

Comments of

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

on the

2022-23 Executive Budget Proposal

Health

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**2022-23 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 education 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 several reasons, the Alliance requests meaningful participation of stakeholders in the development of policies governing the use of the telehealth modality within the Early Intervention Program; and

Urges the Legislature to condition approval of the Executive proposal to standardize payment of services provided via telehealth at the existing faculty-based rate upon the conduct of a study of the impact of these reimbursement modifications on the provision of EI services to assure that fiscal considerations not drive service delivery determinizations.

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 human service workforce, we are disappointed that the same recognition has not been extended to the EI provider community – a community of no less essential service providers.

Accordingly, we request parity with the preschool and school-age special education provider workforces to which the Executive has committed an 11% growth factor in rates of reimbursement.

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Attachments
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¹ Advocates for Children