

Dear Committee Members,

My name is Marisa Novello and I am a resident of Connecticut. I am a Birth to Three provider.

I would like to bring to your attention 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 (DDS) to the Office of Early Childhood (OEC). 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 review or understanding of the potential issues identified below:

- Agency Providers do not have the infrastructure in place to bill Medicaid. A change in infrastructure would include: hiring additional staff to support billing, changes in staffing related to services to control costs, and an increase in provider administrative expenses.
- Individual Birth to Three clinical interventionists are generally not credentialed in order to provide services under Medicaid. The credentialing process will be an additional financial and administrative burden to the Agency Provider community. Given the July 1 implementation date, it is possible that there will not be sufficient time to properly credential existing interventionists exposing thousands of children to interrupted or cancelled services.
- Currently, Agency Providers receive a bundled rate for services. The proposed change includes a requirement that Medicaid services be billed in a fee for service model, effectively eliminating the current billing methodology. OEC has been silent how this significant change will affect services. For example, will Medicaid continue to pay for all costs associated with services including services delivered by special education teachers and Para professionals? This issue could disproportionately and adversely affect children with autism spectrum disorders who typically receive significant services from teachers and Para-professionals.
- Given the potential disruptions and limitations in services outlined above it is possible that Agency Provider may incur decreased revenues ranging from 35%- 57% depending on the percentage of Medicaid eligible children served.
- 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 are already experiencing financial hardship, working without a viable margin. As costs have skyrocketed, providers have only received a 1% increase in 5 years. Any decrease in revenue will jeopardize service providers. Private providers in surrounding States have already experiencing significant issues balancing early intervention requirements and Medicaid funding restrictions. Connecticut should not make the same mistake. 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**

This is a tremendous savings for school systems across the state and these issues warrant your immediate attention.

I implore you to provide us with your support to avoid a collapse of our Birth to Three System. We are greatly concerned that this procedural change will have a significant negative impact on our mission. Providers are vested in

working with you to identify reasonable alternatives to foster the development of our most vulnerable children across the state.

Respectfully,