



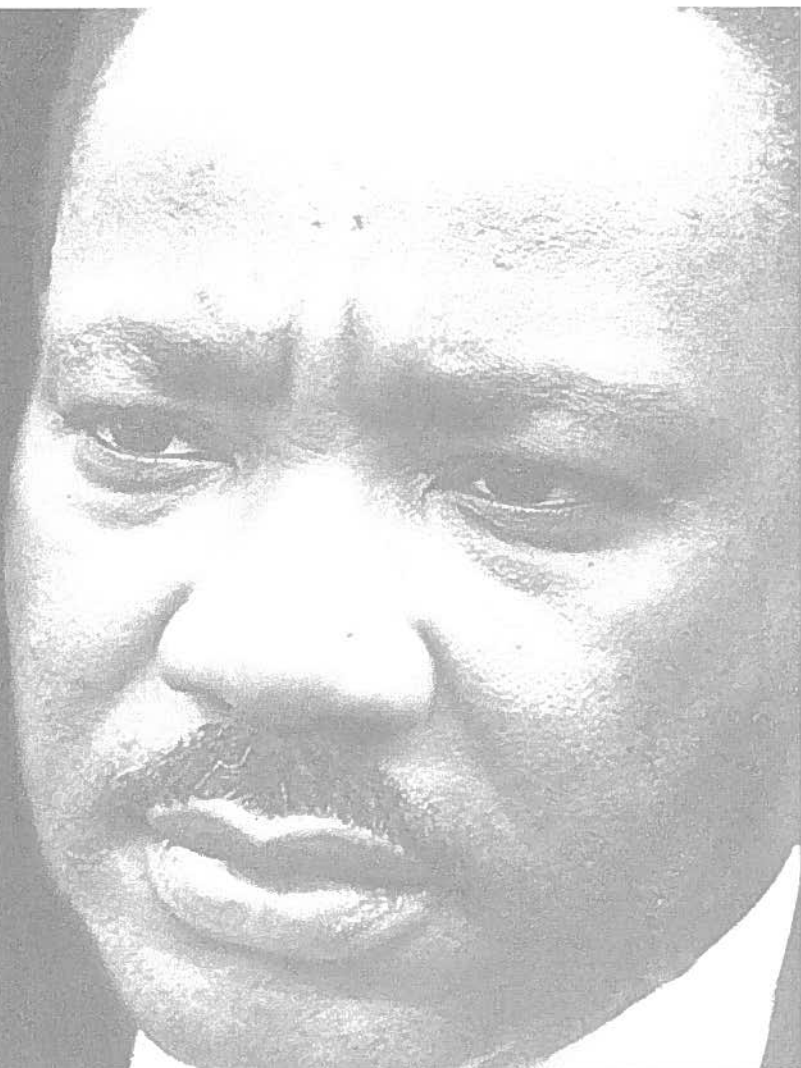
28

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

Leslie Grubler MA, CCC-SLP, Founding Director

**“OUR LIVES
BEGIN TO END
THE DAY WE
BECOME SILENT
ABOUT THINGS
THAT MATTER.”**

—MARTIN LUTHER KING JR.



**Testimony to the New York State Legislature
Joint Budget Committee on Health/Medicaid
in the matter of Early Intervention
Monday, January 25, 2016**

Chairwoman Young and Chairman Farrell, Chairmen Hannon and Gottfried and distinguished members of the Senate and the Assembly, good afternoon and thank you for the opportunity to testify today on the 2016/2017 Executive Budget Proposal.

None of us here today can become silent about things that matter and those things **that matter** include our most vulnerable children (aged 0-3 eligible to receive Early Intervention Services), their parents, caregivers, extended family and the **future** of these children – which has become less than hopeful since 2010.

My name is Leslie Grubler. I am a Speech-Language Pathologist and Founding Director of UNYEIP, the *United New York Early Intervention Providers and Parents as Partners*, a grassroots organization founded in 2010 that uses no lobbyists and collects no fees or dues from its members. As Founding Director, **my Executive Committee and I represent the interests of over 3000 current and former parents of children in NYS Early Intervention**, as well as providers of service including special educators and ABA Therapists and allied health professionals from all disciplines in early intervention – a good percentage of whom are the independent contractors, those on the front lines. Our membership 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 the voice of their parents who, because of their child's special needs, are unable to have their voice heard in forums like this. It is this reason that we continue to advocate and bring our issues to this forum.**

Early Intervention families have been unknowingly sacrificed by a system that has not only dismissed the vulnerability of their children's conditions but has dismissed the evidence-based practice that supports and enables their children's progress and, oftentimes, liberation. In the weeks ahead, you and the Finance and Ways and Means Committee Teams/Counsel/Administrative Supports will analyze the changes introduced -- some of which we propose may help, others that may hinder a program and its stakeholders that no longer have legs.

This year's proposals aim to simultaneously bolster and dis-member the early intervention evaluation team, limit decision-making to one person rather than a qualified team, and recommend increased utilization of screenings rather than comprehensive evaluations. Screenings are simply that – they screen but do not tell the whole truth and may mislead. Screening tools are not meant to be comprehensive. Formal assessment will have to occur during treatment sessions to determine the child's baseline and to enable the clinician to prepare a treatment plan -- which will likely be costlier. The proposal allows for decisions to be made by individuals who lack expertise and who are functioning outside of their scope of practice which can also introduce professional ethics issues.

Access to the program will be permitted through a review of medical records if permitted – assumedly written by medical professionals who simply do not have the expertise, specialized training, skill, and experience to adequately assess developmental needs. Physicians are not the highest qualified providers in treatment and assessment of children with developmental disorders. This proposal, quite frankly, may lead to more service provision for those with minimal needs in high resource areas rather than more efficiency and less cost. I refer you to the the AAP Clinic Report dated 12/5/16, *Early Intervention IDEA PART C Services, and the Medical Home: Collaboration for Best Practice and Best Outcomes*. Through my hands on experiences and the consult of my colleagues, the medical profession is not prepared and at times not qualified to take on the job of meaningful assessment.

During the financial crisis that the country and the state endured, our families were and still are the most significantly impacted. Yes, there has been improvements in denial turnaround and claims processing; yet, **we still have children, many children waiting for services in the city and rural areas throughout New York State. We still have providers not getting paid within 90 days** (statute not enforced by the NYS DOH BEI), and **we still have an insufficient number of providers throughout the state available to meet the needs of our children**. The DOH through the Executive Budget admitted that the introduction of the fiscal agent has done nothing to achieve the cost savings that was anticipated.

The changes in NYS Early Intervention, since 2010, have already impacted a generation of children. Cost has come in the form of what the children have lost and can never regain. For example:

- a. There are few if any playgroups, toddler classes, or community settings – especially important to children on the spectrum and those severely impaired. Prior to these changes, these settings were in abundance.
- b. There are waiting lists across the entire state in urban and rural areas and parents do not know how to advocate for the services they need. The families do not know what their child is not getting until it is too late. That is, our children need meaningful and timely services during their most developmentally and neurologically significant period -- where their brain increases to 80% of its adult size.
- c. Many physicians STILL take a wait and see approach despite research to the contrary, because of deficits in their training. That is, a good majority have received little if any meaningful training in identifying developmental disabilities to know when to act and when to refer.
- d. For those providers who have not left the field, additional administrative burden has focused them more on billing issues than on professional development – never meaningful in our work. The focus needs to be on the children and their development.

- e. Incidental data received from my members reflects that any savings that the DOH is presently reporting is at the expense of children not receiving services that they are eligible to receive as a result of a loss of providers and waiting lists.

Some of the provisions in this year's budget language have the potential of positive change to insurance law but must be tweaked:

- **Prompt pay** provisions. Changes to the claims submissions can only be meaningful if the 90 days begins at the point of acceptance of the authorization on the part of the provider since providers often wait months for Service Coordinators to enter authorizations in the NYEIS system. **It is the authorizations that MUST be processed in a timely manner. The NYEIS system continues to function as a dinosaur. Input is tedious, time-consuming (adding NPI#s and ICD10 codes) and inefficient.**
- **Prompt say** provisions regarding timely notification (15 days) to the SFA/billing providers of regulated/non-regulated insurance can be meaningful given meaningful remuneration. **Presently the SFA has no capacity to update data in NYEIS. They must refer this change to the provider who then must relay the information to the Service Coordinator – significant time is lost through these inefficiencies.**
- *We cannot revisit the idea of providers enrolling in one or more health care clearinghouses and agreements with insurers unless the rate of providers is fixed by all insurers at the DOH rate. NOTE: Some insurers pay \$2.15 for allied health services rendered. This proposal predicts doom for the Early Intervention Program.*
- *Note the recommendation for a 1% increase in administrative costs. This increase only refers to the administration portion of the DOH rate which is considered to be 20% of the rate. This would come out to an increase of approximately 10-16 cents per session or \$384.00 per annum. See rate data in the APPENDIX.*

Last year we had asked you **to incentivize the position of Early Intervention Provider** in light of a now 64% increase in the cost of living since the inception of the program (1993) by increasing rates that have only decreased since then. **See Appendix.**

This year we ask for much more than that. **We ask that you:**

- Understand what is possible for these children if they get the help that they need and to identify those areas of the proposal that are meaningful and those that are not.
- Prioritize the children of Early Intervention Services in your Districts and

Municipalities.

- Recognize that the EI Program, its dinosaur systems, insurmountable inefficiencies, emphasis on billing/insurance rather than making a difference in the lives of children -- needs a new plan, a new direction, and a new beginning. Our children need NEW HOPE! We cannot meet just once a year to throw money or encumbering policies at this program.
- Ensure that the EI Program is no longer dis-membered but is given a new direction, path to efficiency that no longer hurts the children

and, in so doing, we ask that you

- Remember why you considered being part of the political process.
- Remember why you wanted to come to Albany, even engage in committee like this.

I imagine your response would be not unlike what we as providers do in our roles – to help people, the little people, to fight for the people and/or the children who have no voice. To take the gifts we have and use them in the best way we can to make a difference and to make NYS and this country a better place.

None of us here today can become silent about things that matter and those things that matter include our most vulnerable children aged 0-3 eligible to receive Early Intervention Services, their parents, caregivers, and extended family who love these children so much, and the future of these children – which has become less than hopeful since 2010.

Thank you for giving me this opportunity. I am happy to answer any questions you may have.

Respectfully submitted,



Leslie Grubler MA, CCC-SLP, TSHH

Founding Director, UNYEIP

United New York Early Intervention Providers and Parents as Partners (UNYEIP)

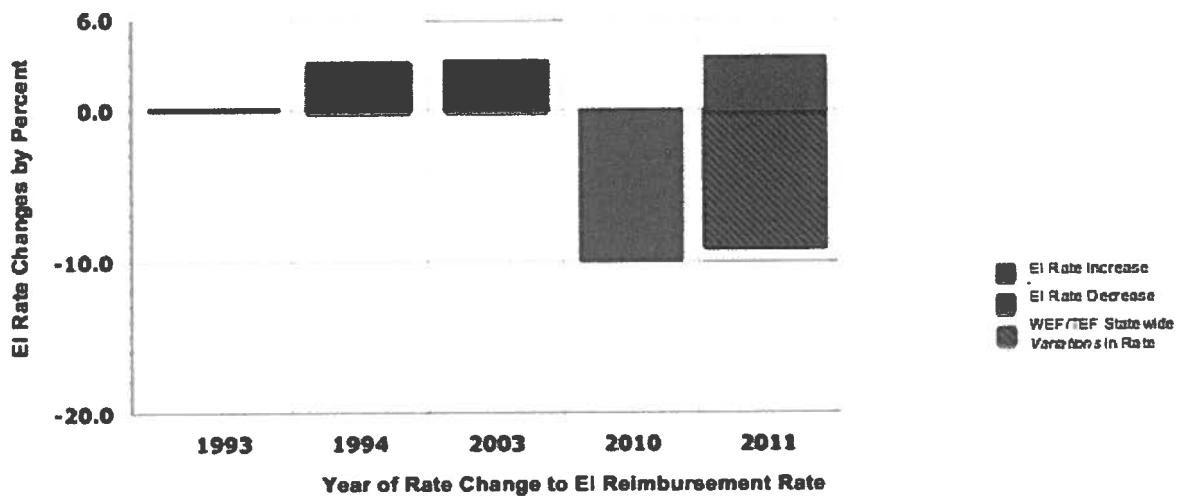
Email Address: UNYEIP@yahoo.com

Homepage: <http://www.UNYEIP.org>

CELL: 917 355 5060

APPENDIX

NYS EARLY INTERVENTION REIMBURSEMENT RATES 1993 – to the present



HISTORY:

- Early Intervention Providers have not received an increase since 2003.
- The majority of Early Intervention Providers have sustained significant decreases in their reimbursement rate in 2010 and 2011.
- The cost of administering billing has significantly increased as Early Intervention Providers assumed the function that Municipalities had prior to April 2013 (contrary to 2012 legislation). This includes increased manpower hours to research claims and increased operational costs.
- The cost of living has risen 64.58% since 1993, the inception of Early Intervention.
- In 2016, providers project additional administrative burdens in engaging in Prior Authorization.

↑ \$64.58

Cost of Living Calculator

COMPARE YEARS

COMPARE VALUES

1

1993

\$

100

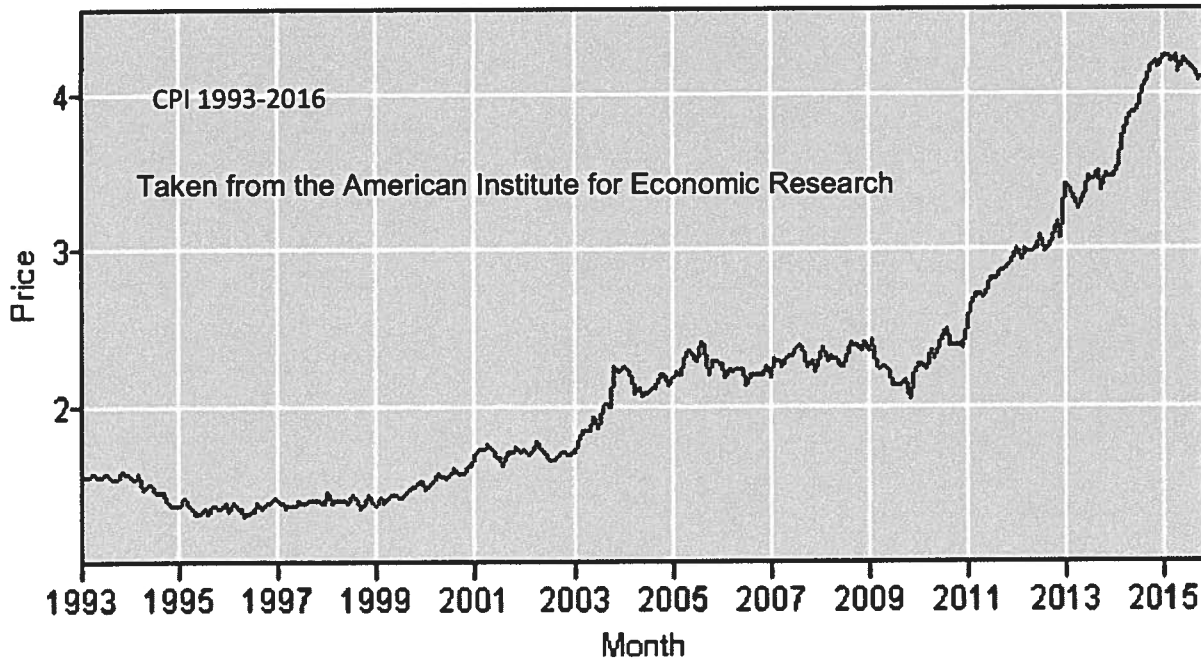
2

2015

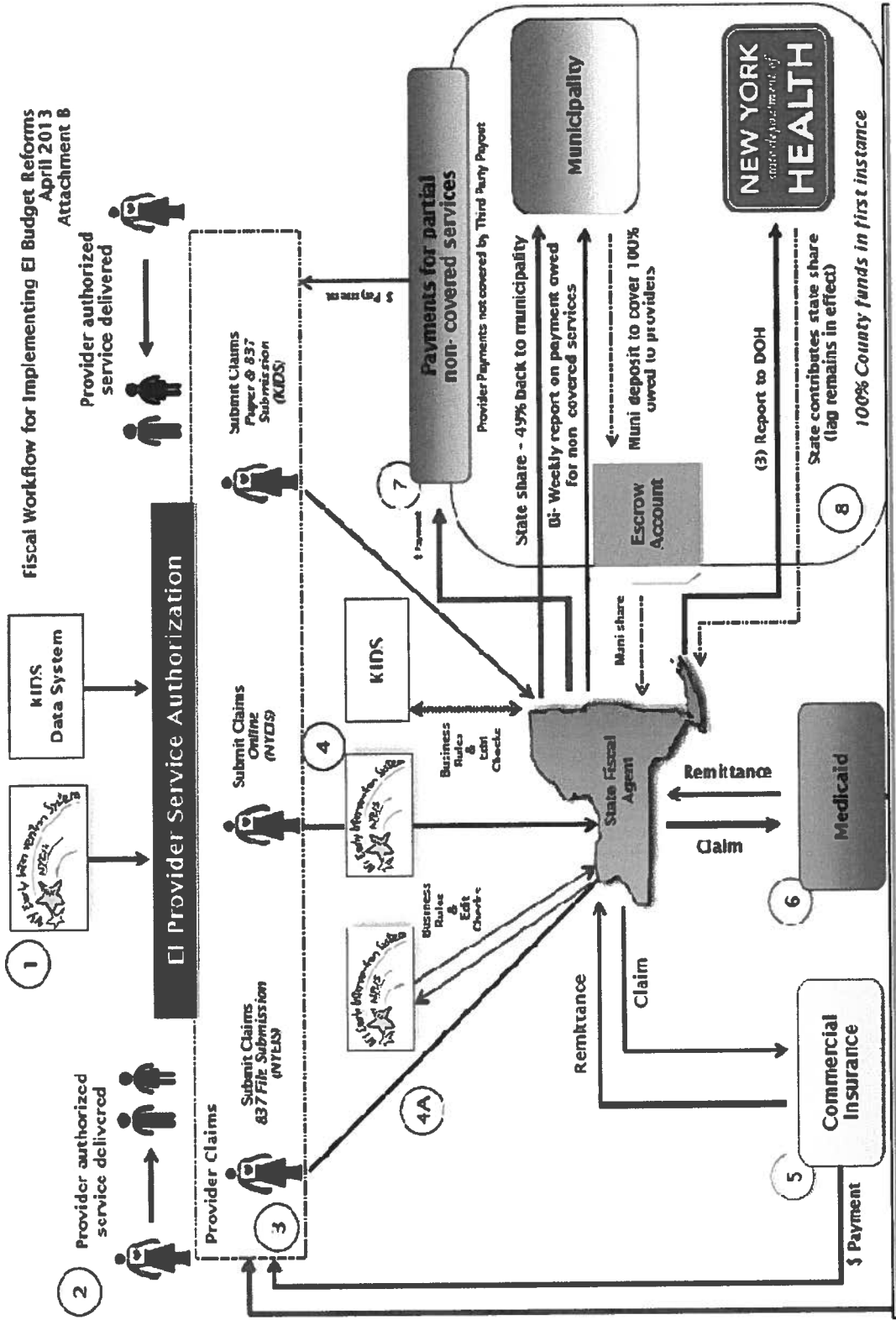
Calculate

RESULTS

\$ 164.58

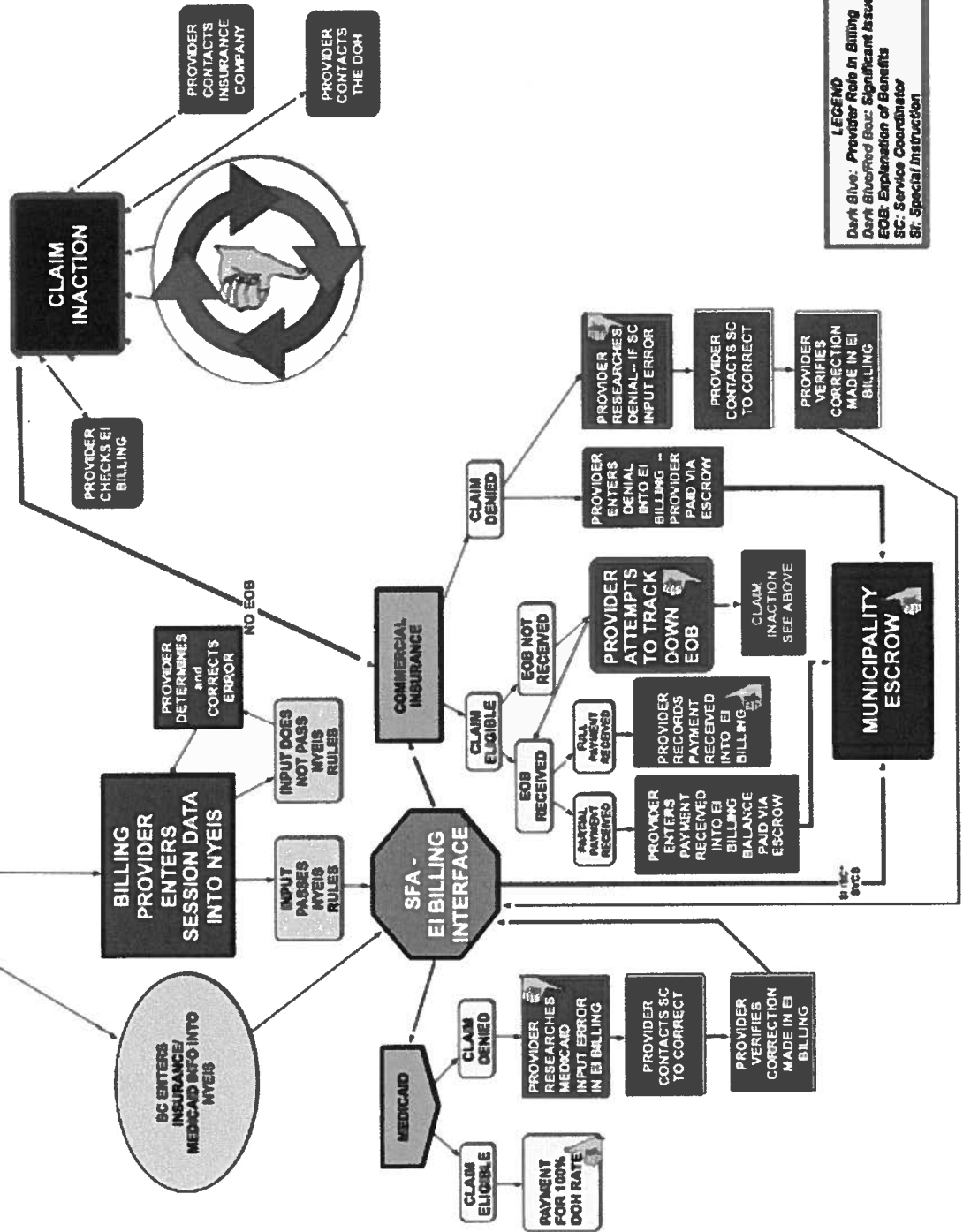


Fiscal Workflow for Implementing EI Budget Reforms
 April 2013
 Attachment B



THIS....became....

EI Billing 2016 Impact Summary



LEGEND
 Dark Blue: Provider Role in Billing
 Dark Blue/Red Box: Significant Issues
 EOB: Explanation of Benefits
 SC: Service Coordinator
 Sr: Special Instruction

This...and still is.