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Esteemed Members of the Appropriations Committee,

My name is Steven Hunt, Director of Building Bridges, LLC, a Birth to Three provider since 2007. Tonight, I am speaking regarding the DDS budget; specifically the Birth to Three budget.

I would like to thank you all for your support of Birth to Three throughout the years and especially this year. It is a clear statement of your commitment to the continued success of Connecticut's young children and their families. Thank you in advance for your support of the annualized 9 million dollar increase targeted for past growth in the program.

The increase in parent cost participation fees is proving to be a barrier to many of our families. The 60% increase is forcing children with significant developmental delays out of the Birth to Three program. The impact of this withdrawal will be felt by these children and families, as well as the local school system for years to come. Many families are choosing to remain in the system receiving only service coordination at no cost. Unfortunately, their children would benefit from direct services and full participation in services and supports. This cost savings are simply being shifted to the medical and educational institutions in our state.

There is currently one area of revenue that does not have a direct impact on families or providers, insurance billing. This area of revenue should be maximized instead of neglected. Current proposals request an elimination of the 10% retention incentive for the providers. The minimal savings that this will provide will be offset by the programs inability to persue insurance receipts due to staff cuts.

Improvement could come under two different alternatives. A centralized insurance billing program, outsourced by the state, would result in increased billing success and therefore revenue. It would also provide easier access to insurance reimbursement records to facilitate the states efforts to work with some of the insurance carriers that continue to resist/limit Birth to Three funding. Another option would be to use the insurance incentive as a true incentive tying the percentage of retention to insurance collections at the average and allowing for a greater incentive with a higher return. Either option is preferable to removing the 10% retention while expecting increased collection.

On a personal note, I have had the opportunity to work with children and families from an early intervention, medical, and school system perspective in Connecticut and other states. My staff and myself, consider ourselves lucky to be part of that small population who has the opportunity to work at something they truly love to do. I have seen the positive impact that Birth to Three makes on families and community programming in

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Connecticut. I have also seen the negative impact on school systems and state run medical agencies in states where the Birth to Three system has been neglected. I am proud to tell people what I do for a living and where I do it. I thank you for your continued support which allows us all to be proud of the state we represent.

Thank you for time time and attention and do hesitate to contact me with any comments or questions.

Sincerely,  
Steven Hunt, Director  
Building Bridges, LLC