

Children with Special Needs

DEFINITION

Children with special needs are those who have a chronic disease or disability that requires educational services, health care, and/or related services of a type or amount beyond those required generally by children. Special needs can be physical, developmental, behavioral, and/or emotional. This indicator measures the number of children with special health care needs enrolled in Early Intervention, special education, Supplemental Security Income (SSI), and Medical Assistance.

SIGNIFICANCE

An estimated 22% of children in the U.S. and 25% of children in Rhode Island have at least one special health care need.¹ Children with special health care needs (CSHCN) can have impairments of varying degrees in physical, developmental, emotional, and/or behavioral functioning.² In 2023-2024, 42% of parents with young children in Rhode Island and 37% of parents nationally reported completing a developmental screening.³

In Rhode Island, 20% of CSHCN have “more complex health needs,” higher than the national level (16%).⁴ The COVID-19 pandemic disproportionately affected children with special needs who had an increased risk of severe illness and experienced

disruptions in services (e.g., speech, physical, or occupational therapy), loss of in-person instruction, and barriers to effective remote learning.⁵

Raising a child with special health care needs is often challenging; however, many parents report caring for a CSHCN can increase patience, compassion, personal strength, and deepen relationships with family and professionals.⁶

CSHCN often require physical health, mental health, and education services, special equipment, or assistive technology. Health-related needs are best met with a comprehensive, coordinated, and family-centered medical home. Having children with special needs can significantly impact parents’ finances, employment, and family lives. In August 2025, 68% of U.S. families with a child with special needs reported difficulty meeting basic needs.⁷⁻⁹

In 2014, Congress passed the *Achieving a Better Life Experience Act (ABLE)*, which created tax-exempt saving accounts for people who become disabled before age 26. *ABLE* accounts can cover a range of expenses, including health care, education, housing, transportation, and employment training.^{10,11} In 2015, the Rhode Island General Assembly established *ABLE* savings accounts for Rhode Islanders with special health care needs.¹²



Children Enrolled in Early Intervention

- ◆ States are required by the federal *Individuals with Disabilities Education Act (IDEA) Part C* to identify and provide appropriate Early Intervention (EI) services to all infants and toddlers under age three who have developmental delays or have a diagnosed physical or mental condition that is associated with a developmental delay.¹³
- ◆ As of June 30, 2025, nine certified EI provider agencies served 2,196 children in Rhode Island.¹⁴ Of these children receiving EI services, 775 were female and 1,421 were male and 49% were white, 36% were Hispanic, 8% were Black, 4% were Multiracial, 3% were Asian, and 1% were American Indian or Alaska Native.¹⁵



Children Enrolled in Special Education

- ◆ Under *IDEA Part B*, local school systems are responsible for identifying, evaluating, and serving students ages three to 21 who have disabilities that might require special education and related services.¹⁶
- ◆ As of June 30, 2025, in Rhode Island, there were 3,615 children ages three to five who received preschool special education services.¹⁷
- ◆ In Rhode Island as of June 2025, 23,740 students in public schools in grades K-12 received special education services (18% of all students). Thirty-four percent of students receiving special education services in Rhode Island had a learning disability.¹⁷
- ◆ Early Intervention (EI) programs are required to provide transition services for children who are enrolled in EI and who may be eligible for special education services at age three. In 2025, 43% of the 2,174 children who reached age three while in EI were determined to be eligible for preschool special education, 11% were found not eligible, and 15% did not have eligibility determined when exiting EI. The remainder completed their service plan prior to reaching the maximum age for EI, moved out of state, withdrew, or were otherwise unreachable for follow-up.^{15,18}



Medical Assistance for Children With Special Health Care Needs

- ◆ As of December 31, 2025, there were 4,221 Rhode Island children and youth under age 19 receiving Medicaid through their enrollment in the federal SSI program.¹⁹
- ◆ In Rhode Island, the Katie Beckett eligibility provision provides Medicaid coverage to children under age 19 with serious disabling conditions to enable them to be cared for at home instead of in an institution.²⁰ As of December 31, 2025, there were 816 Rhode Island children enrolled through the Katie Beckett provision, a decline of 54% from the peak enrollment of 1,700 in 2007.^{15,19}
- ◆ Children with special health care needs have a variety of coverage options under Medicaid. Medicaid coverage also provides access to the Early and Periodic Screening, Diagnostic, and Treatment benefit, which requires that children receive all the services they need.^{21,22}



Children With Special Needs in the Child Welfare System

- ◆ Children and youth who are in the child welfare system are more likely to have special needs, including behavioral and emotional problems, developmental delays, and serious health problems than other children. They often enter the child welfare system in poor health and face difficulties accessing services while in care.^{23,24}
- ◆ As of December 31, 2025, 1,217 children in Rhode Island were enrolled in Medicaid through the child welfare system.¹⁹ Per provisions of the federal *Affordable Care Act*, all youth who turned age 18 while in foster care are eligible for Medicaid coverage in the state in which they aged out of care until they reach age 26 (though starting January 1, 2027, H.R. 1 will require that they engage in employment, education, a work program, or community service to maintain their Medicaid eligibility).²⁴ In Rhode Island, estimates show that 56% of all eligible former foster youth were enrolled in Medicaid coverage as of December 31, 2025.¹⁹

- ◆ Children who are adopted through the Rhode Island Department of Children, Youth and Families and have special needs may qualify for Medicaid. As of December 31, 2025, 3,051 children were enrolled in Medical Assistance because of special needs adoptions.^{19,25}

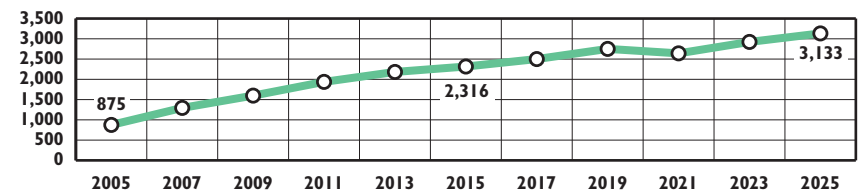


Children With Autism Spectrum Disorder (ASD)

- ◆ Autism Spectrum Disorder (ASD) is a developmental disability that can cause significant social, communication, and behavioral challenges. Children diagnosed with ASD have a variety of symptoms and experience challenges and abilities that range widely in severity. Many children with ASD face challenges in social interaction, speech/language, and communication and demonstrate repetitive behaviors and routines.²⁶
- ◆ The national ASD prevalence among children at age eight is estimated to be 27.6 per 1,000 children. ASD diagnosis prevalence is significantly higher among boys (43.0 per 1,000 boys) than girls (11.4 per 1,000 girls). ASD diagnosis prevalence is higher among Asian/Pacific Islander, Hispanic, and Black children (33.4, 31.6, and 29.3 per 1,000 children, respectively) than non-Hispanic white children (24.3 per 1,000 children).²⁷



Children Ages Three to 21 With Autism Spectrum Disorder (ASD), Rhode Island, June 2005 – June 2025



Source: Rhode Island Department of Education, June 2005– June 2025. Numbers include parentally placed students.

- ◆ In June 2025, there were 3,133 Rhode Island children ages three to 21 with ASD who received special education services.¹⁷ The increase in number of children with ASD has been attributed, in part, to improved awareness and better screening and evaluation tools, as well as the broadening of the definition of ASD. Early and appropriate identification and sustained interventions by skilled professionals can result in improvements in the levels of independent functioning of children and youth with ASD.^{26,28,29}

References

¹ Child and Adolescent Health Measurement Initiative. (n.d.). *2023-2024 National Survey of Children's Health: Children with special health care needs*. Retrieved January 15, 2026, from <https://www.childhealthdata.org/browse/survey/results?q=11050&cr=41>

² Health Resources & Services Administration, Maternal and Child Health Bureau. (2024). *Children and youth with special health care needs*. mchb.hrsa.gov

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References

- ¹⁶ Rhode Island Executive Office of Health and Human Services. (2014). *An assessment of the Rhode Island Medicaid adult dental program*.
- ¹⁷ Centers for Medicare and Medicaid Services. (2010). *State of Rhode Island Medicaid dental review*. https://www.mchoralhealth.org/PDFs/CMSReview_RI.pdf
- ¹⁸ TeethFirst. (2022). *Rate increase! Adult dental Medicaid services*. www.teethfirstri.org
- ¹⁹ Lyu, W., & Wehby, G.L. (2022). Effects of the COVID-19 pandemic on children's oral health and oral health care use. *Journal of the American Dental Association (1939)*, 153(8), 787–796.
- ²⁰ Rhode Island Department of Health, Center for Health Data and Analysis. (2025). *Hospital Discharge Database, 2021–2023*.
- ²¹ Mouth Healthy. (2023). *Pediatric dentistry*. <https://www.mouthhealthy.org/all-topics-a-z/pediatric-dentistry-odontopediatra>
- ²² Rhode Island General Law 5.31.1-39, Enacted by the General Assembly as H-5953 Substitute A and S-0683 Substitute A (2015).
- ²³ Krol, D.M. & Whelan, K. (2023). AAP section on oral health. Maintaining and improving the oral health of young children. *Pediatrics*, 151(1), 2023.
- ²⁴ Rhode Island Department of Health. (2022). *The oral health of Rhode Island's children*.
- (continued from page 57)
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- ### References for Children's Mental Health
- ¹ Centers for Disease Control and Prevention. (2021). *What is children's mental health*. <https://www.cdc.gov/children-mental-health/about/index.html>
- ² Bitsko, R.H., Claussen, A.H., Lichstein, J., Black, L.I., Jones, S.E.,...Ghandour, R.M. (2022). Mental health surveillance among children - United States, 2013-2019. *MMWR. Morbidity and Mortality Weekly Report*, 71(Suppl.2), 1–36.
- ³ Murphey, D., Barry, M., & Vaughn, B. (2013). *Adolescent health highlight: Mental health disorders*. Child Trends.
- ⁴ Suryavanshi, M. S., & Yang, Y. (2016). Clinical and economic burden of mental disorders among children with chronic physical conditions, United States, 2008-2013. *Preventing Chronic Disease*, 13(150535), E71.
- ⁵ Data Resource Center for Child & Adolescent Health. (2026). *2023-2024 National Survey of Children's Health: Mental, emotional, developmental, or behavioral problem, age 3-17 years*. <https://www.childhealthdata.org/browse/survey/result?s?q=11087&r=1&r2=41>
- ⁶ Data Resource Center for Child & Adolescent Health. (2026). *2023-2024 National Survey of Children's Health: Problems obtaining mental health care, age 3-17 years*. <https://www.childhealthdata.org/browse/survey/result?s?q=11114&r=41>
- ⁷ Rhode Island Executive Office of Health and Human Services. (2022). *Rhode Island behavioral health system of care plan for children and youth*.
- ⁸ Wissow, L. S., van Ginneken, N., Chandna, J., & Rahman, A. (2016). Integrating children's mental health into primary care. *Pediatric Clinics of North America*, 63(1), 97–113.
- ⁹ Rhode Island Senate Health and Human Services Committee. (2017). *Mental health hearings: Findings and recommendations*.
- ¹⁰ Office of the Surgeon General. (2024). *Parents under pressure: The U.S. Surgeon General's advisory on the mental health & well-being of parents*. <https://www.hhs.gov/surgeongeneral/reports-and-publications/parents/index.html>
- ¹¹ Tobin Tyler, E., Hulkower, R., & Kaminski, J. (2017). *Behavioral health integration in pediatric primary care: Considerations and opportunities for policymakers, planners, and providers*. Milbank Memorial Fund.
- ¹² Murphey, D., Barry, M.C., & Vaughn, B.G. (2013). *Adolescent health highlight: Access to mental health care*. (Publication No. 2013-2). Child Trends.
- ¹³ Murphey, D., Stratford, B., Gooze, R., Bringewatt, E., Cooper, P.M.,...Rojas, A. (2014). *Are the children well? A model and recommendations for promoting the mental wellness of the nation's young people*. Robert Wood Johnson Foundation & Child Trends.
- ¹⁴ The Annie E. Casey Foundation. (2024, May 12). *Generation Z and Mental Health*. *The Annie E. Casey Foundation*. <https://www.aecf.org/blog/generation-z-and-mental-health>
- ¹⁵ The American Academy of Pediatrics, Rhode Island Chapter. (2022). Declaration of a Rhode Island state of emergency in child and adolescent mental health. *R.I. Medical Journal*, 105(4), 74.
- ¹⁶ Brown University Health. (n.d.). *Kids' Link RI*. Retrieved March 21, 2024, from <https://www.brownhealth.org/centers-services/kids-link-ri>
- ¹⁷ Brown University Health. (2019-2025).
- ¹⁸ Szekely, A., Ahlers, T., Cohen, J., & Oser, C. (2018). Advancing infant and early childhood mental health: The integration of DC:0-5TM into state policy and systems. *Zero to Three*, 39, 27–35.
- ¹⁹ Clinton, J., Feller, A., & Williams, R. (2016). The importance of infant mental health. *Paediatrics & Child Health*, 21(5), 239–241.
- ²⁰ Broad, K. L., Sandhu, V. K., Sunderji, N., & Charach, A. (2017). Youth experiences of transition from child mental health services to adult mental health services: a qualitative thematic synthesis. *BMC Psychiatry*, 17(1), 380.
- ²¹ Rhode Island Executive Office of Health and Human Services. (n.d.). *MMIS Database, 2021-2024*.
- ²² Rhode Island Department of Health. (2024). *2023 Rhode Island Youth Risk Behavior Survey*.
- ²³ Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals. (2023). *What is a licensed community mental health center?* <https://bhddh.ri.gov/mental-health/licensed-treatment-providers>
- ²⁴ Rhode Island Department of Behavioral Healthcare, Developmental Disabilities and Hospitals. (2024). *Certified community behavioral health clinics (CCBHCs)*. <https://bhddh.ri.gov/CCBHC>
- ²⁵ Rhode Island Department of Behavioral Health, Developmental Disabilities and Hospitals, Division of Behavioral Healthcare. (2024).
- ²⁶ Rhode Island Department of Health, Hospital Discharge Database. (2013-2024). *Note 2021 ED visits and hospitalizations from Butler Hospital during October-December of 2021 were updated and included*.
- ²⁷ Hughey, L., & Mark, T. (2015). *Rhode Island final behavioral health project: Supply report*. <https://eohhs.ri.gov/reference-center/research-analysis>
- ²⁸ Butler Hospital. (2021-2024).
- ²⁹ The Bradley Schools. (n.d.). *About The Bradley Schools*. Retrieved March 14, 2025, from <https://www.bradleyschool.org/about-the-bradley-schools>
- (continued from page 59)
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- ### References for Children with Special Needs
- ³ Child and Adolescent Health Measurement Initiative. (n.d.). *2023-2024 National Survey of Children's Health: Developmental screening, age 9-35 months*. Retrieved January 15, 2026, from <https://www.childhealthdata.org/browse/survey/result?s?q=11307&r=1&r2=41>
- ⁴ Child and Adolescent Health Measurement Initiative. (n.d.). *2023-2024 National Survey of Children's Health: Complexity of special health care needs*. Retrieved January 15, 2026, from <https://www.childhealthdata.org/browse/survey/result?s?q=11061&r=1&r2=41>
- ⁵ Williams, E. & Musumeci, M. (2022). *The Intersection of Medicaid, Special Education Service Delivery, and the COVID-19 Pandemic*. Kaiser Family Foundation.
- ⁶ Beighton, C., & Wills, J. (2019). How parents describe the positive aspects of parenting their child who has intellectual disabilities: A systematic review and narrative synthesis. *Journal of Applied Research in Intellectual Disabilities: JARID*, 32(5), 1255–1279.
- ⁷ U.S. Department of Health & Human Services Health Resources & Services Administration. (2024). *Children and Youth with Special Health Care Needs (CYSHCN)*. <https://mchb.hrsa.gov/programs-impact/focus-areas/children-youth-special-health-care-needs-cyshcn>
- ⁸ McLellan, S. E., Mann, M. Y., Scott, J. A., & Brown, T. W. (2022). A Blueprint for Change: Guiding principles for a system of services for children and youth with special health care needs and Their Families. *Pediatrics*, 149(Suppl 7). <https://doi.org/10.1542/peds.2021-056150C>
- ⁹ Shahat, A. R. S., & Greco, G. (2021). The economic costs of childhood disability: A literature review. *International Journal of Environmental Research and Public Health*, 18(7), 3531.
- ¹⁰ ABLE National Resource Center. (n.d.). *Frequently asked questions*. Retrieved February 16, 2025, from www.ablenrc.org/frequently-asked-questions/
- ¹¹ Public Law No. 113-295 Enacted by the U.S. Congress as H.R. 5771 (2014).
- ¹² Rhode Island General Law, 42-7 .2-20.1. ABLE Accounts. Accounts. Enacted by the General Assembly as H-5564 Substitute A (2015).