

Dear Committee Members and Representative Haddad;

My name is Marianne Barton and I live in Mansfield Center. I am a clinical child psychologist and a mental health consultant to one of Connecticut's Birth to Three Programs.

I would like to bring your attention to significant changes that are being proposed for the Birth to Three System. As you know, Birth to Three has been slated to move from the Department of Developmental Services to the Office of Early Childhood. This service system is in a state of flux with additional significant changes being proposed. Currently, DDS handles all Medicaid billing for Birth to Three; however, OPM intends to shift this burden onto private providers without conducting a feasibility study.

This is detrimental to the Birth to Three System for a number of reasons:

- Private providers do not have the infrastructure in place to bill Medicaid. Changes in infrastructure would include: hiring additional staff to support billing, changes in staffing to control costs, and increases in provider A&G expenses.
- Most Birth to Three providers are not currently qualified to provide services under Medicaid. All professionals working in the system require credentialing to meet federal standards.
- Currently, Birth to Three Providers receive a bundled rate for services; direct Medicaid billing will not pay for all costs associated with service. All required IDEA services are not billable under Medicaid.
- Birth to Three requires multidisciplinary services; Medicaid typically prohibits this methodology.
- The Medicaid model is neither an educational model nor the family focused developmental model required under IDEA.
- Providers will see decreased revenues in the 57% + range for services to children receiving Medicaid.
- Providers cannot sustain these cuts and will be forced to withdraw from the system.
- A limited provider pool will disrupt services for families resulting in a waiting list.

Private providers have been given only a 1% cost of living increase in five years. Any decrease in revenue will jeopardize service providers. Private providers in surrounding states are already experiencing significant issues balancing IDEA requirements and Medicaid funding restrictions. Connecticut should not make the same mistakes.

This proposed system shift will result in unintended consequences impacting our most vulnerable children across the state. Birth to Three has been the premier Results Based Accountability Program in Connecticut. Statistics reflect that 51% of children who received Birth to Three services and were enrolled in Kindergarten in 2011-2012 did not require special education services. ***Special Education** costs **\$27,000** per year per student. ***Birth to Three** costs **\$8,165** per year per child. The Birth to Three system represents a tremendous savings for school systems across the state who do not have to provide costly services to children treated successfully in the Birth to Three system. . In addition to these fiscal concerns, Connecticut has long been justly proud of its efforts to serve very young children and their families. To dismantle this system will cause serious economic consequences; equally important it will increase human suffering as developmental and mental health problems in young children go untreated. Given the recent findings of the Sandy Hook Commission, this would seem to be the opposite of the direction our state should be taking in addressing the educational and mental health needs of children.

I implore you to provide us with your support to avoid a collapse of our Birth to Three System and to work with providers to identify reasonable alternatives to foster the development of our most vulnerable children.

Respectfully,
Marianne Barton, Ph.D.