Cost study and review of the NYS Early Intervention Program

The New York State American Academy of Pediatrics, District II, comprised of over 4,000 pediatricians, is dedicated to advancing policies that support the health and well-being of all children.

Early Intervention (EI) program, authorized under Part C of the Individuals with Disabilities Education Act (IDEA), serves infants and toddlers until the age of three, with developmental delays. EI services are cost effective and improve the long-term outcomes of infants and toddlers, decreasing the need and/or intensity of services needed as the child grows.

Unfortunately, the EI program in NYS is under resourced which has led to staffing shortages, meaning that infants and toddlers with developmental delays are not getting the services they are entitled to receive. This shortage is having a particular impact on disinvested communities and children of color.

Although the most recently adopted budget increases rates by 5% and authorizes a modifier for a limited number of communities, it also adopts administrative cuts designed to keep spending flat with the potential of decreasing access to services for some children.

The NYS Comptroller issued an Audit Report on NYS Early Intervention program (Report 2021-S-25) that found most children are not receiving critical services and NYS is failing to meet it obligation. In addition, recent federal findings found NYS out of compliance in 13 areas by Office of Special Education Programs (OSEP).1

The Early Intervention program rates were established based on costs on the early 1990s and has not received consistent increases. In addition, the cost and types of services as well as professionals available to serve children have changed significantly over this period.

The NYS American Academy of Pediatrics strongly supports the passage of A10175/S1198A which requires a comprehensive assessment of the current rates, program model to reimagine an EI program that will ensure infants and toddlers with developmental delays and their families can receive timely, high-quality, cost-effective services.

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