

March 5, 2015

Dear Senator Beth Bye, Representative Toni E. Walker, and Distinguished Members of the Appropriations Committee,

As Directors of the CREC Birth to Three program and the CREC Soundbridge Birth to Three program, we would like to bring to your attention a proposed change in funding that threatens to collapse the entire system.

Simultaneous with the proposed move of the Lead Agency from the Department of Developmental Services to the Office of Early Childhood, we have been informed that the 20-year agreement with Medicaid to have bundled payments for Birth to Three services is no longer viable. Billing to Medicaid for services will need to be on a fee for service basis. Furthermore, despite the fact that Birth to Three outsources private insurance billing, the intention is that providers will be required to bill Medicaid, and will need to accept Medicaid payments (only) for services billed to Medicaid. In addition, providers will also forfeit their set unit reimbursement rate for all children who have Medicaid insurance.

In both of our programs, 60% of the children have Medicaid insurance. Based on the experiences of providers in surrounding states, we can expect a 56% reduction in funding for children on Medicaid, which would create a total funding loss for each program of 34%. This is clearly not sustainable for any program without major impact on the quality of services—particularly in view of the fact that in 5 years, Birth to Three providers have only received a 1% increase, despite skyrocketing costs.

Medicaid is based on a medical model, not the educational, family-focused model that is required by the Federal IDEA Part C. Medicaid does not reimburse for routine multi-disciplinary treatment, or for the extensive transportation costs related to serving children in their homes all over the State.

Changes in quality could include long waiting lists for accessing services, few services provided per family and child, poorly coordinated services, reduced access to specialists needed for their children's disabilities, decreased quality of care, and ultimately poorer outcomes for Connecticut babies, toddlers, and young children.

Why would the State of Connecticut want to allow this to happen, in the midst of major legislative interest in improving services for young children and their families? Why would the State of Connecticut allow this to happen to this premier results-based program? Over half of the children who were enrolled in Kindergarten in 2011-2012 who had received Birth to Three services no longer received special education services at that point. Why would the State of Connecticut allow this to happen to this most vulnerable population of future citizens who have significant developmental disabilities?

We ask you to examine this issue in detail, and help us prevent this impending disaster through working together to meet this challenge. Connecticut's young children with disabilities are depending on you!

Sincerely,

Nancy C. Canata, MSW/LCSW
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