

Education Committee SB No. 942 An Act Implementing the Budget Recommendations of the Governor concerning Education

We are writing in regards to the transfer of the Birth To Three program from the Department of Developmental Services to the Office of Early Childhood. The Interagency Coordinating Council is not opposed to moving Birth To Three to the OEC. However, we are very concerned that the Governor's budget changes the way in which Birth To Three programs are funded. The funding is divided between the OEC and the Department of Social Services budgets due to anticipated changes in Medicaid rates for Birth To Three.

Currently CT has a bundled Medicaid Birth To Three rate and DSS does the monthly billing with all money received going directly to the General Fund. It has been reported that there will be two significant changes to this system of payment. Medicaid will require Birth To Three to bill for separate services such as Physical Therapy, Occupational Therapy and Speech Therapy and DSS will require the private providers to bill Medicaid directly and accept their rate. Historically, the level of reimbursement for these "individually billed" services is grossly inadequate and cannot financially sustain Birth To Three programs.

THIS CHANGE WILL HAVE A MAJOR IMPACT ON FAMILIES AND THE MISSION OF BIRTH TO THREE

***The Birth To Three Mission is to strengthen the capacity of CT's families to meet the developmental and health-related needs of their infants and toddlers who have delays or disabilities.***

***The system will ensure that all families have equal access to a coordinated program of comprehensive services and support that:***

***Foster collaborative partnerships with families:*** We are not a "Medicaid" program and we are not "Health Insurance" program we are a program for ALL families. This Change creates a two – tiered system that will differ significantly in quality.

***Family centered:*** This change dramatically limits the frequency, duration and types of services we can include in an Individualized Family Service Plan to those services that are acceptable to Medicaid. This is in direct conflict with a family-centered plan. Parent meetings are not a covered service under Medicaid.

***Occur in natural settings:*** Due to the fiscal implications of this change, programs will need to limit the location of services due to the cost of travel.

***Recognize current best practices :*** Families receive evidence based services that utilizes a primary provider model with consultation and teaming that results in positive family outcomes that facilitates positive child outcomes. Co-visits and team meetings are a crucial piece of this puzzle. If the Birth To Three providers have to bill Medicaid directly, they will need to change how they provide services, reverting to a medical model, not the evidence based primary provider model occurring in the natural learning environment and coaching the caregivers to

work with their child throughout the day. Co-visits and team meetings are not reimbursable under Medicaid.

***Built on mutual respect and choice:*** Many providers are concerned about entering into an agreement with Medicaid because they would have to accept Medicaid's terms and conditions which are juxtaposed to current B-3 practices. Also Medicaid billing and denial follow-ups are very labor intensive (which would be an added expense to programs) . This will mostly likely result in programs leaving the Birth To three system or choosing to not provide services in towns with historically large numbers of families on Medicaid. Therefore, parent choice a cornerstone of our Birth To Three system will be lost.

Birth To Three has long been recognized as one of the most successful, results-based programs for children with significant delays and disabilities and their families in the State. Many children "graduate" from Birth To Three and do not require special education services by kindergarten. We want to continue to implement our mission by providing supports and services to all families: not just the ones with private insurance. We appreciate and thank –you for your support of Birth To Three over the years as we supported families of our most vulnerable children.

**We hope that you will review the current practices and continue to fund the birth to three providers with direct remuneration from the Lead Agency (DDS OR OEC).**

**Please do not hesitate to email me if you have any questions or need any clarification about the present system of payment for birth to three providers.**

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