



Testimony

of

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before the

New York City Council Committee on Mental Health,
Mental Retardation, Alcoholism, Drug Abuse and Disability
Services

on

Oversight: Updates to New York City's Early
Intervention Program

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Good morning Chairperson Koppell and members of the Committee on Mental Health, Mental Retardation, Alcoholism, Drug Abuse and Disability Services. I am Dr. Marie Casalino, Assistant Commissioner of the Bureau of Early Intervention at the New York City Department of Health and Mental Hygiene, and I am joined here today by Anthony Faciane, Senior Director for Revenue at the agency. On behalf of Commissioner Farley, we would like to thank you for the opportunity to testify.

The Early Intervention Program serves approximately 35,000 children per year under age 3 with developmental delays, who require developmental interventions such as speech therapy, special instruction, and physical and occupational therapy. The program incurs costs of more than \$400 million per year and is the single largest expense for the Health Department, comprising more than 30% of the total budget.

The Governor's 2012-2013 budget introduced mandate relief to municipal governments with the stated goals of reducing administrative burden, providing fiscal relief to counties, and establishing a State Fiscal Agent under the authority of the State Department of Health. Establishing a State Fiscal Agent is expected to increase insurance revenues, achieve efficiencies, and improve accountability in fiscal operations statewide. Today I will describe its anticipated effect on DOHMH, the provider community, and most importantly the children and families who are or will be receiving services through this essential program.

During the transition period of January 1 through April 1, 2013, all provider agencies currently in contract with DOHMH will be required to enter into new agreements with the State Department of Health to deliver evaluation, service coordination, or early intervention services. Then, as of April 1, 2013, DOHMH will no

longer have the authority to enter into contracts with providers of early intervention services, with the exception of transportation and respite services.

In addition, all early intervention providers will be required to initiate claiming and receive payment through the State's billing system and Fiscal Agent for all services provided under the Early Intervention Program. Providers will replace DOHMH as the providers of record for billing purposes, not just for service delivery.

DOHMH continues to be responsible for the administration of key programmatic aspects of the Early Intervention Program, including accepting and managing referrals, designating the Initial Service Coordinator, and ensuring that evaluations and eligibility determinations for the Early Intervention Program are in compliance with State regulations and clinical practice guidelines. Most important, DOHMH continues to convene the Individualized Family Service Planning meetings and ensures that high quality service plans are developed for each child and family as required by State regulation.

In addition, as of April 1, 2013, DOHMH will have enhanced provider oversight authority. DOHMH may request that parents select a new service coordinator if that person fails to meet his/her regulatory and statutory responsibilities, or require that the service coordinator find a new service provider if services are not provided as authorized by the IFSP. The new law also expressly articulates that municipalities have the authority not only to audit but now to also monitor providers, including site visits, in accordance with State Department of Health regulations and guidance documents. DOHMH currently monitors early intervention provider agencies based on provisions in the municipal contract with providers and will continue to do so.

Although the 2012-2013 Early Intervention reforms affect the administrative and business processes of municipalities and providers, the family experience in the Early Intervention Program will not change. Children continue to enter the program via a referral to DOHMH, where the early intervention process begins with the assignment of the initial service coordinator. Families continue to choose their child's evaluator and ongoing service coordinator. Services continue to be authorized based on the individual needs of the child and family at an individualized family service planning meeting and are delivered at no cost to families.

Thank you again for the opportunity to testify. We would be glad to take your questions.