

Comments of

**The New York State Alliance for
Children with Special Needs**

on the

2024-2025 Executive Budget Proposal

Health

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**2024-2025 Executive Budget Proposal
Relating to Early Intervention**

INTRODUCTION

The New York State Alliance for Children with Special Needs is comprised of six regional alliances and coalitions representing approximately 150 early intervention, pre-school and school-age special education programs throughout the state - - the New York City Coalition for Children with Special Needs, the Long Island Coalition for Young Children with Special Needs, the Hudson Alliance for Children with Special Needs, the Capital Region Alliance for Children with Special Needs, the Western Central Coalition for Children with Special Needs, and the New York State Alliance for Children with Special Needs – School Age - - and the children and families served through these programs.

Alliance members and representatives are recognized partners with the State Department of Health, the State Education Department, municipalities and school districts in the successful implementation of IDEA and the development of sound public policies to assure the meaningful participation of families, clinicians and teachers in the decision making process which makes vital early intervention and special education services available to eligible families in the most cost-effective manner possible. Alliance members and representatives have, since the inception of the Early Intervention Program and the transferal of special education programming from the Family Court System, served on the State Early Intervention Coordinating Council, Local Early Intervention Coordinating Councils and innumerable special education work groups, task forces and advisory panels to inform discussions around clinical guidelines, development of the initial regulations, reimbursement, provider approval, registration of provider entities and Medicaid compliance.

We offer our comments to the Executive Budget proposals relating to the Early Intervention Program in hopes of providing additional insight to the impact decisions around early intervention will have on the lives of infants, toddlers and young children with disabilities and on the State.

The Early Intervention Program

The Early Intervention Program for infants and toddlers with disabilities and their families, established in Title II-A of Article 25 of New York’s Public Health Law, implements the federal

program provided by Part C of the Individuals with Disabilities Education Act. The mission of the Early Intervention Program is to identify and evaluate as early as possible those infants and toddlers whose healthy development is compromised and to provide for appropriate intervention to improve child and family development.

Telehealth Proposal // Parity of Reimbursement

The Alliance recognizes the use of telehealth as a tool for improving access and engagement in family-centered services such as those provided through the Early Intervention Program. However, we are as mindful that the telehealth services modality is not necessarily appropriate for every service, for every infant and toddler, nor every family. Our clinicians and the families we serve continue to advocate for in-person services to the fullest extent possible, and share real concerns for the efficacy of telehealth service delivery which has been the focus of innumerable articles, commentaries and reports within the special education system as clinicians were constrained to provide special education services “remotely” in response to state ordered school closures during the current COVID-19 pandemic. We share our clinicians’ and families’ concerns and urge caution in the implementation of telehealth services within the Early Intervention Program.

The IFSP team, including early intervention providers, should make clinical determinations whether early intervention services will be provided in person and/or via telehealth.

Such determinations should be made in an on-going family-centered manner based on clinical considerations, evaluations of acuity and risk, assessment of the child’s and family’s needs and resources, the child’s cognitive or developmental capacity and the family’s personal preferences.

We are also mindful of the potential “weaponization” of this important service modality, as decisions may be made based on social/economic factors as otherwise underserved neighborhoods are “prioritized” for “telehealth” services over in-person services.

*For these reasons, the Alliance expresses grave concerns with the Executive Budget proposals which identify **\$6.5 Million** in savings associated with the operationalization of teletherapy in the Early Intervention system. We object to any attempt to prioritize health service delivery in an effort to wrest out “savings. Funding/savings should never dictate which services are provided to children and its families; nor the modality of legal service.*

Reconvening of the Reimbursement Advisory Panel

The impact of COVID on the Early Intervention system cannot be under-stated. In New York City alone, average weekly referrals into the Early Intervention Program were reported to have dropped 82% during the peak of the pandemic. Approximately 3,000 – 6,000 young children are alleged never to have been identified as potentially eligible for Early Intervention services in New York City. Even as the effects of the pandemic eased, the number of New York City infants

and toddlers receiving Early Intervention services between July and September of 2020 was 15% lower than in 2019.¹ While the data appears to be improving, we must be mindful of the clinical impact the loss of services will have on our children and their families. Much as the educational sector has focused its attention on “instructional loss” on the academic progress of our students, and the toll COVID has taken on the social / emotional development of those same children, the Early Intervention system must examine the potential impact of COVID on our children and their families and be prepared to provide both programmatic and fiscal support to address need as redefined by COVID.

The Alliance recommends that the Department of Health reconvene the Reimbursement Advisory Panel initially created by statute and subsequently repealed, to assess the proper alignment of programmatic requirements and fiscal support, to analyze the adequacy of current reimbursement, and to reexamine the current service models.

Interim Fiscal Support

While we applaud the Executive’s recognition of the need for enhanced reimbursement for the Early Intervention workforce, we must respectfully demand parity with our preschool and school age special education provider colleagues who recently received 11% growth in their rates of reimbursement, with an additional subsequent growth factor of 6.25% thereafter. The proposed 5% increase is woefully inadequate to retain quality licensed professionals as required by IDEA. In addition, the 4% modifier, while welcomed, must supplement the 11% rate increase, not be a component thereof. We continue to advocate for an 11% rate increase for all in-person services, with an additional modifier to address unmet need in both rural and underserved areas- the definition of which must be precise to assure effectiveness.

Proposed Administrative Actions

The Alliance has always preferred the precision of law to assure accurate implementation of policy.

Accordingly, we have **grave concerns** with the Executives proposal to assure fiscal savings through administrative actions including the proposed “alignment of billing requirements” with federal regulations. We encourage the Legislative to create parameters within which such “alignment” may take place, assuring that such efforts are thoughtful, reflect stakeholder concerns and input, and render results which improve, not negatively impact, the provision of quality services to eligible infants, toddlers and their families.

Proposed Elimination of the School Psychologist from the List of Qualified Providers

The Alliance is well aware of the Department of Health’s resistance to allowing certified school psychologists to continue to provide early intervention services and we have been extremely vocal in our opposition to eliminating these highly qualified professionals from the list of qualified providers. We understand the Department’s insistence that the Medicaid system direct the Early

¹ Advocates for Children

Intervention Program. However, in an environment still reeling from the COVID crisis and its devastating effects on the State’s workforce, our infants and toddlers should not be denied services in the interest of fiscal convenience. **School psychologists play a vital role in the provision of early intervention services, as they have returned to their classrooms at levels well above those professionals “returning” to their licensed professional office practices. The early intervention system can not tolerate one less single practitioner.**

We have also been made aware that federal CMS has encouraged states to recognize certain certified practitioners as Medicaid qualified providers. It would appear, then, that alternative approaches exist which would advance the Department’s objective to maximize Medicaid reimbursement without eliminating certified school psychologists from an ever-shrinking workforce.

Alternatives

The Alliance believes that any effective health, mental health or human service program must be fiscally supporting and programmatically responsive. Adequate reimbursement rates assist in retaining quality professionals, but more must be done to attract committed individuals into the Early Intervention workforce. Programs such as loan forgiveness, “grow your own” credentialed practitioners, and partnerships with institutions of higher education to provide tuition free programming are but a few of the initiatives which have proven successful in attracting providers in other sections and settings. We encourage the Legislative to consider these complements to the fiscal support of existing workforce in determining how best to assure the continued success of the Early Intervention Program.

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Attachments