Seward & Hannon Fight For Children With Special Needs

JAMES L. SEWARD December 9, 2013

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ALBANY, 12/09/13 – New York Senate Health Committee Chairman Kemp Hannon and Senate Insurance Committee Chairman James L. Seward today introduced legislation to preserve New York State's Early Intervention Program and make certain that children with special needs receive the care they need.

The legislation (S.6002) requires the state to make prompt payment to early intervention providers and ensures that retroactive payments will be made to providers who have been waiting for reimbursement since a new state system went into effect on April 1.

Senator Kemp Hannon (R– Nassau) said, "Many providers have received no or very little reimbursement for their services since the implementation of a new state fiscal agent system. The current procedure is unacceptable and unsustainable. Providers, many of whom operate independently or are small businesses, are being run out of business. Eligible children and their families will not be able to find a provider and their conditions will worsen and become more costly to treat as they get older."

Senator James L. Seward (R/C/I-Oneonta) said, **"Young children suffering from developmental disabilities are now being placed on waiting lists because providers are being forced to leave the program. This compounds what is already a demanding and sensitive situation for families with a special needs child and puts the future well-being of our most vulnerable at risk."**

The New York State Early Intervention Program is part of the national Early Intervention Program for infants and toddlers with disabilities and their families and is administered by the New York State Department of Health. A variety of therapeutic and support services are offered to children under 3 years of age with a confirmed disability or established developmental delay.

As part of the 2012-13 state budget, the governor proposed major modifications to the Early Intervention Program raising grave concerns. The only change approved by the legislature was the creation of a central statewide administrator with an eye toward mandate relief for counties which were then responsible for managing billing of the program. The rollout of the program, however, has proved to be problematic and many providers have not been reimbursed for their services.

Senator Seward said, **"My senate colleagues and I expressed concern that the program would not be ready by the ambitious implementation date of April 1, 2013 and encouraged a delayed start. Based on the dire straits many providers are now dealing with, postponing the change would have been a prudent step. Rather than continue in this destructive manner, significant changes must be implemented."**

In addition, the bill clarifies the duties of the state fiscal agent and requires that the agent will assume all administrative and claims processing activities, including seeking payments on behalf of providers, tracking claims, and filing and conducting appeals of payment denials. This will ensure that providers are able to spend their time providing necessary services to children rather than doing paperwork and administrative tasks.

Senator Hannon said, "The new system requires providers to individually work and negotiate with commercial insurers to pay claims for services, that, in most cases, are not medical services covered by insurance. Therapists are forced to become bill collectors, pursuing insurance claims which have gone unpaid for months on end. This was not the intent. Counties had been reimbursing providers for the last twenty years and then pursuing insurance with little success. Creating a fiscal agent was designed to help, not leave providers holding the proverbial bag."

Senator Seward added, **“The goal of this change was to cut red tape for counties and create a more efficient system – so far those objectives have not been met. This legislation will remedy the situation.”**

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