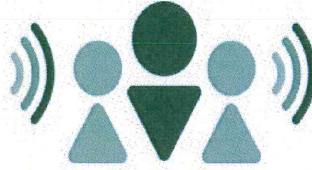


23

Submitted Testimony



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Testimony
New York State Speech-Language-Hearing Association

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Introduction

I would like to thank Senator DeFransico, Senator Hannon, Assemblyman Farrell, Assemblyman Gottfried and the other distinguished members of this panel for the opportunity to testify today on the 2015-16 State Executive Budget proposal. My name is Kathy Febraio. I am the Executive Director of the New York State Speech-Language-Hearing Association (NYSSLHA). NYSSLHA is a statewide professional association representing over 18,000 speech-language-pathologists (SLPs) and audiologists.

I would like to direct my remarks today to the Early Intervention (EI) program and the need for a Cost-of-Living Increase (COLA). NYSSLHA respectfully requests a 4.8% across the board COLA for the EI program in State Fiscal Year 2015-16. Many of NYSSLHA's members provide EI services as independent providers and agency owners and employees.

Over the past 10 years, the New York State Department of Health has made rate adjustments that have resulted in taking at least \$35.4 million in provider reimbursement out of the Early Intervention System. During the same time period, the cost of providing services and the Department's expectations of the Early Intervention provider have grown exponentially.

A 4.8% increase is commensurate with the growth in spending for education aid proposed by Governor Cuomo for the 2015-16 State Fiscal Year. The Early Intervention program is an educational model that receives federal funding from the Individuals with Disabilities Education Act (IDEA). This increase will assist EI providers in meeting the growing costs of doing business, including the implementation of the new payment system implemented in 2013 and will help ensure that infants and toddlers have adequate access to services.

As noted earlier, NYSSLHA believes that a 4.8% COLA is justified based on the overall impact of rate adjustments made by the New York State Health Department over the past 10 years, including in 2006 the elimination of the EI program from the Health and Human Services Cost-of-Living Adjustment (COLA) in the State Budget. This elimination has continued ~~ever since~~ for eight straight years ~~in a row~~, depriving EI providers of COLAs ranging from 2.3 % to 2.8%.

In 2010, Home and Community-Based services received a significant rate reduction of 10%. Under federal law, all Early Intervention services must be provided in the natural environment of the child and are reimbursed through Home and Community-Based rates. This cut was particularly onerous for independent providers who deliver care in a child's home and must cover the cost of transportation and greater administrative expenses.

Although the New York State Department of Health has stated that there have been rate increases over the years, they were largely directed at specific services and geographic locations. For example, in 2012 modifications that were made to the Wage Equalization Factor (WEF) and travel adjustments produced increases in some regions and decreases in others. A total of \$1.4 million in provider reimbursement was taken out of the EI system. Providers of Home and Community based services in New York City and Westchester, and Rockland counties experienced **rate cuts of up to 9%**. Nassau, Suffolk, Putnam, Broom and Tioga and several other

upstate counties had **decreases of up to 3%**. **Nineteen counties received no change in the rates**, and most other upstate counties received modest increases of between 1% and 4%.

In 2010, the Department of Health imposed new staffing requirements for agencies including employment of a minimum of two qualified personnel or service coordinators who each work a minimum of 20 hours per week and employment of a full-time experienced program director. These requirements added new costs for providers.

The administrative burdens on providers due to the new billing system that was implemented in 2013 has made these problems far worse. EI providers were simply not prepared for the sudden and unexpected increased workload associated with tracking claims and filing and appealing denial of claims directly with commercial insurance companies and the Medicaid system.

While we acknowledge that some progress has been made on the timeliness of payments in 2014, many providers are still experiencing payment delays and significant administrative burdens. Independent practitioners as well as large, small and midsize agencies do not have the experience, resources, infrastructure, or staff to navigate the complexities of commercial insurance and Medicaid payment systems. Providers were given no payment for this increased work load.

An additional issue that we would like to discuss is the reinstatement of the "New York State Early Intervention Report to the Legislature" that was enacted by Chapter 428 of the Laws of 1992, Section 2557 of the Public Health Law. Section 2557 required the New York State Health Department to annually report data by municipality to the Legislature on the Early Intervention program. The report contained detailed information including but not limited to the number of children enrolled by age, the number and percent of children who received services by service type, the number of providers by provider type, and information about insurance coverage. The requirement for this report was repealed in the final 2012-13 State Budget.

Since the report was eliminated, providers, families, and the State Legislature have not been able to access timely, comprehensive, and easily available data on the implementation of the Early Intervention program. This has been particularly frustrating during the implementation of the new payment system. **NYSSLHA strongly urges the Legislature to reinstate the requirement for this public report to be provided annually to the Legislature in the law.**

Conclusion

The New York State Speech-Language-Hearing Association strongly urges the New York State Legislature to include in the final 2015-16 State Budget a 4.8% across the board COLA for the EI program. In addition, we ask that the requirement for the New York State Health Department to provide an annual report to the New York State Legislature be reinstated in the law. We believe that these actions will improve the quality and access of services provided to infants and toddlers in the Early Intervention program.

