Building Readiness for Eligibility Expansion in Alaska's Infant Learning Program

A Phased Approach to Capacity, Alignment, and Sustainability

GOVERNOR'S COUNCIL ON DISABILITIES AND SPECIAL EDUCATION

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Executive Summary

Alaska's Infant Learning Program (ILP) provides statewide early intervention services to infants and toddlers with developmental delays during a critical period of development from birth to age three. The program plays an important role in Alaska's early childhood and education system. However, current ILP eligibility criteria are not aligned with special education in preschool or K-12. As a result, some children with moderate developmental delays are not eligible for ILP services before their third birthday yet become eligible for services as soon as they turn three. This delays access to support during a period when intervention is often most effective.

Earlier access to support can help children make developmental progress before entering kindergarten and increase school readiness. For many children, early intervention reduces the need for special education services K-12, which can reduce long-term costs for the state's education system.

At the same time, eligibility expansion is not a simple policy change. The ILP system operates within largely static funding levels and must balance service quality, workforce capacity, and long-term sustainability. Expanding eligibility without sufficient preparation could place additional strain on providers, increase turnover and reduce the effectiveness of services. For this reason, eligibility expansion is best approached as a phased effort rather than a single transition.

This report presents a strategic implementation roadmap, informed by the Active Implementation Frameworks, an evidence-based approach to managing complex system change. The roadmap envisions eligibility expansion occurring over three incremental stages across approximately six to eight years, allowing time for preparation, learning, stabilization, and adjustment at each step. This approach supports informed decision-making and reduces risk as the system evolves. It creates opportunities to align eligibility decisions with workforce development, service delivery strategies, and financing approaches.

Workforce development is central to eligibility expansion. Two complementary approaches to increasing capacity can be identified: growing the number of qualified providers and increasing effective capacity through service model changes, such as differentiated roles or integrated tele-delivery of services to reduce travel costs. Other options to explore include the development of new Part C certifications, expanded billing for additional ILP functions (including special instruction), and new training and practicum partnerships with Alaska-based institutions.

Financial readiness is a core strategic consideration, as service models, workforce roles, billing mechanisms, and reimbursement structures must evolve together to support sustainable growth. With a focus on readiness, evidence-informed implementation, and strategic investment, Alaska has the opportunity to better align early intervention with preschool and K-12 systems, expand access for more children and families, and strengthen the ILP system for the long term.

Area	***Recommendations and Strategic Options***
Condition List Review Process	Establish a structured process, including a medical review subcommittee, to keep eligible conditions aligned with current clinical and developmental knowledge.
Implementation Framework	Apply the Active Implementation Frameworks to guide stages, drivers, teams, and improvement cycles across a multi-year strategic roadmap.
Phased Roadmap	Implement eligibility expansion in three strategic increments over approximately 6-8 years, with learning and stabilization at each stage.
Workforce Capacity – Staffing	Explore strategies to increase the number of qualified ILP providers through recruitment, retention, new certifications, and training pathways.
Workforce Capacity – Service Models	Explore options to increase effective capacity through dedicated roles (e.g., separating FSC and provider functions), revised staffing patterns, and role specialization.
Tele-Delivery of Services	Expand and refine tele-delivery models to reduce travel costs and improve access, building on Alaska's long history of distance service delivery.
Billing and Financing	Expand billing for additional ILP functions (including special instruction), strengthen Medicaid administrative claiming, and align billing with evolving service models.
Training and Partnerships	Develop new and expanded partnerships with Alaska-based institutions to support pre-service training, practicum placements, ongoing professional development, and credentialing.

ACKNOWLEDGMENTS

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Introduction

Background and Context

This report builds on a multi-year body of work undertaken in partnership with the Governor's Council on Disabilities and Special Education (GCDSE), acting in its role as Alaska's Interagency Coordinating Council (ICC) for Part C of the Individuals with Disabilities Education Act (IDEA). That work has focused on strengthening Alaska's Infant Learning Program (ILP) through policy review, system analysis, and the development of recommendations intended to improve long term outcomes for families with young children through equitable access and the sustainability of the ILP statewide system.

In 2024, the report *Recommendations to Expand Eligibility and Funding for Alaska ILP*[1] addressed two closely related areas: eligibility criteria for ILP services and the fiscal structures that support service delivery. A central recommendation was to align Alaska's Part C eligibility with Alaska's Part B special education system to eliminate the wait and provide special education supports sooner for children that only become eligible as they turn three. This alignment can be accomplished by reducing the required level of developmental delay from 50 percent to 25 percent for ILP services, along with updates to the list of established conditions used to determine eligibility. The prior report also highlighted the cumulative impact of flat funding over more than a decade, noting that while child counts remained relatively stable, inflation has substantially reduced the real purchasing power of ILP programs, contributing to rising caseloads, reduced service intensity, and increased workforce strain.

The present report is situated within that broader context. It does not revisit the question of *whether* eligibility expansion is warranted, but rather focuses on the practical and strategic work required to *prepare* the ILP system for expansion, and on a few improvements that can be made to the current system without additional funding. In doing so, it recognizes that many system pressures – workforce shortages, provider burnout, uneven capacity across regions, and administrative complexity – exist regardless of whether eligibility expansion proceeds in the near term.

Anticipated Impact of Eligibility Expansion

When the developmental delay threshold is changed to the proposed 25 percent, the number of children and families served will increase approximately 80 percent, according to benchmarking against states that already have eligibility set at 25 percent delay.

This estimate has been used as the primary planning assumption for recent fiscal modeling and legislative discussions. However, comparisons to Alaska's Part B system – which already operates at a 25 percent threshold – indicate that longer-term growth could vastly exceed this level and result in ultimate increases up to five times current service volumes as referral patterns, child find practices, and provider capacity evolve.

Staying with the initial benchmarking estimates, even an increase of 80 percent more children cannot be absorbed by the current ILP system without adding capacity. Alaska's ILP providers are already operating within tight staffing constraints, shaped by geographic realities, workforce shortages, and funding that has not kept pace with inflation. Any expansion of eligibility therefore requires not only additional resources, but also thoughtful attention to service delivery models, workforce roles, and implementation pacing to avoid overwhelming providers and compromising service quality.

[1] Alaska Interagency Coordinating Council, 2024. Available for download from: https://health.alaska.gov/media/5pqbncwa/alaska-ilp-part-c-report.pdf

Purpose and Scope of This Report

While efforts to secure additional funding for the ILP system continue, this report focuses on work that can and should proceed in parallel and includes three interrelated sets of recommendations: an update to the list of eligible conditions, workforce development initiatives and an implementation framework. These are in direct continuity and alignment with the prior 2024 report, delivering the recommended revision and update process, along with an implementation framework to implement expansion incrementally.

Taken together, the recommendations in this report are intended to support on-going collaboration between the ICC and the ILP state office. They are not presented as prescriptive directives or turnkey plans, but rather as a strategic framework to inform discussion, planning, and problem-solving. Throughout, the emphasis is on strengthening the system in ways that benefit children and families now, while positioning Alaska to manage future growth thoughtfully and successfully.

How to Use this Report

This report contains four primary deliverables, each of which may be used independently or as part of a coherent whole. Collectively, they represent formal recommendations from the ICC to the ILP state office, consistent with the ICC's statutory role to advise and assist the lead agency.

1. **An updated list of eligible conditions,** based in current and historical determination of eligibility, translated into ICD-10 codes and organized into ten categories of physical and mental health listed in Alaska ILP policy.

2. **Two complementary processes for keeping the list current and responsive over time,** using the ICC for frequent targeted review of proposed additions and a thorough process for comprehensive review of the list every three-to-five years.

3. **Workforce development recommendations** intended to increase system capacity and resilience, recognizing both near-term constraints and longer-term structural opportunities.

4. **An implementation framework** to support a staged and manageable transition from a 50 percent to a 25 percent developmental delay threshold, should eligibility expansion move forward.

It is recommended that this report be shared in its entirety with ILP state office leadership. Individual sections may also be useful for public communication, stakeholder engagement, or legislative briefings as Alaska continues to explore options for strengthening and expanding early intervention services. The workforce development and implementation framework sections, in particular, are intended to spark dialogue, surface key design questions, and encourage a long-term, whole-system perspective rather than to define final solutions.

Successfully navigating changes of this scale will require intentional change management, inclusive planning, and sustained collaboration among state leadership, providers, families, and partner agencies. It is our hope that this report contributes to that effort and supports Alaska in realizing both the immediate and long-term benefits of a strong, responsive and equitable Infant Learning Program.

January 2026,
ICC Finance Subcommittee Co-Chairs:

Amy Simpson, Executive Director, Programs for Infants and Children, and

Rich Saville, Education and Early Intervention Coordinator, Governor's Council on Disabilities and Special Education

with support by Raviant LLC.

Updated List of Eligible Conditions

Role of Established Conditions in ILP Eligibility

The list of eligible or "established" conditions is one of three pathways through which infants and toddlers may qualify for services under Alaska's Infant Learning Program (ILP). The other two pathways are: documented developmental delay (of 50% or more, in one or more areas of development), and informed clinical opinion.

Under Alaska Part C policy, eligibility determinations are made by a multidisciplinary evaluation team, not by an individual provider. The team considers assessment data, medical and developmental information, and professional judgment in determining whether a child meets eligibility criteria. Informed clinical opinion may be used by the team as an independent basis for eligibility when standardized assessment tools are not available.

The established conditions pathway plays a particularly important role for infants and very young children, for whom developmental delay may be difficult to measure reliably and for whom early identification and intervention can have the greatest impact.

Limitations of the Current List

Alaska's current list of eligible conditions has not undergone a comprehensive revision in many years, with only minor additions or updates during the past decade. Even conditions that have been used in the past to determine eligibility have not been added. While the list includes many well-established conditions known to be associated with developmental delay, it is not comprehensive, is not consistently organized, and does not fully reflect Alaska historical eligibility determination decisions or advances in diagnostic specificity or the understanding of impact on child development.

As a result, ILP providers frequently rely on an "Other" category when documenting eligibility in the state data system, or pursue eligibility through informed clinical opinion for children whose conditions are not explicitly listed. This creates several challenges. Families may experience unnecessary uncertainty about whether their child qualifies for services, and providers may be unable to offer clear guidance at the point of referral. At the system level, the lack of specificity limits Alaska's ability to accurately track the prevalence of qualifying conditions and use that information to inform planning, workforce development, and resource allocation.

Guiding Intentions for the Revision

The proposed revision of the eligible conditions list was guided by several key intentions:

- Make the list current without expanding eligibility.
- Develop a practical reference that ILP providers can use confidently to quickly determine eligibility. This involved translating the conditions into specific ICD-10 codes and descriptors.
- Organize the list using the same category structure reflected in Alaska ILP policy and federal regulations. This retains alignment between policy, practice, and reporting, and creates internal structure that makes the list easier to use.
- Introduce the principle that some conditions confer eligibility for a defined initial period, typically the first year of life or the first year following diagnosis, after which eligibility must be reassessed by the multidisciplinary team[2]. This approach reflects current understanding of developmental trajectories and supports appropriate monitoring without presuming long-term eligibility where it may not be warranted.

Important enough to repeat here, **this update does not expand eligibility** criteria. No new categories of eligibility were created, and existing thresholds for determining eligibility remain unchanged. The focus of this work was on utility, clarity, organization, and modernization—not on increasing the number of children who qualify for services.

Organizing the Condition List by Policy Categories

To improve clarity and usability, the revised list of eligible conditions is organized according to the ten categories of diagnosed physical or mental conditions already reflected in Alaska's Part C policy. These categories are:

1. Chromosomal Abnormalities
2. Genetic or Congenital Disorders
3. Sensory Impairments
4. Inborn Errors of Metabolism
5. Disorders of Nervous System Development or Function
6. Congenital Infections
7. Early Childhood Mental Health Disorders
8. Disorders Secondary to Toxic Exposure
9. Health Impairments
10. Orthopedic Impairments

Presenting the list within this established policy framework allows providers, administrators, and medical partners to navigate eligibility determinations more easily and supports consistency across regions and programs.

[2] From Massachusetts Early Intervention Diagnosed Conditions List, 2015. Available from https://www.mass.gov/lists/early-intervention-policies

Revision Process and Stakeholder Involvement

The revision process was intentionally collaborative and multi-staged, drawing on provider expertise, clinical input, and state-level oversight.

An initial draft reorganized the existing Alaska list of EI/ILP Part C Qualifying Conditions under the ten policy categories and cross-walked each condition to corresponding ICD-10 codes. Because ICD-10 codes offer greater diagnostic specificity, several entries from the original list expanded into multiple, more precise descriptions.

The Alaska Infant Learning Program Association (AILPA) was consulted regarding the overall approach and formatting, including whether the list should aim to be comprehensive or only include examples, and whether to include ICD-10 codes directly. AILPA providers also offered input on proposed thresholds related to prematurity and birth weight that align with current eligibility practices, often implemented through informed clinical opinion.

The ILP state office contributed historical data identifying conditions used in eligibility determinations that were not reflected on the existing list. Community medical providers, engaged through the All-Alaska Pediatric Partnership (A2P2), reviewed the draft to identify conditions that should be removed, consolidated, or added—without expanding eligibility thresholds.

Resulting Output

The resulting updated list reflects current medical terminology, clearer organization, and improved alignment with Alaska ILP eligibility determination history. It is intended to reduce uncertainty for families and providers, support consistent access to ILP statewide, and improve the quality of data available for planning and evaluation. The proposed list is appended in a separate document. Table 1 provides a sample section to illustrate how conditions are shown in the new format.

Table 1. Alaska EI/ILP Part C Qualifying Conditions – proposed Category 1. Chromosomal abnormalities – Conditions associated with intellectual and developmental disabilities

ICD-10 code	ICD-10 Description
D82.1	DiGeorge's syndrome
Q90.0	Trisomy 21, nonmosaicism (meiotic nondisjunction)
Q90.1	Trisomy 21, mosaicism (mitotic nondisjunction)
Q90.2	Trisomy 21, translocation
Q90.9	Down syndrome, unspecified
Q91.0	Trisomy 18, nonmosaicism (meiotic nondisjunction)
Q91.1	Trisomy 18, mosaicism (mitotic nondisjunction)
Q91.2	Trisomy 18, translocation
Q91.3	Trisomy 18, Unspecified (Edward's, E3)
Q91.4	Trisomy 13, nonmosaicism (meiotic nondisjunction)
Q91.5	Trisomy 13, mosaicism (mitotic nondisjunction)
Q92.7	Trisomies & partial trisomies of autosomes, NEC (use for tetrasomy 18P)
Q93.3	Deletion of short arm of chromosome 4 (Wolf Hirschhorn)
Q93.4	Deletion of short arm of chromosome 5 (Cri du chat)
Q93.81	Microduplication of 22q11.2
Q93.82	Williams syndrome (7q11.23 deletion)
Q93.88	Other microdeletions/microduplications of the autosomes (use for 8p inverted duplication deletion syndrome)
Q93.89	Other deletions of part of a chromosome (use for 18q deletion syndrome)
Q98.0	Klinefelter syndrome, karyotype 47,XXY
Q99.8	Other specified chromosomal abnormalities (CHARGE syndrome; AGO2-Lessel-Kreinkamp; DDX3X genetic syndrome)

Proposed Processes for Regular Review of the List of Eligible Conditions

Rationale for Ongoing Review

In parallel with revising the current list of eligible conditions, this work considered how Alaska ILP might maintain the list over time in a way that is both clinically sound and responsive to families' needs. Medical knowledge, diagnostic practices, and patterns of identified conditions evolve continuously, and a static list that goes many years without review risks becoming misaligned with medical and developmental knowledge and community need.

At the same time, eligibility determinations affect families, providers, data systems, and financing structures. Changes to the list therefore require deliberate processes that balance responsiveness with consistency, transparency, and administrative feasibility. To support this balance, two complementary review processes are proposed:

1. a frequent, limited-scope review process for individual conditions as they arise, and
2. a periodic, comprehensive review of the full list.

Together, these processes are intended to strengthen Alaska's ability to respond to emerging needs while preserving system stability and clarity.

Guiding Principles

Both proposed processes are guided by the following principles:

- Responsiveness to families and providers, particularly when a child presents with a condition not yet reflected on the list.
- Clinical rigor and consistency, grounded in current medical and developmental knowledge.
- Clear advisory and decision-making roles, consistent with the ICC's statutory role to advise and assist and the ILP state office's authority to make final determinations.
- Transparency and documentation, supporting provider confidence and public accountability.
- Alignment with existing eligibility criteria, without expanding eligibility thresholds through the review process itself.

Frequent Review of Individual Conditions

The first proposed process allows for timely review of one or a small number of conditions when they arise in practice and are not yet reflected on the established list. This process is designed to be responsive without requiring a full-scale revision.

Under this approach, ILP teams may submit proposed additions to the list when a child presents with a condition that warrants consideration. Submissions should follow a standardized format and be directed to a designated location maintained by the ILP state office.

Submissions should include:

- a clear descriptor of the condition (e.g., ICD-10 code and description),
- A brief clinical justification describing the condition and its relevance to developmental risk,

and any additional information determined necessary by the ILP state office.

To support consistent, timely, and clinically informed review of these submissions, this report recommends establishing a standing medical review subcommittee under the ICC. This structure provides a clear and repeatable mechanism through which the ICC can carry out its role to advise and assist the ILP state office on eligibility-related questions that require clinical expertise.

On a regular schedule (e.g., monthly, or quarterly), the medical review subcommittee will review submitted requests and develop recommendations for ICC consideration. These recommendations can then move through the ICC's established approval process before being submitted to the ILP state office for final determination.

In such situations where a condition is proposed for addition, families will continue to access services through the alternate eligibility pathway of informed clinical opinion, ensuring that services are not delayed while review processes occur.

Proposed Medical Review Subcommittee

The medical review subcommittee is intended to strengthen the ICC's internal capacity to provide informed, timely, and consistent advisory input related to established conditions, while preserving the ILP state office's authority for final eligibility decisions.

By creating a standing forum for structured clinical review, the ICC moves beyond ad hoc consultation toward a durable structure that supports institutional learning and continuity. Over time, this approach allows ICC members to develop shared understanding of emerging conditions, diagnostic trends, and their implications for early childhood development and early intervention practice in Alaska. This will, in turn, enhance the quality and consistency of recommendations provided to the ILP state office.

Role and Function

The medical review subcommittee shall:

- Review proposed additions or modifications to the list of eligible conditions,
- Assess clinical relevance and alignment with existing eligibility criteria,
- Recommend whether conditions should be added, time-limited, reclassified, or not added,
- Identify the appropriate policy category for any recommended additions, and
- Forward recommendations to the full ICC for consideration and approval.

All recommendations are made within the ICC's advisory role. The ILP state office shall retain responsibility for final decisions, including consultation with state medical leadership and documentation of decision outcomes.

Proposed Membership

The membership of the medical review subcommittee could look as follows:

- GCDSE / ICC staff,
- An ILP Coordinator (ILP program director),
- Two ILP providers representing different licensed or certified disciplines (e.g., SLP, OT, PT, ECSE),
- EPSDT Coordinator, Department of Health,
- An Alaska Association for Infant Mental Health (AKAIMH) representative or IECMH-endorsed provider,
- A community medical provider (e.g., through A2P2), from a relevant medical specialty.

This composition is intended to balance clinical expertise, system knowledge, and cross-agency perspectives.
As with the Finance subcommittee, the structure of two co-chairs is recommended.

Periodic Comprehensive Review of the Full List

The second proposed process is a regular, comprehensive review of the full list of eligible conditions, intended to occur on a defined cycle (e.g., every three to five years). This process supports alignment with evolving research, clinical practice, and Alaska-specific data.

Under this approach, the ILP state office should initiate a comprehensive review by requesting ICC support for that purpose, in its role to advise and assist. The timing should be such that the ICC can incorporate a request for proposed additions or revisions into existing public input mechanisms, such as the public comment period associated with the annual IDEA Part C application.

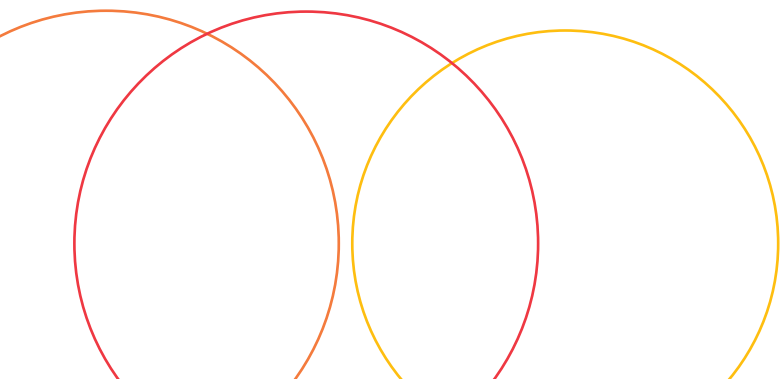
To support informed review, the ILP state office should also compile and share with the ICC:

- The current list of eligible conditions,
- Conditions recorded under "Other" in the state data system since the last comprehensive review,
- Conditions used to establish eligibility through informed clinical opinion since the last comprehensive review.

The ICC, or its medical review subcommittee, will solicit input and change requests from:

- Community medical providers (e.g., through A2P2),
- ILP providers statewide, with support from AILPA and the ILP state office.

The ICC or subcommittee will next identity and review the established condition lists from other states that have most recently been updated, to build on the work of other states and the Part C system as a whole. The findings from that review will be compiled into a set of specific findings and recommended changes and used in the next step.



The ICC or subcommittee will review proposed additions and changes to the list as a whole to:

- Determine whether conditions should be added, removed, or reclassified,
- Identify conditions that should confer time-limited eligibility,
- Reassess time-limited conditions that may warrant ongoing eligibility,
- Ensure alignment with policy categories and current clinical understanding.

This step should include the formation of an ad-hoc work group of multi-specialty medical experts to support the subcommittee's work.

A draft updated list will be shared with ILP providers and medical partners for review and feedback prior to finalization. The ICC will approve the proposed list and submit it to the ILP state office for final review and determination. The ILP state office should follow internal department procedure to complete and approve the revision, and finally publish the updated list.

The whole process is expected to take 6-12 months from initial request by the ILP state office to the ICC, to the final approval and publication of the updated list.

Benefits of a Dual-Process Approach

Using two complementary review processes allows Alaska's ILP system to remain both responsive and stable. The frequent review process ensures that families and providers are not constrained by outdated lists or when less common or emerging conditions arise. The comprehensive review process ensures periodic system-wide alignment and avoids incremental drift over time.

Together, these processes support consistent eligibility determinations, improved data quality, and a strengthened advisory partnership between the ICC and the ILP state office.

Implementation Approach for Eligibility Expansion

Purpose and Framing

Expanding eligibility for early intervention services represents a significant and complex system change for Alaska's Infant Learning Program (ILP). While prior work has established the rationale for aligning Alaska's Part C eligibility criteria with less restrictive standards used in other states—and within Alaska's own Part B system—the success of such a change depends largely on how it is implemented and the level of readiness.

This section proposes a structured implementation framework, grounded explicitly in the Active Implementation Frameworks (AIFs)[3], to support thoughtful, staged, and manageable change if or when eligibility expansion proceeds. The framework is not intended as a turnkey project plan. Rather, it provides a structure for planning, learning, and decision-making that emphasizes readiness, capacity-building, and continuous improvement.

The five Active Implementation Frameworks are particularly well suited to changes of this scale.

- Usable innovations – select suitable and effective practices and programs that are teachable, learnable, doable and can be assessed for fidelity.
- Implementation stages – recognize and manage change as a process over time through discrete stages with different needs and activities.
- Implementation drivers – actively manage the drivers or factors that lead to successful implementation and desired outcomes.
- Implementation teams – create, organize, manage and coordinate the teams needed to make the change happen.
- Improvement cycles – apply a methodical approach to testing and scaling the changes and responding to problems along the way.

Together, they support an adaptive, learning-oriented approach to change—one that reduces risk, surfaces challenges early, and allows systems to adjust based on experience.

[3] Developed by the State Implementation and Scaling-up of Evidence-based Practices (SISEP) and the National Implementation Research Network (NIRN). Available on the AI Hub hosted by the Frank Graham Porter Institute at University of North Carolina, Chapel Hill - https://implementation.fpg.unc.edu/.

Guiding Assumptions

Several assumptions inform the proposed implementation approach:

- Eligibility expansion is likely to result in a substantial increase in children served, with benchmarking suggesting approximately an 80 percent increase and the Part B child count suggesting potential for further growth over time.
- Alaska's ILP system is already operating under capacity constraints, shaped by workforce availability, geographic dispersion, travel requirements, and the cumulative effects of flat funding.
- Policy change alone is insufficient; service delivery models, workforce roles, financing mechanisms, data systems, and implementation supports must be aligned for expansion to succeed.
- Financial readiness and sustainability are essential implementation conditions. Decisions about eligibility expansion must account for the alignment of financing mechanisms, sources, billing structures and reimbursement rates, to support implementation over time.
- Incremental, staged implementation is more likely to preserve service quality and workforce sustainability than a single, system-wide shift.
- Expansion steps should be treated as learning opportunities, informing later phases through data and experience.

In addition, system readiness varies substantially across regions, reflecting differences in workforce availability, geographic isolation, travel demands, and access to specialized services. Administrative complexity and coordination across programs also shape capacity and must be considered alongside workforce and financing in planning any system change.

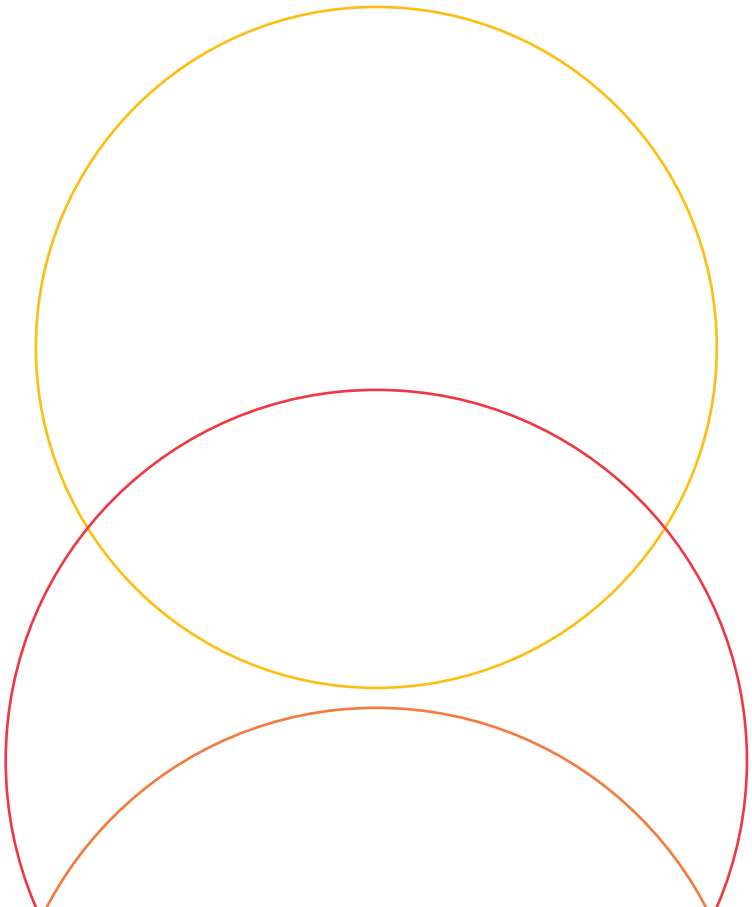
Phased Roadmap for Eligibility Expansion

Eligibility expansion of this scale is best understood as a phased roadmap, rather than a single transition. The roadmap provides a high-level view of how the system can move from preparation to incremental change and, ultimately, to stabilization. It allows stakeholders to see the full arc of change while recognizing that progress along the roadmap may pause, adapt, or accelerate based on readiness and learning.

The phased roadmap outlined below aligns with the Active Implementation Frameworks while remaining accessible to a broad audience and adaptable to future decision-making.

Phase 1: System Readiness and Preparation

The first phase focuses on ensuring that the ILP system is prepared to support any change in eligibility criteria. This phase emphasizes exploration and readiness, including confirmation that resources are in place – or that there are tangible and plausible plans to secure them – before implementation begins. Critically, this work needs to include sustainable financial resources and workforce capacity.



Key areas of focus include:

- Assessing workforce capacity and need,
- Exploring and assessing service delivery models,
- Strengthening data systems and monitoring capability,
- Developing new and revised ILP billing codes and rates, including special instruction and tele-delivery,
- Securing funding sources to cover the full implementation process from planning and capacity development to piloting, scaling and sustaining changes,
- Clarifying change leadership roles and advisory structures,
- Developing implementation supports such as guidance, training, and reflective supervision,
- Identifying potential pilot regions and program components.

Rather than assuming uniform starting conditions statewide, readiness assessments should explicitly account for regional variation. Administrative processes – e.g. eligibility determination, documentation and billing practices – should be reviewed early to identify where they may impede scaling or disproportionately burden providers.

Financial readiness is as important as workforce and operational readiness. Early planning should consider which funding streams and billing mechanisms are reasonably aligned with proposed service models and roles, and whether near-term opportunities – such as expanding Medicaid administrative claiming or seeking external grant funds – could support early learning and pilot activities. Addressing these considerations during preparation helps ensure that decisions to move forward are informed by both service capacity and financial sustainability.

This phase does not assume that eligibility expansion will proceed on a fixed timeline. Its purpose is to reduce risk and build conditions for success should expansion move forward.

Phase 2: Incremental Eligibility Expansion and Learning

The second phase involves stepwise changes to eligibility criteria, implemented incrementally and accompanied by structured learning. Rather than moving directly from a 50 percent to a 25 percent developmental delay threshold, the system should proceed in defined increments, allowing time to assess impact and adapt.

In prior workgroup discussions, thresholds of 50 → 40 → 30 → 25 percent developmental delay were used as illustrative examples. These thresholds are presented here solely to demonstrate how an incremental process might function in practice, not as specific recommendations. Actual expansion steps should be determined based on more detailed capacity and need assessments. At least two steps are recommended to move eligibility from 50 to 25 percent developmental delay, and three will allow for a smoother and more adaptive approach.

Each increment is treated as a learning cycle, with explicit attention to preparation, implementation, monitoring, and stabilization before proceeding further. This is a key time to test and refine service and funding models to make sure that resources and capacity scale together with eligibility and child count.

Phase 3: Stabilization and Longer-Term Growth

The final phase focuses on stabilization once the target eligibility threshold is reached. Attention shifts toward sustaining service quality, workforce capacity, and equitable access over time.

This phase also recognizes the potential for continued growth beyond initial projections, informed by Alaska's Part B experience, where a substantially higher percentage of children are served. Ongoing monitoring and adaptive planning remain essential to ensure that growth does not erode system sustainability.

As eligibility expansion stabilizes and enrollment grows, financial sustainability becomes increasingly important. Over time, this may include revisiting reimbursement rates and billing structures to better reflect the true cost of service delivery in Alaska, including travel, geographic dispersion, and the balance between in-person and tele-delivered services. Periodic review of financing assumptions supports long-term planning and workforce stability as the system evolves. Long term financing models may be tied to child count, service models and inflation, and emphasize billing. By making more of the core ILP functions billable under Medicaid, Alaska can leverage the federal funding through the 50 percent Federal Medical Assistance Percentage (FMAP), reducing the amount of needed state general funds and making sure that Part C funds are used as the payer of last resort.

Staged Implementation in Practice: Example of the First Increment (50% → 40%)

To illustrate how the phased roadmap translates into practice, this section walks through a single incremental step – reducing the eligibility threshold from 50 percent to 40 percent developmental delay – aligned with the stages of implementation defined in the Active Implementation Frameworks.

This example is intended to demonstrate process and sequencing, not to prescribe specific actions or timelines.

Exploration and Readiness: Confirming Conditions for Success

Before any change to eligibility criteria, the system should engage in an exploration and readiness stage. The purpose of this stage is to determine whether sufficient capacity exists - or can reasonably be developed - to support the proposed increment without destabilizing current services. This should include the state office itself, to determine whether additional staff may be needed to support the eligibility change and provide technical assistance to a larger system after implementation.

Key questions at this stage include:

- What will enrollment increase look like with a 40 percent eligibility threshold?
- Which regions or programs are best positioned to participate initially?
- What workforce, service coordination, and support capacity exist today, and what is needed?
- Do we have the funding to proceed?
- What resources or support will need to be strengthened prior to implementation?

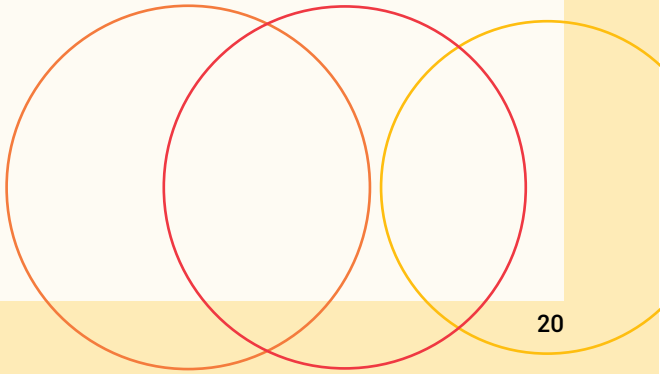
Exploration should also examine how capacity and administrative burden differ across regions, including the feasibility of implementing changes in rural or remote areas with limited staffing and higher travel demands. Understanding where administrative complexity creates friction will help determine where piloting is most feasible and what supports are required.

Concrete readiness activities may include:

- Enrollment and caseload modeling under multiple scenarios,
- Identification of pilot or early-adopter regions,
- Assessment of evaluation and IFSP development capacity,
- Alignment of financing and billing mechanisms with service volumes,
- Planning for implementation supports (including e.g. technical assistance, reflective supervision and change facilitation).

In addition to workforce and service delivery readiness, preparation for the first eligibility increment will include confirming financial readiness. This may involve assessing whether existing billing pathways and funding sources can support anticipated changes in service volume and delivery models, and whether near-term strategies – like time-limited external funding or an ILP budget increase – can support planning and early implementation activities.

Only once this readiness work indicates that conditions for success are in place should the system proceed to implementation.



Initial Implementation: Testing Change in a Supported Way

The initial implementation stage focuses on launching the 40 percent threshold in a controlled and supported manner, often through pilot regions or programs.

Activities during this stage may include:

- Implementing the new threshold in selected regions,
- Providing targeted guidance and training to multidisciplinary evaluation teams,
- Pairing eligibility expansion with service model tests (e.g., hybrid tele-delivery, coaching emphasis),
- Piloting role configurations, such as separate family service coordination and ILP provider roles,
- Providing enhanced reflective supervision and implementation support to participating staff,
- Verifying that current funding streams are sustainable at this level of eligibility,
- Increase financial support for adequate staffing numbers and skilled workforce.

This stage emphasizes support and learning, rather than speed or scale.

Stabilization and Learning: Using Data to Decide What Comes Next

Following initial implementation, the focus shifts to stabilization and structured learning. This stage allows the system to assess whether the first increment is functioning as intended and what adjustments are needed.

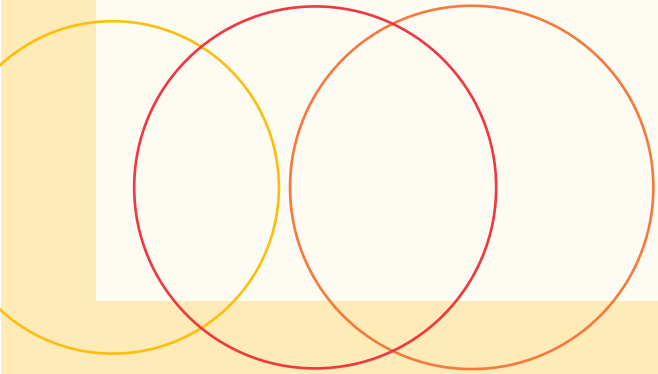
Key activities include:

- Reviewing enrollment, caseload, and service intensity data at defined intervals,
- Gathering qualitative feedback from providers and families,
- Identifying operational bottlenecks (e.g., evaluations, service coordination),
- Verifying that current funding streams are sustainable at this level of eligibility,
- Refining guidance, supports, and timelines based on findings.

Decisions about expanding to additional regions or proceeding to the next increment (e.g., 40 → 30 percent) will be informed by this learning, rather than by predetermined schedules.

Iteration and Progression Across Increments

Each subsequent eligibility increment should follow the same staged pattern – exploration and readiness, initial implementation, stabilization and learning – building on lessons from prior cycles. Over time, this approach supports cumulative learning, risk reduction, and stronger system alignment.



Implementation Drivers – What Must Be in Place for Change to Work

The Active Implementation Frameworks identify three categories of implementation drivers that must function together for change to be successful: competency drivers, organization drivers, and leadership drivers. These drivers provide a practical lens for understanding what must be developed or aligned to support eligibility expansion.

Competency Drivers – Building and Sustaining Workforce Capacity for Change

Competency drivers focus on ensuring that the workforce has the skills, supports, and confidence needed to implement change effectively. In the context of eligibility expansion, these drivers are central to maintaining service quality as demand increases and service delivery models evolve.

Because eligibility expansion is implemented incrementally, competency drivers must be developed in parallel with each step, rather than assumed to be static or "in place" at the outset.

Key competency drivers include:

- *Recruitment and entry pathways:* expanding and diversifying pathways into ILP roles to support increased demand over time. As eligibility thresholds shift, recruitment efforts may need to target different geographic areas or different skill mixes to align with evolving service models.
- *Training aligned with implementation stages:* providing training that is timely, practical, and aligned with specific implementation phases. Early expansion steps may require focused guidance for multidisciplinary evaluation teams, while later stages may emphasize service intensity, caseload management, or specialized practice areas.
- *Technical assistance, coaching and reflective supervision:* ensuring that providers receive ongoing support to integrate new expectations into practice. These supports play a critical role during periods of change by supporting problem-solving, skill development, professional growth, and emotional sustainability.
- *Role clarity and skill differentiation:* supporting clarity around evolving roles – such as distinctions between family service coordination and direct service provision - and ensuring that staff have the competencies needed to function effectively within those roles.

Competency drivers interact closely with improvement cycles. Feedback from early eligibility increments can highlight gaps in training, supervision, or role design, allowing the system to adjust supports before proceeding to subsequent steps.

By intentionally strengthening competency drivers alongside stepwise eligibility expansion, Alaska's ILP system can reduce implementation strain, support provider effectiveness, and build a workforce capable of sustaining growth over time.

Organization Drivers – Aligning Systems and Structures to Support Implementation

Organization drivers ensure that the broader system infrastructure supports effective implementation. In the context of eligibility expansion, these drivers focus on aligning structures, processes, and funding so that changes in eligibility criteria can be absorbed without undermining service quality or workforce sustainability. Because eligibility expansion introduces new demand incrementally, organization drivers play a critical role in ensuring that each stepwise change is supported by corresponding system and resource adjustments.

Key organization drivers include:

- Service delivery models: aligning approaches such as coaching, consultation, and hybrid in-person and tele-delivery with changing enrollment volume and workforce capacity. Service models that function well at current enrollment levels may require adaptation as eligibility thresholds shift.
- Financing and billing structures: ensuring that funding mechanisms, including Medicaid billing and state grant structures, support evolving service delivery models, role differentiation, and remote services where appropriate. Misalignment between service expectations and financing can create unintended strain during implementation.
- Data and information systems: maintaining timely, reliable data systems capable of tracking enrollment, caseloads, service intensity, and regional variation. These systems are essential for monitoring the impact of each eligibility increment and informing leadership decisions.
- Administrative processes and workflows: reviewing and refining evaluation, IFSP development, direct service delivery and service coordination processes to prevent bottlenecks as demand increases. Small inefficiencies can compound quickly during expansion if not addressed proactively.

Organization drivers interact directly with improvement cycles. Data and operational feedback generated during early eligibility increments inform adjustments to service models, workflows, and resource allocation before subsequent steps are undertaken.

By intentionally aligning organization drivers with the phased roadmap and staged implementation process, Alaska's ILP system can reduce friction, support provider effectiveness, and maintain system coherence as eligibility expands.

Leadership Drivers – Guiding Adaptive Decision-Making Through Change

The Active Implementation Frameworks identify leadership drivers as essential for navigating complex, adaptive change. Eligibility expansion within Alaska's Infant Learning Program is not a technical change that can be fully planned in advance; it requires leadership that can interpret emerging information and make informed decisions over time.

Within this framework, leadership drivers are most visible at transition points between phases and eligibility increments, where decisions must be made about whether to proceed, pause, or adjust course.

Key leadership functions include:

- Sense-making: synthesizing data and qualitative feedback from pilots, early implementation, and improvement cycles to understand enrollment patterns, workforce impacts, service delivery challenges, and family experience.
- Decision-making under uncertainty: using available evidence — not fixed timelines or assumptions — to determine readiness to advance to the next eligibility increment or to remain in a stabilization phase.
- Authorizing adaptation: legitimizing course corrections, such as adjusting service models, implementation supports, or timelines, when initial assumptions do not hold.
- Maintaining alignment: ensuring that evolving implementation strategies remain aligned with policy intent, system values, and resource realities.

Leadership drivers operate through improvement cycles, which generate the information needed to guide adaptive decisions. In turn, leadership decisions shape the design and focus of subsequent cycles, creating a feedback loop that supports learning while reducing the risk of compounding system strain.

Within Alaska's ILP system, the ILP state office exercises leadership authority for policy and operational decisions, while the ICC fulfills its statutory role by advising and assisting through structured input and stakeholder engagement. Implementation and leadership teams provide the forums through which leadership functions are coordinated.

By attending explicitly to leadership drivers, the implementation framework supports eligibility expansion as a guided, learning-oriented process—one that balances direction with responsiveness and maintains focus on service quality and family outcomes.

Implementation Teams – Organizing for Learning and Scale

The Active Implementation Frameworks emphasize the importance of multi-level implementation teams, each with distinct but complementary roles. For Alaska's ILP system, a three-tier structure may be appropriate:

1. **State Leadership Team**
   Provides overall direction, aligns policy and resources, resolves cross-system barriers and makes timely decisions. This team should include ILP state office leadership and ICC representation.

   Example membership: Part C Coordinator / Early Intervention Manager (state lead, convening authority), DOH IT / data lead (system reporting, dashboards, data definitions), DOH finance/ administration representative (grant management, contracting implications, sustainability), ICC Chair or designee, Medicaid / EPSDT policy representative (billing, coverage alignment), A2P2 / pediatric screening-referral partner representative, local ILP program director/administrator representatives (from one larger hub and one rural/remote region), family representative (parent voice), Part B (DEED / special education) liaison, Tribal health organization representative, and clinical advisor (rotating seat, e.g., neonatology/pediatrics/genetics).

2. **State-Level Implementation Team**
   Responsible for planning, coordinating, and monitoring implementation activities across regions. Runs the work between meetings: designs the increments, supports pilots, builds guidance/training, monitors data, runs feedback loops, and brings "decisions needed" to Leadership. This team translates policy decisions into operational guidance and supports learning across sites.

   Example membership: Implementation lead / project manager (DOH or contracted support), ILP state office program specialist, two local program providers such as SLP/OT/PT/ECSE (one urban hub and one rural/remote), training and workforce development lead (e.g. Alaska SEED representative), reflective supervision lead / IECMH-informed support, DOH data analyst / IT liaison (dashboards, measures, data quality, rapid-cycle reporting).

3. **Regional or Pilot Implementation Teams**
   Operate at the local level to test changes, collect data, and provide feedback. These teams are particularly important during early expansion steps, when piloting service models, role configurations, or tele-delivery approaches.

This structure allows learning to flow upward from practice while maintaining coherence at the system level.

Improvement Cycles and Learning – Using Stepwise Expansion as a System Learning Process

The Active Implementation Frameworks emphasize the use of continuous improvement cycles to support effective implementation in complex systems. In the context of eligibility expansion, these improvement cycles serve two closely related purposes:

1. supporting learning and adjustment within each implementation phase, and

2. informing decisions about whether, when, and how to proceed to subsequent eligibility increments.

Rather than treating eligibility expansion as a single event, this framework intentionally frames each stepwise change in eligibility criteria as an improvement cycle in its own right. In this way, stepwise expansion becomes not only a pacing strategy, but also a structured learning process.

Improvement Cycles Within Each Eligibility Increment

Within any given eligibility increment (e.g., a shift from a 50 percent to a 40 percent developmental delay threshold), improvement cycles support learning across four recurring activities:

- Planning: clarifying assumptions, readiness conditions, supports, and pilot parameters prior to implementation;
- Implementation: launching the change in a supported and bounded way, often through selected regions or programs;
- Assessment: reviewing quantitative and qualitative data related to enrollment, caseloads, service delivery, and workforce experience;
- Adjustment: refining guidance, supports, service models, or timelines in response to what is learned.

These cycles may occur multiple times within a single eligibility increment as the system stabilizes and adapts.

Learning Across Eligibility Increments

In addition to supporting learning within each step, improvement cycles also create explicit learning links between steps. Decisions about whether to proceed from one threshold to the next (e.g., from 40 percent to 30 percent developmental delay) are informed by cumulative learning from earlier cycles, rather than by predetermined schedules or assumptions.

Key learning questions across steps may include:

- How closely did actual enrollment increases align with projections?
- How did changes affect evaluation timelines, service coordination, and service intensity?
- Which service delivery models proved most effective at managing increased volume?
- What workforce supports were most critical to sustaining quality and preventing burnout?
- Where did implementation strain emerge, and what mitigated it?

Using this information to inform subsequent steps strengthens system readiness and reduces the risk of compounding challenges over time.

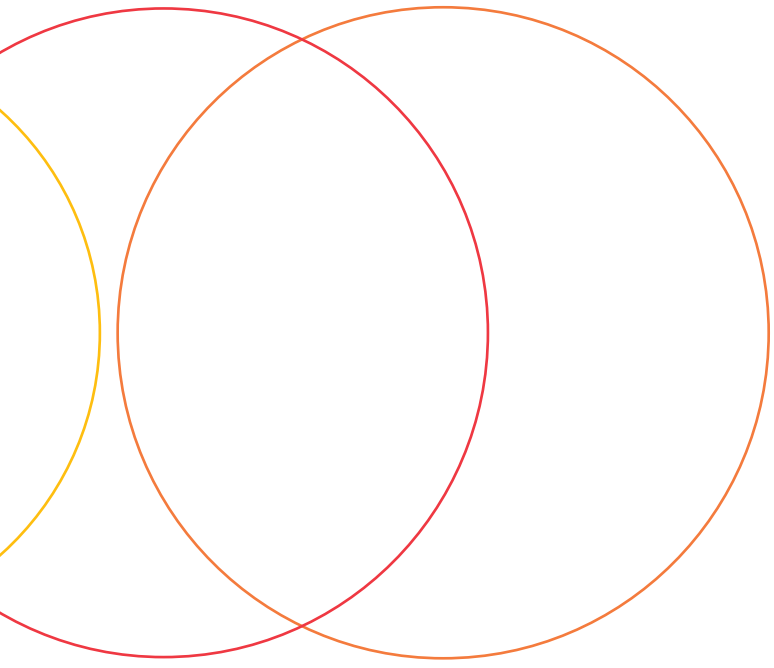
Leadership Drivers and Improvement Cycles

Improvement cycles are also the primary mechanism through which leadership drivers operate in this framework. Eligibility expansion represents an adaptive change, requiring leaders to interpret emerging information, balance competing priorities, and make decisions in conditions of uncertainty.

Leadership responsibilities in relation to improvement cycles include:

- Sense-making: interpreting data and feedback from pilots and early implementation;
- Decision-making: determining whether readiness conditions have been met to proceed, pause, or adjust;
- Course correction: authorizing changes to implementation supports, timelines, or scope based on learning;
- Communication: ensuring that ILP providers, families, and partners understand what is being learned and why decisions are being made.

In this way, improvement cycles connect directly to leadership structures, providing a disciplined process through which leaders can exercise adaptive leadership while remaining grounded in evidence and experience.



Piloting as a Deliberate Learning Strategy

Piloting is a central feature of improvement cycles within this framework. Early eligibility increments offer opportunities to pilot and learn from changes that may be necessary at scale, including:

- Dedicated versus blended family service coordination roles,
- Hybrid in-person and tele-delivery service models,
- Adjusted service intensity expectations,
- New approaches to supervision, training, certification, or workload management.

By intentionally treating these pilots as learning opportunities, Alaska's ILP system can refine approaches before broader roll-out, strengthening confidence in subsequent expansion steps.

Using Improvement Cycles to Support Sustainability

Ultimately, improvement cycles help ensure that eligibility expansion remains responsive and adaptive rather than reactive. They provide a structured way to align learning, leadership, funding and system capacity over time, supporting both short-term implementation success and long-term sustainability. In each expansion step and across cycles, tests of change will determine whether the system has the workforce capacity to receive and serve additional children, and whether billing and other funding sources are keeping up and providing sufficient resources.

Through this approach, stepwise eligibility expansion becomes not only a method of managing growth, but also a vehicle for continuous system learning and improvement.

Measurement, Feedback, and Learning

Timely measurement and feedback are essential to steering improvement cycles, managing resources, and ensuring that intended outcomes are achieved without compromising service quality or timeliness. Across preparation, incremental expansion, and stabilization, access to reliable information allows leaders and partners to assess readiness, monitor impact, and adjust strategies as conditions change. Within the implementation framework, data connects drivers, stages, and improvement cycles by informing decisions about when and how to proceed. Measurement and feedback are therefore integral to each stage of implementation and must be intentionally designed alongside data systems that minimize burden on providers. In some cases, existing data systems may need to be updated, and temporary or supplemental measures may be required to support learning and guide change efforts.

Using the Framework

This implementation framework is intended to support shared understanding and coordinated planning rather than prescribe specific actions. By grounding eligibility expansion in the Active Implementation Frameworks, Alaska's ILP system can approach change as a deliberate, learning-oriented process – one that balances urgency with care and growth with sustainability.

The following Workforce Development section builds directly on this framework, focusing more closely on one of the most critical implementation drivers: developing additional capacity within Alaska's ILP system.

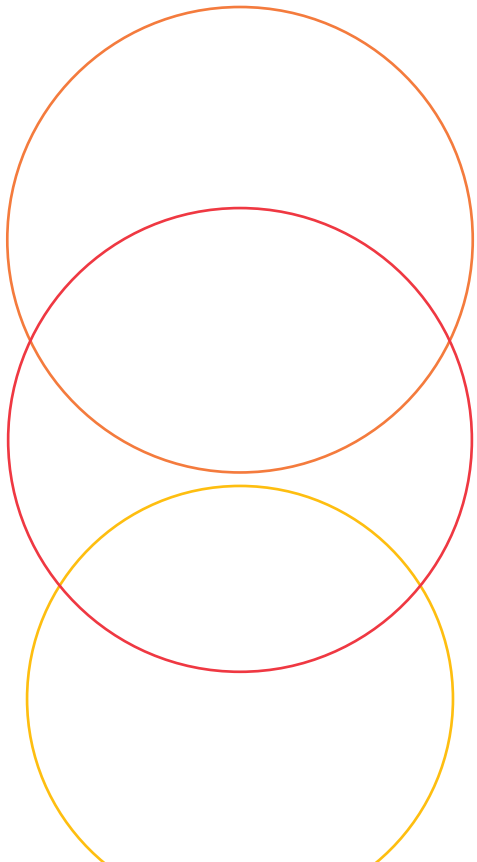
Workforce Development – Developing Additional Capacity in Alaska's ILP System

Purpose and Framing

Workforce capacity is one of the most significant determinants of whether eligibility expansion can be implemented successfully and sustained over time. As outlined in the Implementation Framework, expanding eligibility is not simply a policy change; it is a system-level transition that affects service delivery models, financing mechanisms, and the day-to-day experience of providers and families.

This section focuses on developing additional workforce capacity within Alaska's Infant Learning Program system in ways that support both current service demands and future growth. While eligibility expansion increases urgency, many of the workforce challenges described here exist under current eligibility criteria and will benefit from proactive attention regardless of whether expansion proceeds in the near term.

Consistent with the phased roadmap described earlier, workforce development is best framed as a staged, adaptive process, rather than a one-time hiring effort. The emphasis should be on building a workforce system that can grow, learn, and stabilize alongside incremental eligibility expansion.



Two Complementary Approaches to Building Workforce Capacity

Discussions of workforce capacity often default to a single question: *How many staff are needed?* While staffing levels are important, they represent only one dimension of capacity. In practice, systems increase their ability to serve more children and families through two complementary approaches.

The first approach focuses on **expanding the workforce** itself – recruiting, training, and retaining additional staff so that more services can be delivered using existing role structures and service models.

The second approach focuses on **how work is organized and delivered** – adjusting roles, workflows, supervision structures, and service delivery models so that the system can serve more children effectively with available staff.

Both approaches are necessary to sustain expected service volume growth of 80 percent or more. Framing workforce development solely in terms of staffing numbers risks overlooking opportunities to reduce strain, improve sustainability, and make better use of highly trained providers. At the same time, relying exclusively on changes to service delivery without investing in workforce growth risks stretching providers beyond sustainable limits.

The workforce options outlined below should be understood within this dual frame. Rather than prescribing a single solution, they are intended to help Alaska consider how best to balance workforce growth and system design at different points along the implementation roadmap.

Current Workforce Context

Alaska's ILP workforce operates within a uniquely challenging context shaped by geography, travel requirements, limited labor pools, and the structure of service delivery across contracted local programs. Individual providers typically carry out the full range of ILP functions, balancing evaluation, service coordination, direct service provision, documentation, and travel within a single position.

Flat funding over an extended period has further constrained workforce development by limiting opportunities for competitive compensation, ongoing training, reflective supervision, and dedicated administrative support. As a result, workforce strain reflects not only staffing shortages, but also role compression and limited structural supports. Eligibility expansion will magnify these pressures if implemented without corresponding adjustments to workforce structure and support.

Workforce Capacity as an Implementation Driver

Within the Active Implementation Frameworks, workforce development aligns most directly with competency drivers, while also interacting closely with organization drivers. In this context, workforce capacity refers not only to the number of available providers, but to the system's ability to recruit, deploy, and support staff effectively as demand increases.

This framing reinforces the importance of attending to both workforce growth and how work is organized, rather than assuming that either approach alone will be sufficient.

Workforce Development Options

Rather than recommending a single workforce model, this section outlines a set of workforce development options that Alaska can explore, test, and refine over time. These options align differently with the two workforce capacity approaches described above and are best understood as complementary.

Clarifying and Differentiating Roles

Under current conditions, ILP providers often function as generalists, performing family service coordination, evaluation, direct service provision, and administrative tasks. While flexible, this structure can limit capacity and contribute to burnout.

Options to explore include:

- Dedicated Family Service Coordinator (FSC) roles separate from direct service provision – the Early Childhood Technical Assistance (ECTA) Center describes two service coordination models, dedicated service provider and blended or primary service provider[4];
- Hybrid models in which FSC responsibilities are shared across ILP provider and a service coordination staff;
- Administrative or clerical support roles that reduce documentation and scheduling burden on clinicians – in the most recent update to the Alaska SEED EI/ILP Career Ladder[5], Developmental Associates are able to performance administrative tasks in support of service coordination, and this support may have additional opportunities.

> *"The results from our studies, taken together, indicate that the influences of what service coordinators do and how service coordination is practiced is limited in terms of its effects on the number, intensity and types of child-level early intervention services (see Leventhal, Brooks-Gunn, McCormick, & McCarton, 2000). This is supported by the fact that a single variable – the number of persons developing the IFSP – proved to be the most important determinant of the number, intensity, and types of early intervention services."* (Bruder & Dunst, 2007)[6]

These configurations could be piloted during early eligibility increments to assess their impact on workload, family experience, and service continuity before broader adoption. Separate Part C Service Coordinator competencies, training and certification may be required, based on similar structures developed in other states like Washington or Virginia.

[4] Service Coordination Under Part C – ECTA Center site: https://ectacenter.org/topics/scoord/scoord.asp

[5] The Alaska System for Early Education Development is housed by thread. The EI/ILP career ladder is available on the thread side:https://www.threadalaska.org/seed/career-pathways/career-ladders.

[6] Bruder, Mary Beth, and Carl J. Dunst. "Relationship between Service Coordinator Practices and Early Intervention Services." Journal of the American Academy of Special Education Professionals 16 (2007): 29. Available from: https://files.eric.ed.gov/fulltext/EJ1140221.pdf

Service Delivery Models That Extend Capacity

Service delivery models represent a second set of options that primarily increase capacity by extending the reach of existing staff, particularly in a geographically dispersed state like Alaska.

Options include:

- Coaching-based approaches that emphasize parent or caregiver capacity-building,
- Consultation models that allow specialists to support multiple families or providers,
- Hybrid in-person and tele-delivery models that reduce travel demands.

Coaching – a model where parents or caregivers are supported in developing therapeutic routines, as opposed to direct services provided by therapist to child – is already being used across Alaska today. Re-commitment, shared best practices and re-training may increase consistency and competency, and support tele-delivery.

Consultation models might include designating licensed or certified PT/OT/SLP/ECSE as ILP specialists, and leveraging them primarily as consultants to ILP teams led by ILP generalists, SEED 10-12 ILP providers with the Part C credential recruited from related fields.

Hybrid in-person and tele-delivery models might involve initial in-person contact which tapers off into more tele-delivered coaching support. Alaska has a long history of tele-delivery in other fields, e.g. radio-based medical services in the Yukon-Kuskokwim Delta, with a wealth of learning that can inform an ILP tele-delivery model.

These approaches can be tested incrementally alongside eligibility expansion to understand their effects on service intensity, outcomes, and provider workload, and to ensure they are applied appropriately across different family needs.

Supervision and Professional Support

Supervision and professional support function as capacity-preserving strategies, supporting both workforce growth and changes in how work is organized. As eligibility expands, support demands are likely to increase due to higher caseloads, greater service complexity, and ongoing adaptation. Reflective supervision, peer consultation, and communities of practice help providers integrate new expectations while maintaining quality and well-being.

These supports are critical to sustaining workforce capacity over time and reducing turnover during periods of change. Especially reflective supervision can help to reduce provider strain, burnout and turnover.

Training and Workforce Pipeline Development

A complementary set of options focuses on expanding the workforce itself by strengthening recruitment, training, and entry pathways.

Options include:

- Partnership with the University of Alaska system, to support early childhood or special education specialization training access at the Bachelor level, and encourage re-offering the Masters program in early childhood special education. Identify and support opportunities to provide a transitional pathway from related fields, and related therapy training access (SLP, OT, MH, PT).
- Partnerships with entities such as the Alaska UCEDD (University Centers for Excellence in Developmental Disabilities) – Center for Human Development – to develop professional development, in-service training pathways to meet Part C competencies for professionals with degrees in related fields, without the advanced degree requirement.
- Tiered entry pathways that allow staff to enter ILP roles and progress over time, building on and refining the EI/ILP SEED Career Ladder.
- Training for paraprofessional or assistant roles that support licensed providers.
- Rural- and regionally focused recruitment strategies that build local capacity, such as partnering with out-of-state programs to locate clinical rotations and internships within Alaska.

Training and pipeline development efforts should be aligned with implementation stages, ensuring that workforce growth keeps pace with system demand.

Phasing Workforce Development Alongside Eligibility Expansion

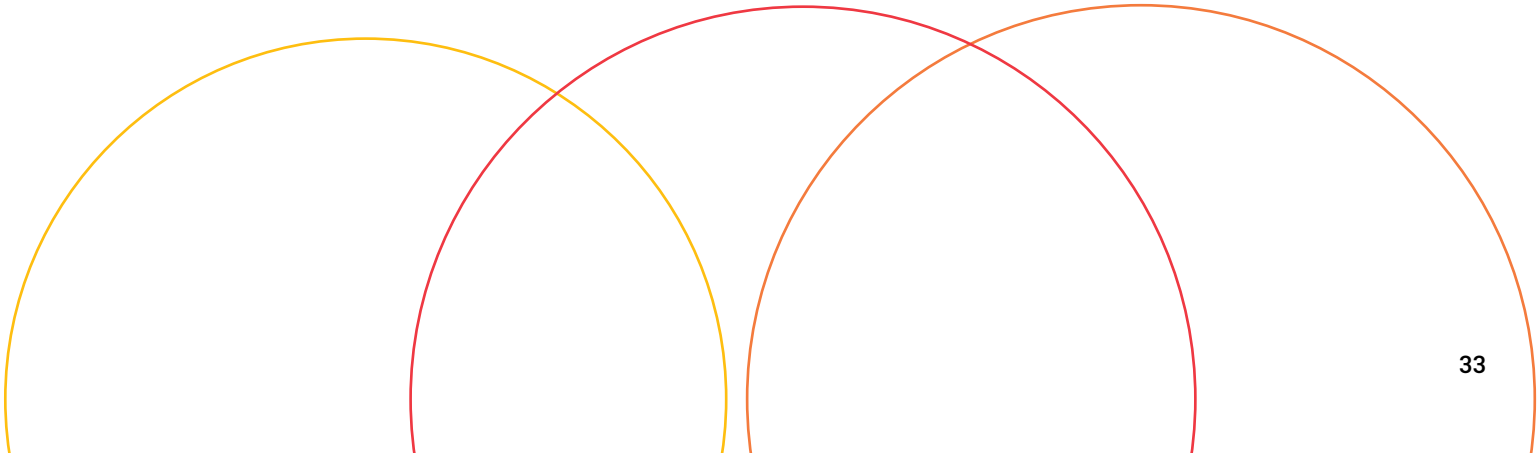
Across phases of implementation, Alaska's ILP system is likely to rely on both workforce growth and changes in how work is organized, adjusting the balance between these approaches based on system readiness and learning from each eligibility increment.

- *Phase 1 (Readiness)* emphasizes assessment, role clarification, support development, and pipeline planning.
- *Phase 2 (Incremental Expansion)* focuses on piloting role configurations, service models, and scaling support structures alongside stepwise eligibility changes.
- *Phase 3 (Stabilization)* shifts attention toward retention, career pathways, and long-term sustainability.

This sequencing allows workforce investments to respond to real-world learning rather than hypothetical projections.

Workforce Development as a Shared Responsibility

Developing additional workforce capacity is a shared responsibility across the ILP system. The ILP state office provides leadership and coordination, local programs contribute practice-based insight and innovation, and the ICC supports this work through its advisory role. By approaching workforce development as an integrated component of the broader implementation framework – rather than as a parallel task – Alaska's ILP system can strengthen its ability to serve children and families effectively under current eligibility criteria and in the context of future growth.



Next Steps – Immediate Actions and Conditional Pathways

As it does today, the Alaska ILP system budget will continue to limit what is feasible in the near term. Until the ILP system receives additional resources, there are actions that can be taken now to support readiness and informed decision-making, as well as additional steps that become appropriate when more resources are made available to support coordinated implementation work.

The next steps outlined below are organized to reflect two complementary pathways:

1. preparatory actions that are appropriate regardless of funding outcomes, and
2. actions that become appropriate when additional funding is available.

Near-Term Steps Appropriate Under Any Funding Scenario

Several actions can proceed without assuming additional resources or initiating implementation activity. These steps focus on preparation, learning, and system strengthening under current eligibility criteria.

1. Clarify Priority Learning and Readiness Questions

The ILP state office, with assistance of the ICC and other system partners, can identify a focused set of priority learning and readiness questions to guide near-term analysis and discussion, such as:

- Where workforce strain is most acute under current eligibility criteria;
- Which service delivery models are functioning most effectively within existing resources;
- What to expect regionally in terms of rising service volumes from eligibility increase;
- Estimate additional billing revenue from special instruction, and what additional funding is needed;
- Where data limitations constrain planning for future growth.

Clarifying these questions helps ensure that future planning – whether or not eligibility expansion proceeds – is purposeful, targeted, and grounded in system realities.

2. Advance Strategic Workforce Partnerships

One immediate and constructive step is to explore and strengthen partnerships that support workforce development over time. In particular, Alaska may benefit from deeper collaboration with the University of Alaska system for academic pathways; a training center like the Center for Human Development, thread (Alaska's CCR&R) or other technical assistance entities for targeted, tailored and comprehensive professional development programs; and additional partners that can support clinical practicum placements, internships, and early career pathways within Alaska.

These partnerships can increase exposure to early intervention practice, support in-state training opportunities, and strengthen long-term recruitment and retention regardless of eligibility decisions.

3. Refine the Process for Ongoing Review of Eligible Conditions

The proposed process for regular review of eligible conditions – including the medical review subcommittee – can be finalized and operationalized. This work enhances transparency, consistency, and the ICC's ability to advise and assist the ILP state office over time, independent of eligibility expansion.

Additional Steps If Increased Funding Is Available

If and when additional funding for ILP becomes available, the system can then consider steps that involve active implementation planning and coordination, recognizing current staffing constraints within the ILP state office. Perhaps the best current pathways to increased funding include adding special instruction as a billable service (and other ILP functions) under Medicaid, or through the Rural Health Transformation grant, which may offer opportunities through the Healthy Beginnings, Health Care Access or Strengthen Workforce initiatives. Both of these can leverage federal financial support to build a sustainable service infrastructure. Finally – until addressed, a flat ILP budget will continue to erode current service delivery and stretch the workforce ever thinner as inflation continues to devalue the budget below 80% of its FY2014 value.

4. Establish Implementation Planning Capacity

With additional resources, the ILP state office and ICC could move beyond preparation to strengthen implementation planning capacity, including:

- Confirming leadership and statewide implementation teams as described in the Implementation Framework;
- Clarifying roles, responsibilities, and decision pathways across leadership, advisory and implementation functions;
- Establishing structured learning and feedback loops to support phased planning and piloting.

These steps support coordinated planning without presuming immediate eligibility expansion.

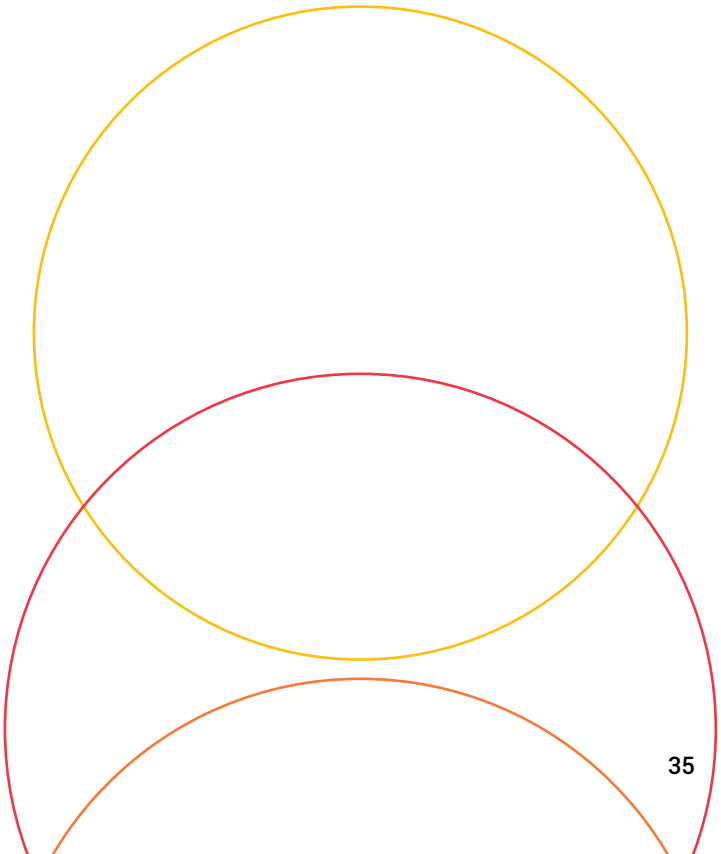
5. Consider a Coordinated Implementation Support Approach

Given the scope and complexity of the work described in this report, the ILP state office may wish to consider a coordinated approach to implementation support as part of its planning strategy.

Under this approach, a single, comprehensive implementation support contract could:

- Coordinate phased planning, piloting, and learning activities;
- Manage and align specialized supports (e.g., facilitation, data analysis, workforce development assistance);
- Reduce administrative burden by allowing the ILP state office to manage one primary contract rather than multiple separate vendor relationships;
- Support continuity and institutional knowledge across a multi-year effort.

If this approach is pursued, the development of a Request for Proposals (RFP) for implementation support services will allow the state to assess available expertise and determine whether external coordination capacity will add value as planning advances.



In Closing

Ultimately, the question of expanding eligibility for Alaska's Infant Learning Program reflects a shared commitment to supporting young children and their families during a critical period of development from birth to three years of age. Many children who experience meaningful developmental delays do not currently qualify for services, despite evidence that early, family-centered intervention can improve long-term outcomes, and reduce later state and family costs.

Financial modeling of ILP and Part B costs suggests that there are significant gains to be made by investing in early intervention. If they receive ILP services, many of the children with developmental delay in the 25-50% range will reach typical development by Kindergarten and thus avoid the need for special education K-12.

At the same time, thoughtful and deliberate preparation is essential to ensure that eligibility expansion strengthens – not further strains – the ILP system. Without attention to workforce capacity, service delivery models, and implementation supports, rapid change risks overwhelming providers and undermining service quality. The recommendations in this report are therefore grounded in the principle that access, funding and quality must advance together. By investing in preparation, learning, and coordinated planning, Alaska can position its ILP system to use resources responsibly while supporting more children and families over time – a smart investment in Alaska's children and Alaska's future.