervention during the first three years of life—when brain development is most rapid—can significantly alter a child's long-term educational trajectory.

Data show that expanding ILP eligibility to a 25% delay yields an estimated 400% return on investment for Alaska. Nearly half of the children who would qualify under this threshold are expected to avoid needing higher-cost special education services later in K–12. In other words, modest investments in early intervention reduce future strain on school districts, improve educational outcomes, and strengthen long-term workforce readiness.

For families, early intervention is more than a cost-saving strategy—it provides reassurance, tools, and professional guidance during a critical developmental window. It empowers parents to support their child's communication, motor, cognitive, and social-emotional growth before delays widen into larger academic gaps. In many cases, timely support means children enter kindergarten ready to learn alongside their peers.

For the state, SB178 represents sound public policy. Small, strategic investments upstream prevent significantly higher expenditures downstream. By expanding ILP eligibility, Alaska can reduce long-term special education costs, support stronger student outcomes, and build a more resilient education system overall.

This is a common-sense measure that supports children, families, school districts, and the state budget simultaneously. I respectfully ask you to vote in favor of SB178 and prioritize early intervention for Alaska's youngest residents.

Thank you for your time and consideration.

Sincerely,

Rita Short
Kotzebue, AK
[REDACTED]

Doniece Gott

From: Marlene or John Wenger [REDACTED]
Sent: Wednesday, March 04, 2026 7:26 AM
To: Senate Finance Committee
Subject: SB178

Hello
I am writing as a member of the Governor's Council on Disabilities and Special Education. I am in total support of Senate Bill 178 to expand eligibility for early intervention in the Infant Learning Program. I'm aware that the legislature supported this expansion last year, and I strongly urge you to maintain that commitment in the FY27 budget.

Thank You
Marlene Wenger

March 3, 2026

Subject: Parent Support for SB 178 – EXPAND EARLY INTERVENTION SERVICES

Dear Member of the Senate Finance Committee,

My name is Myrna Johannsen, a parent from Ketchikan, and I am writing to express my strong support for SB 178 – Expand Early Intervention Services, which you will be considering on March 4, 2026.

By now you have seen the math and heard the science behind what a more robust early intervention services program can do for Alaska's babies ages 0–3. You have undoubtedly been told where Alaska sits in comparison to other states and the results they have achieved.

What I would like to do is give you a picture of this program's true impact — a name, a face, a family, and a reason.

Baby Chuck Norrisa.

Tiny and Alaskan tough. She was born 7.5 weeks premature and required significant medical intervention. She was also a child who received Early Intervention Services. The teachers providing services came directly to our home for evaluations and lessons. They taught me how to help her catch up with her peers using everyday items we already had in our home, and they gave me a vast amount of knowledge about how to help her communicate, eat, and develop motor skills.

Baby Chuck Norrisa had a 75% developmental delay. With Early Intervention Services, I taught her to say “help,” to point, to use a fork and spoon (sometimes), and to develop the play skills that form the foundation for everything else in life.

When Baby Chuck Norrisa was 1.5 years old, I was placed on bed rest (couch rest) during my pregnancy because medical experts determined she had set a precedent for being born too early. The Early Intervention Services program adapted immediately to support our family. Every teaching strategy was adjusted so that I could continue helping my daughter while protecting my pregnancy.

Miss Wyatt was born 3.5 weeks early — and cute as a button. She also received Early Intervention Services for communication and motor development.

As we know, history tends to repeat itself. When Miss Wyatt was 1.5 years old, I was again placed on couch rest during my pregnancy with Miss Henry. Once again, the Early Intervention teachers adapted everything to fit my family's needs.

Miss Henry was born only 1.5 weeks early, and she too received Early Intervention Services.

Your support for SB 178 holds the power to heal Alaska's babies. Without the support and services my family received during those very difficult days of trying to help our children learn to crawl, eat, and talk, my children would have been left far behind their peers.

I know firsthand how important these services are for families navigating developmental challenges. From the perspective of a busy and growing family, this program can transform a child and a whole household from simply surviving to truly thriving.

I respectfully urge you to support SB 178 – Expand Early Intervention Services.

Thank you for your time and for your service to Alaska's families.

Sincerely,

Myrna Johannsen

Mother of Baby Chuck Norrisa

Mother of Miss Wyatt

Mother of Miss Henry

Ketchikan, Alaska



Photo of Charlie (Baby Chuck) Norrisa

Doniece Gott

From: [REDACTED] behalf of Alina Krol
Sent: Tuesday, March 03, 2026 3:10 PM
To: Senate Finance Committee
Subject: Support For Senate Bill 178

Dear Senate Finance Committee,

My name is Alina Krol and I'm writing in support of Senate Bill 178 and increasing FY27 funding for the Infant Learning Program expansion in the Department of Health, Division of Senior & Disabilities Services by \$5.72 million. I was happy to see the Legislature include this long-sought increment in FY26, and ask you to take that same step again.

I am a Social Worker who provides in Fairbanks, Alaska. In my role, I have seen the impact early intervention has had on my home community.

Expanding ILP eligibility from 50% to 25% developmental delay helps more Alaskan families and saves the state money.

Thank you for stepping up in support of expanding ILP programs from a 50% to 25% developmental delay! Please support Senate Bill 178 and maintain this commitment in the FY27 budget.

Sincerely,
Alina Krol

[REDACTED] Fairbanks, AK 99712-1150 [REDACTED]

Doniece Gott

From: Barbara Morse <[REDACTED]>
Sent: Wednesday, March 04, 2026 10:01 AM
To: Senate Finance Committee
Subject: In support of Senate bill 178

Dear Senate Finance committee,

I am writing in support of Senate Bill 178 to expand eligibility for early intervention. I respectfully urge the committee to support this bill, which expands Alaska's Infant Learning Program early interventions.

As a person who has worked in children's programs for many years in Sitka and seeing many amazing changes I can honestly say there is nothing that rivals the impact of early intervention on our children who are the future of our state. So please do the right thing and pass Senate bill 178.

Respectfully,

Barbara Morse

[REDACTED]
Sister Alaska 99835

Doniece Gott

From: Kathe Baker [REDACTED]
Sent: Wednesday, March 04, 2026 10:33 AM
To: Senate Finance Committee
Subject: ILP advancement

My name is Katharine Weber-Baker and I was very pleased to see the funds, 5.72 million, allocated for the Infant Learning Program for 2026 and I implore you to do the same for the FY27 budget. I have a granddaughter who has Autism. She is in her early 20's now and a working, community involved young lady due to very early interventions when she was a toddler and diagnosed. Everything that could be utilized in town through non-profit programs as well as private pay options was available to her and this strong, consistent, professional exposure provided a path for her to thrive. As a retired elementary teacher, I can attest to the tremendous growth of children with disabilities and delays who have been fortunate to receive specialized, focused instruction tailored to individual needs in Elementary school. So going even earlier with interventions, the Early Infant Learning program allows for even more success, supporting growing children at the earliest possible level before they reach school age. **Reaching infants with a 25% developmental delay instead of a 50% delay is vital to early growth and development and it benefits even more of these impacted children to lead productive lives, here in Alaska.**

Thank you for reading this and for your serious consideration to make Alaska a better place for raising and protecting children.

Most Sincerely,
Katharine Weber-Baker

Doniece Gott

From: Lawrence Baker [REDACTED]
Sent: Wednesday, March 04, 2026 10:42 AM
To: Senate Finance Committee

My name is Lawrence J Baker and I was pleased to see the funds, 5.72 million, allocated for the Infant Learning Program for 2026. Please do the same for the FY27 budget. We have a granddaughter who has Autism. She is in her early 20's now and a working, community involved young lady due to very early interventions when she was a toddler and diagnosed. Everything that could be utilized in town through non-profit programs as well as private pay options was available to her and this strong, consistent, professional exposure provided a path for her to thrive. So going even earlier with interventions, the Early Infant Learning program allows for even more success, supporting growing children at the earliest possible level before they reach school age. **Reaching infants with a 25% developmental delay instead of a 50% delay is vital to early growth and development and it benefits even more of these impacted children to lead productive lives, here in Alaska.**

Thank you for your serious consideration to make Alaska a better place for raising and protecting children.

Sincerely,

Lawrence J Baker

[REDACTED]

--

Lawrence Baker

Doniece Gott

From: [REDACTED]
Sent: Wednesday, March 04, 2026 7:12 PM
To: Senate Finance Committee
Subject: SB 178

My name is Kristen Spencer and I'm writing in support of Senate Bill 178. SB178 expands Alaska's Infant Learning Program by lowering the eligibility threshold from a 50% delay to 25%, allowing more children to receive early intervention when it is most effective.

I am the parent of a child who has a disability. I am also a board member of REACH Inc. in Juneau. I have seen firsthand the impact early intervention has on families. This change will help more Alaskan children while also saving the state money long-term.

Investing in early intervention yields a strong return—up to 400%—and reduces the need for costly special education later. These savings matter, but the true impact is on children and families who benefit from early support.

Please support SB178. Thank you.

Kristen Spencer

[REDACTED]
Juneau AK 99801

Doniece Gott

From: [REDACTED]
Sent: Wednesday, March 04, 2026 5:28 PM
To: Senate Finance Committee
Subject: SB178 support

Good afternoon,

My name is Tom Hiratsuka and I'm writing in support of Senate Bill 178: Expand Eligibility for Early Intervention. I respectfully urge the committee to support Senate Bill 178 as it expands Alaska's Infant Learning Program early interventions, which helps parents become the best teacher for their children with developmental delays or disabilities.

I am the CFO of Hope Community Resources, and I have seen the impact early intervention has had on our community. Expanding ILP eligibility from 50% developmental delay to 25% delay helps more Alaskan families and saves the state money. I know the budget is tight. That's why it's important to recognize that in addition to being the right thing to do, investments in early interventions in SB178 promise to result in a 400% return on investment for the State of Alaska. Data shows that nearly half of the children who receive the early intervention in SB178 will not need higher cost special education services when they get to K-12 schools. Small investments upstream can help children, families, and the state budget.

Thank you for your consideration!

Tom

Alaskans share a Vision of a flexible system in which each person directs their own supports, based on their strengths and abilities, toward a meaningful life in their home, their job and their community. Our Vision includes supported families, professional staff and services available throughout the state now and into the future.

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ALASKA
MENTAL HEALTH BOARD
ADVISORY BOARD ON
ALCOHOLISM & DRUG ABUSE

431 N. FRANKLIN STREET, SUITE 203
JUNEAU, AK 99801
907-465-8920 Fax 907-465-4410
Kermit E. Wilson, Executive Director

February 12, 2026

Senate Health & Social Services Committee
State Capitol Building
Juneau, AK 99801

RE: SB 178 – Expand Early Intervention Service

Dear Committee Members,

The Advisory Board on Alcoholism and Drug Abuse (ABADA) and the Alaska Mental Health Board (AMHB) are statutorily charged with advising, planning, educating, and coordinating behavioral health services and programs funded by the State of Alaska. The Boards are also tasked with evaluating federal and state laws concerning mental health, alcohol, and other drug and substance misuse prevention and treatment services (A.S. 47.30.661, A.S. 44.29.100).

SB 178 will expand access to Alaska's Infant Learning Program, including early intervention, healthcare, and therapy services to children who experience developmental delays, thus reducing the need for more intensive and costly care later. This bill lowers the eligibility criteria for children from 50 percent to 25 percent.

AMHB-ABADA supports the passage of SB 178, believing that early recognition and intervention is critical to addressing complex behavior needs before they become acute and more costly.

Thank you for introducing this legislation.

Sincerely,

Bobby Dorton, Chair
Advisory Board on Alcoholism & Drug Abuse

Tonie Protzman, LPC, Chair
Alaska Mental Health Board

Kermit Wilson, Executive Director



July 31, 2025

Subject: Request to Overturn Governor's Veto of Infant Learning Program Funds

Honorable Members of the Alaska Legislature:

The Key Coalition of Alaska is deeply committed to the healthy development and long-term success of Alaska's youngest citizens, and we are very grateful to both the Senate and the House for supporting an infusion of critical funds for Alaska's Infant Learning Programs. As you know, this investment in our children will not only enhance growth and development but also save the state money. The Governor's recent line-item veto of the enhanced funding for the Infant Learning Program was disappointing and short-sighted. We are writing to urge you to support and vote for the reinstatement of these essential funds during the upcoming session.

The Infant Learning Program provides early intervention services—such as speech therapy, occupational therapy, and developmental screenings—to infants and toddlers at risk for delays. Research continually demonstrates that:

Early neural pathways are most malleable between birth and age three, making timely intervention both effective and efficient.

Children receiving early support are more likely to succeed in kindergarten, reducing future special education costs by up to 30%.

Families gain the tools and confidence to foster healthy learning environments, promoting stronger communities across Alaska's urban and rural regions.

By overturning the veto, you help to assure Alaska families can access the support they need at critical developmental markers.

We respectfully ask you to:

1. Vote to override the Governor's veto of the Infant Learning Program line item.
2. Continue to champion bipartisan support for stable, long-term investment in early childhood services.

Sincerely,

Michele Girault
Key Coalition of Alaska Board President

3705 Arctic Blvd #1866
Anchorage, AK 99503-5774
www.keycoalitionofalaska.com
www.facebook.com/keycoalitionofalaska