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Connecticut Birth to Three System

February 18, 2010

Senator Harp and Representative Geragosian

My name is Joe McLaughlin. I am a provider of Birth to Three services and a member of the Interagency Coordinating council that advises DDS on issues related to the Birth to Three system.

First I would like to take this opportunity to thank this committee and members of the legislature for their support of the Birth to Three program. I am here today to speak in support of the Governor's proposed budget and ask that once again you support her recommended appropriation.

I would like to share with you some data that demonstrates that Birth to Three continues to be a cost effective investment of state funds. For example:

$8356.00 = the average annual cost to the state for a child in Birth to Three
$20250.00= the average annual cost of a child in special education

Each year approximately 1100 children who received Birth to Three services, do not need special education. Using the per pupil cost of $20250.00, that is a savings of $22,275,000 per year for each grade level.

Data from the State Department of education indicates that of all the children who received Birth to Three services **65% did not** require special education by kindergarten.

Over 90 % of all children who exited Birth to Three, and received at least 6 months of intervention, improved to age level or near age level in social-emotional development, early language and early literacy skills.

The Governor's proposed budget also addresses the need to secure more support from insurance companies for Birth to Three services. We are in complete agreement with this goal, but disagree with the strategy. The budget proposes to remove the 10 % of receipts currently retained by Birth to Three providers to cover the cost of billing insurance and to follow up on their refusals to pay for claims that are submitted. This strategy will cause programs to lay off clerical staff that is used for this purpose. Therefore there will no one to follow-up on insurance companies refusal to pay. This will undoubtedly result in reduced reimbursement from insurance companies.

We would like to propose an alternate solution. We suggest that the legislature to direct the Department of Developmental Services to centralize insurance billing to a single provider who has expertise and a history of success in navigating the maze that is involved in billing insurance. A single provider would also make it easier to track the differences in the performance of the various insurance companies and assist the Department of Developmental Services and the Department of Insurance in seeking systemic solutions.

Given that it will take the Department of Developmental Services a period of time to put this system in place, we recommend that the current 10% be retained to cover the programs cost of billing insurance.

Respectfully submitted,
Joe McLaughlin