The State of Early Intervention
in Madison County

July 2026

The first few years of a child's life are a critical period for the identification of developmental delays and disabilities, as this is when nearly 90% of brain development happens. Serving infants and toddlers from birth to age three, New York State's Early Intervention program provides no-cost services to address a child's physical, speech, or other developmental needs. The federal **Individuals with Disabilities Education Act (IDEA) requires that these services be delivered in a timely manner** (30 days from parent consent of the service plan in New York).

A recent study from the Journal of the American Medical Association found, as have others, that when children with developmental delays and disabilities receive EI therapies, they are **significantly more likely to meet proficiency standards in third grade language arts and math,** resulting in compounded savings in the PK-12 system.

Despite the importance of this program and the IDEA's legal mandate, **New York State has repeatedly failed to make the necessary investments to ensure Early Intervention providers are there when children need them.**

CRISIS: DELAYED EI SERVICES FOR KIDS

Because of a workforce shortage, **far too many infants and toddlers are not receiving some or all of their EI services on time,** and instead are spending months or years on a waitlist. Since the pandemic, timeliness data showed only about half of children had timely services in New York. **In PY2024-25, a technical change in how timeliness is measured led to a large increase in the percentage of children with on-time services compared to previous years.** While the data are accurate, the higher percentages do not reflect a real change in what families are experiencing. New York's failure to properly fund the EI system still means thousands of young children are missing out on life-changing services.

	Madison County	*New York State*
Population of children ages birth to three	**1,727**	**626,134**
Infants and toddlers receiving EI services	**72***	**69,393**
EI-enrolled children who are on Medicaid	**51%**	**53%**
Children with on-time EI services in 2024-25 program year	**72%**	**81%**
Children with on-time EI services or discountable delays in 2024-25 program year**	**78%**	**89%**

*County figures include all children with services authorized on an Individualized Family Service Plan (IFSP), regardless of timeliness of service delivery. The data come from a sample of all children with IFSPs between 1/1/25 and 3/31/25, multiplied by four to approximate the yearly total for PY2024-25. This information was acquired by The Children's Agenda through a FOIL request to NYSDOH.

**Discountable delays refer to delays in service delivery caused by exceptional family circumstances, including illness and missed meetings.

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Rochester, NY
Contact Shannon Mullin at shannon@thechildrensagenda.org
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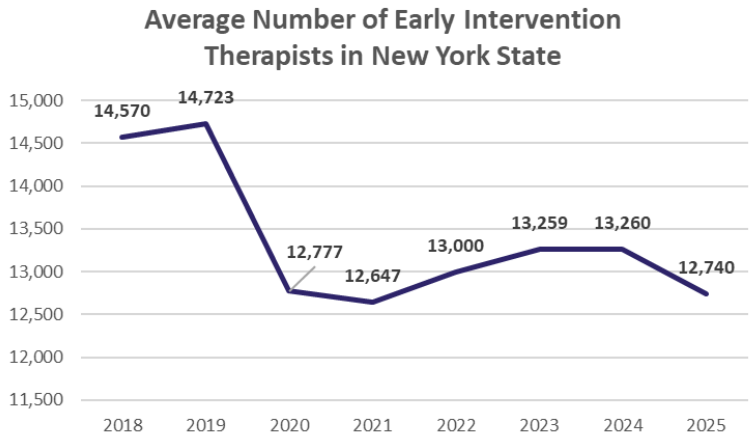
SYMPTOM: EI WORKFORCE SHORTAGE

A shortage of EI providers is the primary cause of the current waitlist crisis. While there are an **increasing number of speech-language pathologists, physical therapists, and occupational therapists licensed in New York, fewer therapists are willing to work in the EI system** due to the low reimbursement rates. Many professionals have switched to part-time case loads or are opting to work full-time in other settings like school districts, hospitals, and nursing homes, for better pay and benefits than EI and less or no travel.

Madison County
2024 Total (% Change from 2019)

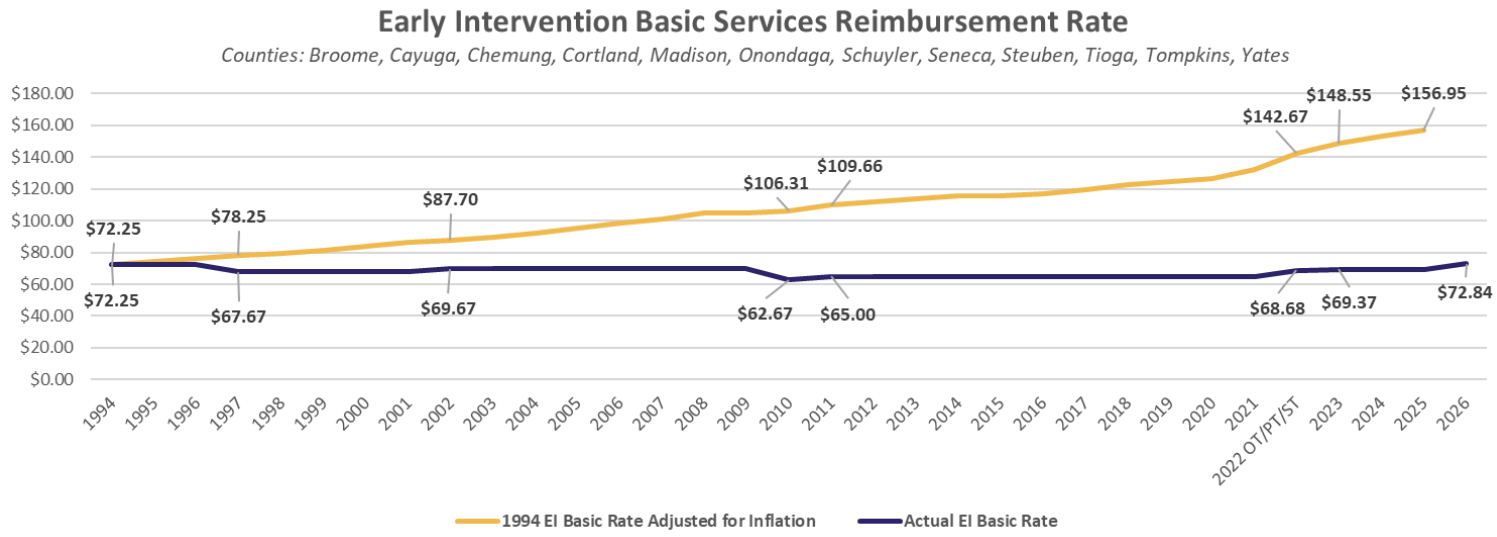
	Licenses	EI Therapists*
Speech Language	35 (3%)	15 (-6%)
Physical Therapy	76 (9%)	8 (0%)
Occupational Therapy	49 (20%)	9 (-18%)



*Total rendering EI providers. The majority of EI therapists have part-time case loads, providing fewer than 30 services per week.

ROOT CAUSE: LOW EI REIMBURSEMENT RATES

Reimbursement rates for EI services have not only not kept up with inflation, but have also been cut several times by New York State, meaning **most providers earn less now than providers did in 1994 when the program began.** Recent efforts to raise reimbursement rates have been insufficient, and the implementation of the 5% rate increase passed in April 2024 took years to actually reach providers. In order to cover the cost of the rate increase, the State made additional cuts to the Early Intervention program, including telehealth reimbursement and allowable group sizes, which has compounded the problem for many providers.



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