



Advocates for Children of New York

Protecting every child's right to learn since 1971

Testimony submitted for the Joint Legislative Public Hearing on 2022-2023 Executive Budget Proposal: Health

Re: Early Intervention

February 8, 2022

Advocates for Children of New York (AFC) appreciates the opportunity to submit testimony regarding the Early Intervention proposals in the 2022-2023 Executive Budget. For 50 years, AFC has worked to ensure a high-quality education for New York students who face barriers to academic success, focusing on students from low-income backgrounds. Every year, we help thousands of New York parents navigate the Early Intervention, preschool, and school-aged education systems.

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With respect to Early Intervention (EI), we urge the Legislature to:

1. Increase EI reimbursement rates by eleven percent this year.
2. Include in the final budget a requirement for a comprehensive assessment of the methodology used to determine payment for all EI evaluations, services and service coordination (S.5676/A.6579).

The Early Intervention Program provides critical developmental services to infants and toddlers with developmental delays or disabilities and their families at a time when these services can have the most meaningful impact on the child's life. Unfortunately, years of under-investment and budget cuts have contributed to inappropriate delays in evaluation and identification of eligible children and delays in access to services in violation of children's rights, with a disparate impact on families of color. As such, it is crucial that the State invest revenue generated by the new EI Covered Lives assessment to help increase EI provider reimbursement rates and conduct a comprehensive assessment to determine appropriate rates going forward.

1. Increase the EI Reimbursement Rate by at Least Eleven Percent

Since 2010, the reimbursement rates set by the State for Early Intervention have decreased significantly. The State cut the EI service rate for home- and community-based services by ten percent in April 2010 and cut the reimbursement rate for all EI services by an additional five percent in April 2011. Although the State granted



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occupational, physical, and speech therapists a five percent increase in 2019, EI provider rates are still lower now than they were in the 1990s. The pandemic has only added financial challenges, including the cost of personal protective equipment for in-person services, that have made it even harder for these providers to continue operating.

As a result, experienced, high-quality EI providers have shut their doors or stopped taking referrals, making it difficult for children to access much-needed high-quality services in a timely manner in certain areas. In fact, even before the pandemic, one out of every four children found eligible for EI services in New York State had to wait longer than the 30-day legal deadline for services, losing valuable opportunities to address their developmental delays. In the Bronx, only 61% of children found eligible for EI services received them by the legal deadline. Data show that, in New York City, children in low-income communities of color are the least likely to receive the EI evaluations for which they are referred and the EI services for which they are found eligible. For example, even prior to the pandemic, the neighborhoods where children referred for EI evaluations due to concerns with their development were least likely to receive evaluations were Hunts Point-Mott Haven, Crotona-Tremont, Central Harlem-Morningside Heights, High Bridge-Morrisania, and East Harlem.¹

Increasing reimbursement rates is necessary to support recruitment and retention of high-quality professionals and to build ongoing quality improvement efforts into the program so that children do not have to wait for the EI evaluations and services they have a right to receive.

We are very pleased that, in December, the Governor signed a bill into law establishing a new Covered Lives assessment to help fund EI, generating \$40 million in revenue by requiring state-regulated commercial insurance providers to pay a set fee for EI services, after years of watching private health insurance companies deny the majority of EI claims. The State now has the opportunity to use these funds to strengthen services for young children. Unfortunately, the Executive Budget proposal does not direct these funds towards a rate increase or quality improvements to the program. In fact, the budget does not include any rate increase for EI providers, although it includes rate increases for a number of other health, human services, and education providers.

At a time when the State is failing to meet its legal obligation to ensure access to timely evaluations and services for infants and toddlers with developmental delays and disabilities – and when new revenue is available through the Covered Lives assessment, we urge the State to increase payment rates for all EI evaluators, service coordinators, and service providers. Using the EI Covered Lives assessment funding merely to save money for the State and counties would be a missed opportunity.

¹ See Advocates for Children of New York and Citizens' Committee for Children of New York, *Early Inequities: How Underfunding Early Intervention Leaves Low-Income Children of Color Behind*, at https://www.advocatesforchildren.org/sites/default/files/library/early_inequities.pdf.



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We urge the Legislature to increase the current rates for EI providers by at least eleven percent this year.

2. Conduct a Comprehensive Assessment of the Methodology Used to Determine Payment for EI Evaluations and Services

While an immediate increase in the reimbursement rate is necessary to help ensure that providers can continue providing EI services and children can receive timely evaluations and services, we also recommend that the State conduct a comprehensive assessment of the existing methodology used to determine payment for all EI evaluations, services and service coordination in order to ensure that the program can properly serve infants and toddlers with developmental delays or disabilities in a timely manner going forward.

Such a study can inform new reimbursement methodologies to address ongoing financial concerns providers face as well as to address disparities in evaluations and service delivery based on race, income, geographic location and other factors. Among other things, the assessment should address the cost of services provided in low-income areas, the need for bilingual and culturally competent services, areas with provider shortages, travel time reimbursement, cost of living increases, reimbursement for professional development and the rate for remote service provisions and technology. A bill with language to this effect was introduced last year ((S.5676/A.6579).

The study would be especially timely this year, as the EI program considers extending the use of telehealth beyond the pandemic, a significant change to the service delivery model.

We urge the Legislature to ensure the final budget requires a comprehensive assessment of the methodology used to determine payment for EI evaluations and services so that the program can sustainably and properly serve all infants and toddlers with developmental delays or disabilities.

Thank you for considering our testimony. If you have any questions, please contact me at 212-822-9534 or bbaez@advocatesforchildren.org.

Respectfully submitted,

Betty Baez Melo, Esq.
Director, Early Childhood Education Project