
The Arc of New Jersey's FY22 Budget Recommendations for the Department of Health

Background

Early Intervention Services (EIS) are designed to provide therapeutic and educational support to help infants birth to three with a delay in development. These services are critical at this stage as these are the formative years where the impact of Early Intervention services provides the best chance for improvement thereby maximizing a child's future potential. Early Intervention Services are funded through Part C of the Individuals with Disabilities Education Act and the New Jersey Department of Health (DOH). To receive EIS, a series of standardized evaluations are conducted to determine if a child meets eligibility guidelines. If a child is deemed eligible, a comprehensive intake is conducted followed by a referral to a local provider who then arranges for a practitioner (Physical Therapist, Occupational Therapist, Speech Therapist, and/or Developmental Interventist) PT, OT, ST, and/or DI) to deliver services to the child in the family's home. These services are free to families whose income does not exceed 300 percent of the federal poverty level, with others contributing on a sliding scale. Various research studies have yielded the importance of early intervention to help a child more successfully reach critical developmental milestones. In recent years, through the strong advocacy of various autism awareness groups, early identification of delays for specific milestones related to a child presenting with autism, has resulted in a significant increase in referrals to the system. The importance of Early Intervention Services cannot be overstated.

Issue

Early Intervention Service Providers are funded by the DOH via a fee-for-service system. Reimbursement rates provided for each unit of service billed are designed to pay not only for the therapist costs, but also for the indirect costs of providing services. Rates for EIS providers to deliver services have not increased in more than 15 years; an extraordinarily long time for funding to remain stagnant. This means that providers of service are forced to operate on 2005 funding levels. Discussion around a potential increase to rates was derailed by COVID-19. As anyone can appreciate, the costs associated with providing a service have exponentially increased from 15 years ago to today. Specifically, as per industry standards, benchmark rates for physical, speech, and occupational therapies have risen significantly. Educational and professional requirements for therapists has increased, but current rates do not reflect the elevation of the profession. For example, the entry level education for a physical therapist is now a PT-D (doctorate level). To attract and retain qualified and competent therapists, providers have more than reached capacity in their ability to keep pace with these industry standards. As a result, providers have had considerable difficulty recruiting and retaining staff.

Simultaneously, the EI system has experienced an increased demand for services. According to statistics provided by the DOH to the Office of Legislative Services in 2019, the number of children served by the Early Intervention Program in Fiscal Year 2020 was estimated to increase to 31,561 up from 28,793 children just two years ago in Fiscal Year 2018. (We do not know yet how COVID has altered original estimates.) The impact of not being able to secure and retain critical staff coupled with the increase in demand for services, has resulted in an insufficient capacity in the EI system with providers not having enough practitioners to deliver these critical services.

In addition, the COVID-19 pandemic has drastically impacted the way in which infants and toddlers with developmental delays receive early intervention. Providers have needed to make a number of modifications and adjustments in order to continue to provide vital services to children and families while at the same time ensuring the safety of children, families and staff. Providers have struggled to meet the increased costs related to obtaining personal protective equipment, ensuring staff have the technology needed to implement telehealth services and maintaining staffing despite staff shortages due to illness and the need for practitioners to take leave during the pandemic. Despite significant challenges, Early Intervention Providers have continued to provide services to every family requesting them, with only a 2 week closure of the program when the statewide stay at home order was first implemented in March.

Recommendation

The rates for Home/Community Therapists (speech, occupational therapy, and physical therapy), Home/Community Specialist (dual certified special education/early childhood teachers, developmental interventionist and social worker), and Home/Community Paraprofessional (child development associate, certified occupational therapy assistant and physical therapy assistant), must be increased so that infants and toddlers receive vital services during this incredibly critical time in their lives. The window for services to have an impact is small and so any delay can have life-long ripple effects on a child's future. We are requesting that the NJ DOH increase the Therapist, Paraprofessional and Specialist rates by 10% in the Fiscal Year 2022 State Budget.