

# New York Zero-to-Three Network

• fostering collaboration among those who work with babies, toddlers and their families •



331 West 57<sup>th</sup> Street, #166, New York, NY 10019 • [info@nyzerotothree.org](mailto:info@nyzerotothree.org) • 718-638-7788 • [www.nyzerotothree.org](http://www.nyzerotothree.org)

## Action Brief: Oppose Parent Fees for Early Intervention

### ***The Issue***

A solid body of research confirms that the quality of children's earliest interactions and development can profoundly affect their later health, education success, and ultimately their role in society. We know that nearly 30 percent of developmental delays<sup>1</sup> are not identified until school age, when they are more expensive and difficult to treat. Early Intervention (EI) saves money later by reducing special education costs; EI also produces better outcomes in teenage and adult health, behavior, and productivity. EI service providers also educate parents, as well as increase parents' confidence, especially in parenting a child with special needs.

Governor Patterson's recent budget proposal requires that parents pay a fee, based on income, to receive EI services. This will dramatically reduce the number of children receiving EI services.

EI is a federal program for infants and toddlers with developmental delays or disabilities. Each state receives some federal funds to provide an array of services to children under age 3, but determines its own eligibility criteria within federal guidelines. EI is currently one of the few federal programs with no income restrictions. In New York State in 2006, nearly 73,000 children received at least one EI service, over half of them residing in New York City,<sup>2</sup> where nearly 20 percent of all live births are referred to EI.<sup>3</sup>

Up until now, EI in New York State has been free and universal, with the goal of ensuring broad coverage. Nonetheless, a recent report on the status of New York City's infants and toddlers<sup>4</sup> highlighted great disparities in access, quality, and level of services based on socioeconomic status and neighborhood. Governor Patterson's plan to impose fees on parents will make these disparities greater.

### ***The Challenges***

#### **EI Parent Fee Proposal Would Burden Families**

The EI proposal in the NYS Health and Mental Hygiene budget bill (S. 58/A. 158) would impose monthly parent fees for each eligible child on families earning just above the federal poverty line (FPL)—161 percent FPL or \$29,000 for a family of three—and would require income to be documented. Parents unable to document their income would pay the highest fee—a hardship for underserved groups, such as undocumented immigrants who may not be able to furnish proof of income, and children in foster care. The experience of trying to enroll uninsured children in SCHIP (the state child health insurance program) shows that any extra paper work or checking of documents tends to exclude the hardest-to-reach populations.

If a parent misses **one** payment, the child would lose services and become ineligible. This would place undue burden on New York's low-income families who are already struggling to make ends meet from paycheck to paycheck. Consistent care by the same person is important in the early years; disruption of care may cause further developmental problems.

Under the proposed legislation, parents earning above 401% FPL would pay the same fee, which means that a family of three with an income of \$71,000 would pay the same as a family of three making \$500,000. In New York City, an income of \$71,000 barely puts a family in the middle class. The EI parent fee would increase the burden for hard-working middle class families who already have extra expenses from caring for a child with a disability.

## EI Proposal Would Limit Access and Choice in Providers

The budget proposal would also authorize the State Department of Health to limit the number of providers, based on need, in any one municipality. While there may be an adequate number of providers in one municipality overall, often neighborhoods in most need remain underserved. For example, a look at total borough figures for providers in New York City does not reveal the shortage of trained providers in specific low-income neighborhoods.

The budget proposal would also impose more stringent eligibility criteria for children who are delayed in communication development. Untreated speech delay may lead to difficulty learning to read, and emotional and behavior problems.

## ***The Solution: Improve EI and Balance the Budget***

New York State has a good EI system that needs some enhancing—more and better-trained providers to address the social, emotional, and physical health needs of infants and toddlers, uniform evaluation instruments for multidisciplinary assessments, and elimination of barriers that reduce services.

- Recognize that the value of the service is sometimes not readily apparent to parents and that services may be discontinued if costs are imposed. Fees for services will place increased stress on families. In some cases the services will be dropped or other children in the family will be deprived of necessities. In other cases, families will move from marginal situations into poverty. Children in foster care must be exempt. Consider that any system that requires families to furnish proof of income means that many vulnerable children whose parents do not have the required income documentation will not be able to participate. In addition, there must be an easy mechanism for continuation of services and reenrollment.
- Before imposing parent fees, explore other cost-saving measures such as ensuring that the state collects reimbursement from public and private health insurance for covered EI services.
- Ensure better distribution of qualified providers and services in low-income or underserved neighborhoods and communities.

## ***Take Away Messages***

- EI should be seen as saving money not only today but also in the future. Whatever problem is not treated today will only get larger and more costly to address later.
- The layer of bureaucracy needed to implement a fee plan means more funding spent on paperwork instead of services.
- Co-pays would burden hard-working families and may cause families to discontinue services that are essential to the sound development of their children. These services are for the benefit of the children and the community at large, not simply the parents of the children who need and are entitled to EI. We urge you to **oppose the EI parent fee proposal**.
- Insurance dollars should be tapped, but where there is no health insurance to cover the cost of prescribed therapies, it is penny wise and pound foolish to put the dollar cost of providing these therapies on individual parents. Parents can save for college. They cannot save for the unanticipated costs of having an infant with a disabling condition.
- Take all steps necessary to assure continued access to EI for children whose needs for services are identified through the EI program, paying special attention to children in foster care and other vulnerable children whose families may not be able to produce the required paperwork and whose participation in the EI system must be encouraged.

---

This *Action Brief* was prepared by the New York Zero-to-Three Network's New York City Policy and Public Education Committee, February 9, 2009.

<sup>1</sup>Based on data from New York City in: New York Zero-to-Three Network (NYZTT) (2008). *Unequal from the Start: A Check-up on New York City's Infants and Toddlers*. New York, NY: NYZTT, p. 11. [www.nyzerotothree.org](http://www.nyzerotothree.org)

<sup>2</sup>New York State Council on Children and Families (2008). *NYS Early Childhood Data Report: The Health and Well-Being of New York's Youngest Children*. New York, NY: New York State Council on Children and Families, p. 79.

<sup>3</sup>See Note 1.

<sup>4</sup>Ibid.