

Senate Finance Committee Chair Liz Krueger

Assembly Ways and Means Committee Chair Helene E. Weinstein

Steve Held, Chair of the New York State Early Intervention Coordinating Council

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My name is Steve Held, and I am the Chair of the New York State Department of Health, Early Intervention Coordinating Council (EICC).

I appreciate the opportunity to offer feedback on the needs of our youngest citizens of New York State with a focus on the Executive Budget Medicaid action as it applies to Early Intervention for children from birth through to two with developmental delays.

The Early Intervention Program (EI) has not realized more than a 3% increase since the Department of Health was named the lead agency in 1990. Most recently, an audit by the State Comptroller's Office found that approximately 35,000 children were not being served, or they were partially served in 2022-23.

The development of the human brain is said to be most prolific between birth and five years of age. Once this time has passed, the opportunity to hasten a healthy social-emotional start is lost. Sadly, moving forward, the trajectory of meeting developmental milestones has been dramatically delayed, and a small person's journey through life will be forever compromised.

There is no longer a debate surrounding the importance of early childhood education. The Governor and our own SED have invested considerably in Universal Pre-Kindergarten for 4-year-old children, and conversations continue to highlight the dramatic need for infant/toddler care. The data has proven that "a dollar spent early" returns multiples later in life, both fiscally and in terms of quality in a person's life.

Tragically, data in New York has proven that this investment has only been for non-disabled children. Federal Law (Part C of IDEA), our National Early Intervention Program for infants/toddlers with diagnosed disabilities in New York State, has been primarily ignored by increases for three decades.

This year, one message has been embraced by all in NYS. Our municipalities, providers, state administrative agency representatives, and the Comptroller of our State have all had a unified voice in substantially increasing rates. Governor Hochul included her support for an increase in EI in her budget briefing, but the Executive Budget Medicaid Scorecard tells a very different story. Money will be saved in the delivery of Early Intervention teletherapy and group session billing (11.2 million dollars), and 6.6 million dollars of that savings will be shifted to a 5% rate increase and a small addition for modifiers delivered to hard-to-reach babies. Ultimately, this amounts to savings for our state but is not an investment in the vital need for substantial rate relief.

Since 1991, the potent efficacy of our Early Intervention Program has been based on only in-person support for our families and their babies. The data supporting New York's excellence in Early Intervention has not been based on an evaluation of this delivery model. Now, teletherapy has been included to be mindful of dramatic staff shortages and the right of every family to a timely start to these necessary therapies. Future evaluations will inform us of the efficacy of teletherapy

and its application with such young children. Thus far, families are not interested in this modality of intervention. Data shows that in-person therapies do not equally serve specific zip codes, and teletherapy may be the second, but much less effective, modality. Families are concerned that they will face a take-it-or-leave-it option for teletherapy or in-person services.

The New York State Bureau of Early Intervention, in concert with the NYS EICC, has been working on creative solutions to staff shortages for three years. In the end, the Medicaid bait and switch will not prove helpful to our predicament.

Since 2019, over 2500 providers have left EI. The DOH Bureau of Early Intervention has undertaken an aggressive recruiting program with little increase realized in the provider pool.

The EICC has passed a motion to request an immediate 11 percent increase in EI rates and a rate modifier for hard-to-reach neighborhoods where children and families wait more than 150 days to start services, if at all. Our Commissioner and Governor have received this formal motion.

While the NYS Assembly and Senate have supported increases, as well as the State Comptroller and the Department, no move toward higher rates has materialized.

This Hearing is very timely. The Medicaid Reimbursement for teletherapy proposes to save 6.5 million dollars, while savings for developmental toddler groups are listed as 4.7 million dollars. The Governor is offering an increase of 6.1 million dollars, which will facilitate an increase in EI rates of 5% and a rate modifier for rural and underserved areas of half a million dollars.

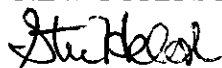
This would seem to suggest that EI will provide an overall savings of 4.6 million dollars in FY 25 and 26. While we question these numbers' validity, we must reiterate our need for an 11 percent rate increase and a modifier for in-person services.

For this program to survive with the integrity that it was privileged to enjoy from 2019 and for three decades before, significant changes will be needed now: loan forgiveness for professional staff, increased rates, a rate differential for in-person vs. teletherapy services, rate modifiers for hard-to-reach areas and additional licensed personnel approval for school psychologists who play a vital role in the provision of early intervention services.

Thank you for the opportunity to speak to the needs of New York State's youngest citizens and on behalf of the New York State Early Intervention Coordinating Council.

Very truly yours,

NEW YORK STATE EARLY INTERVENTION COORDINATING COUNCIL



Steve Held
Chair