



## UNITED NEW YORK Early Intervention Providers and Parents as Partners (UNYEIP)

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### Testimony to the New York State Legislature's Joint Budget Committee on Health *in the matter of Early Intervention* Wednesday, January 30, 2013

Chairman DeFrancisco, Chairmen of the Health Committee Hannon and Gottfried and distinguished members of the Senate and the Assembly, thank you for the opportunity to testify today on Governor Cuomo's 2013/2014 Executive Budget Proposal in the area of Early Intervention. My name is Leslie Grubler. I am a Speech-Language Pathologist for Early Intervention in the great state of New York. I also teach Speech-Language Pathology to incoming majors at Queens College and Molloy College. I have a background in Labor Relations and Employee Relations as well as nearly 25 years in the field of Staff Development and Training. As Founding Director of UNYEIP, the *United New York Early Intervention Providers and Parents as Partners Organization* which formed in April of 2010, I represent the interests of over 2500 current and former parents of children in NYS Early Intervention, as well as providers of service inclusive of: independent contractors, subcontractors, and small agencies, composed of allied health professionals and educators. Our memberships spans from the tip of Long Island to Buffalo and both east and west. Our underlying mission is to be the voice of the children -- who have no voice or vote -- and their parents who have not yet found their voice. Among others, our relevant goals include:

- *To Ensure that children, ALL children, from ALL religious, cultural, and socio-economic groups, of NYS Early Intervention are **PRIORITIZED***
- *To Advocate for and Educate on the Removal of ANY barriers to access or barriers to care*
- *To Ensure that the children of NYS Early Intervention receive not only individualized services but frequency and duration of services that are meaningful in relation to their delay or disability*
- *To Ensure that ONLY those children who are ELIGIBLE to receive services are those that do receive services*
- *To Preserve and Protect NYS Early Intervention so that it is maintained as the Premier State in NYS Early Intervention*

**We do not rely on lobbyists. We do not charge any dues or membership fees of any kind to our members. Simply, we are the stakeholders, the real deal.**

There are four issues that need to be addressed as a result of this year's proposals -- all of which reflect on the question:

#### **What Does NYS Want to Be in the Area of Early Intervention?**

- a. *The Issue of Screening vs. Evaluation as an Eligibility Streamlining Measure*
- b. *The Role of and Proper Utilization of Commercial Insurance in Early Intervention*
- c. *The State's Decision to Maximize a Medical Model and Minimize a Developmental Model in NYS Early Intervention*
- d. *Seven Points Of Light Retrospective*

## **A. The Issue of Screening vs. Evaluation as an Eligibility Streamlining Measure**

What we know about "Screening":

Screening can expedite entry into appropriate services. Screening tools *can be* an efficient form of information gathering.

**Advantages include:**

- They can be simple to use and score.
- Training needed for their administration is minimal
- Reliability is generally known
- Cut-off scores are available to facilitate decision-making
- Theoretically, it is possible that more children will at least have the basic questions asked about their development in a structured way which may expedite entry into appropriate services.

**Disadvantages include:**

1. In the IDEA Part C regulations of 2004 published in 2011, "Screening is optional."
2. Because screenings are typically brief and NOT conducted by a professional trained in the area/discipline screened, we run the risk that children will be missed in the screening process and fall through the cracks. Does NYS want to risk this? **What Does NYS Want to Be in the Area of Early Intervention?**
3. NYS Early Intervention Program does not track or in any way follow up with children who have passed a screening ie. "If screening indicates there are no concerns, participation in the program ends." **What Does NYS Want to Be in the Area of Early Intervention?**
4. Screenings provide little opportunity to establish a connection with the individual. Such a connection is an important part of establishing a therapeutic relationship particularly in a parent-driven program, the essence of NYS Early Intervention.
5. While screening can possibly be administered to more children theoretically, the children who would be screened have already been referred through child find ie. a child has already been removed from the general population.

## **B. The Role of and Proper Utilization of Commercial Insurance in Early Intervention**

Across the state, historically, Early Intervention has not been able to secure the financial reimbursement from Commercial Insurers that it should given the premiums that constituents remit:

- a. Requiring Insurers to cover service provision in the natural environment consistent with IDEA Part C, the home environment **and** a community environment **is critical**.
- b. The emergence of the fiscal agent, the entity prescribed in 2012/2013 legislation, as a highly trained entity in insurance reimbursement should facilitate the desired increase in this reimbursement. **Outcome to be determined.**
- c. IDEA Part C does not list a "representative of the insurance company" as a potential member of the IFSP Team. **Does NYS wish to distinguish itself in this manner?**
- d. How will the state ensure that Commercial Insurers do not drag their feet in paperwork processing that holds back services and reimbursement for those services? How will the state control when Commercial Insurers place inordinate demands on the therapeutic process, and in so doing, are not in compliance with IDEA Part C **and** do NOT act in the best interests of our state's most vulnerable children?

### **C. The State's Decision to Maximize a Medical Model and Minimize a Developmental Model in NYS Early Intervention**

NYS Early Intervention is a Developmental Model

a. *What is a Developmental Framework:*

*"Relies on an entry point of screening and referral which recognizes the importance of early detection and identification of developmental delays. Therapeutic intervention builds on the family's relationship with the child and participation to develop skills lacking but crucial for developmental milestones. Through evidence-based practices provided in child's natural environment, progressive transformations are achieved in physical, mental, cognitive and social-emotional domains of function. Use of strong evaluation and parent feedback system is evident. A systems perspective is maintained, recognizing interrelationships among all components while meeting the needs of children who are vulnerable and their families. "*

b. *What is a Medical Model*

*"Traditional approach for diagnosis and treatment of illness. The focus is on defect and dysfunction within the patient, using a problem-solving approach. The medical history, physical examination and diagnostic tests provide the basis for the identification and treatment of a specific illness. The medical model is thus focused on the physical and biological aspects of specific disease and conditions. (from Merck Manual)*

#### **NOTE THE FOLLOWING:**

1. As per 4/2012 legislation, for the first time in the history of NYS all providers are entering agreements **directly** with the state effective 4/1/13. The state has a golden opportunity to standardize, streamline, and appropriately train in the name of cost-effectiveness.
2. According to the Governor's proposals, each provider will be asked to become a network provider and "The Department will determine the number of insurers considered sufficient for the approved provider."
3. NYS is granting Commercial Insurers a seat at the IFSP Table and requiring providers to join insurance networks. Parents who previously could choose their own evaluator must now choose **ONLY** an evaluator in their insurer's network. The insurer will be required to ensure that "there are a sufficient number of geographically accessible participating providers, and there are sufficient providers in each area of specialty of practice to meet the needs of the enrollment population." The state is requiring providers to negotiate their rate with insurers but not requiring insurers to negotiate their rate with providers. Are we replacing quality with cost-savings? What will the impact on quality of service be? How do you spell **CONTROL**? This will gravely alter the direction of treatment to the state's most vulnerable children. **What Does NYS Want to Be in the Area of Early Intervention?**

### **D. Seven Points Of Light -- Three Year Retrospective**

1. *Eligibility standards have increased. Fewer children are deemed eligible. **Budgetary Impact?***
2. *The structure of agencies has been changed a costly change. Agencies, small and large are required to hire Q/A Staff. **Budgetary impact?***
3. *The rates of providers have been reduced due to rate reimbursement reductions averaging 15% in addition to travel reductions on the average of 5%. Providers are now making less than they did at the inception of EI in NYS in 1993 under another Governor Cuomo. Rates will be significantly reduced once again in one-sided negotiations with commercial insurers. **Budgetary impact?***
4. *The Conflict of Interest Executive Order has been enacted. Providers can not conduct evaluations and then treat the same child. **Budgetary impact?***
5. *Executive Compensation Order 38 scheduled to be implemented 4/1/13 promises that 75 to 85% of state funds will go to the children. **Budgetary impact?***

6. *The Fiscal Agent has been initiated in legislation but has not come to fruition. **Budgetary Impact?***

7. *As per 4/2012 legislation, for the first time in the history of NYS all providers are entering agreements **directly** with the state effective 4/1/13. The state has a golden opportunity to standardize, streamline, and appropriately train in the name of cost-effectiveness. **Budgetary Impact.***

**Hasn't NYS Early Intervention Done Its Share?**

**What Does NYS Want to Be in the Area of Early Intervention?**

*A follower or a leader?*

*An agent of change?*

*Part of the maintenance of mediocrity or the manifestation of miracles?*

*Does NYS want to provide the minimum in terms quantity and quality of services?*

**New York State Early Intervention Policies as it relates to these budget proposals should be dictated by what is best for the state's most vulnerable children.** The Governor has already recognized the importance of pre-school education. Early Intervention is also "pre-school."

Note that UNYEIP is a voice for these children but not on the floor in the Senate and Assembly. We need you to legislate tweaks to this plan that will protect the stakeholders. We need you to advocate more strongly than you have in recent years to protect the integrity of the program and NOT allow insurer involvement to be a barrier to care. Seek cost-effectiveness not merely cost-savings.

Respectfully submitted,

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