



## Family Health Committee Meeting Notes

**October 21<sup>st</sup>, 2025 – 11:00am to 12:00pm**

**Committee Chairs – Lidiya Lednyak**

**Staff Liaison – Grace Dawson**

Agenda Item	Discussion
<p><b>Welcome/Introductions</b></p>	<p>The meeting was convened by Grace Dawson (NYSACHO), who welcomed attendees and noted that the first topic an update from Executive Director Sarah Ravenhall would address a developing issue concerning the ACTS Provider Group lawsuit against the State of New York related to the Early Intervention (EI) Program.</p> <p><b>ACTS Provider Group Lawsuit and Advocacy Update</b> Sarah Ravenhall provided breaking news that the ACTS Provider Group had filed an Article 78 lawsuit against the Governor, State of New York, and the Commissioner of Health.</p> <p>The group alleges that:</p> <ul style="list-style-type: none"> <li>• The Commissioner is not setting EI rates annually, as required by statute.</li> <li>• The rates currently set are insufficient to properly operate the program.</li> <li>• The elimination of telehealth services from EI was “arbitrary and capricious.”</li> </ul> <p>Sarah noted that the litigation could take two to three years but presents an advocacy opportunity for local governments to push for long-needed system improvements.</p> <p>NYSACHO will share the press release and legal briefings with members. She also reported that NYSACHO sent a letter to the NYS Education Department Office of Pupil Transportation Services regarding 4410 (Special Education) transportation costs, requesting a meeting to discuss ways to cap or modify rates for equity and affordability.</p> <p>Discussion:</p> <ul style="list-style-type: none"> <li>• Lidiya Lednyak (NYC DOHMH) clarified that the lawsuit claims the rate reduction for telehealth was arbitrary—not that there should be a differential rate between telehealth and in-person services.</li> <li>• Members expressed general agreement but noted counties should avoid involvement in litigation.</li> <li>• Lidiya added that retroactive implementation of the telehealth reduction prior to the in-person incentive rate was a legitimate grievance for providers.</li> </ul> <p>Grace Dawson agreed to circulate the press release and transportation letter after the meeting.</p>
<p><b>Regional EI/Preschool Coalitions Report Out</b></p>	<p><b>Western Coalition – Roxana Inscho</b></p> <ul style="list-style-type: none"> <li>• Focused on EI Hub issues, reporting, and Medicaid billing challenges largely overlapping with Fiscal Workgroup concerns.</li> </ul> <p><b>Downstate/DECOMET – Lidiya Lednyak and Valerie Kurtz</b> <b>EI updates (Lidiya Lednyak):</b></p>



- Discussion on implementation of the 4% rate modifier and need for state guidance identifying zip codes that qualify.
- Ongoing EI Hub case management problems, including misuse of exit/re-exit functions causing data loss.
- Concerns about ABA (Applied Behavior Analysis) service classification, distinguishing between “ABA services” and “services using ABA methodology,” which could create due process risks.
- Workforce Capacity Task Force examining whether Registered Behavioral Technicians (RBTs) should qualify under EI personnel.
- Lack of functionality in EI Hub to identify homelessness or temporary housing.

**Preschool updates (Valerie Kurtz):**

- Concerns about “dual stacking” payments counties paying both school programs and additional therapies separately.
- Recommended training for CPSE chairs and better school district oversight on evaluations.
- Suggested developing a joint letter to SED expressing county concerns.
- Proposal to work with McGinnis (preschool software vendor) to enable real-time 4410 slot visibility for better placement tracking.
- Persistent waitlists for center-based programs due to insufficient capacity.
- Need for stronger communication and oversight between schools, CPSEs, and local health departments.

**Pivotal Coalition – Chasa Petroski**

- Meeting focused on EI Hub data errors related to transition and closure tracking, causing inaccurate reporting and extra manual work for counties.
- Expressed frustration that PCG’s fixes are slow, leaving counties to create workarounds despite being at capacity.
- Grace and Sarah acknowledged these challenges; NYSACHO is developing a comprehensive list of outstanding issues to send to BEI for accountability and updates.

**Advocacy follow-up:**

- Chasa Petroski thanked NYSACHO for distributing EI advocacy talking points, which she shared with county legislators and state representatives.
- Sarah Ravenhall encouraged members to share contact info of legislators they meet with so NYSACHO and lobbyists can follow up.

**Fiscal Workgroup  
Report Out**

Grace Dawson noted the September 23 Fiscal Workgroup meeting notes were reposted in the chat.

**Key points:**

- Follow-up questions could be directed to Grace.
- BEI is reviewing All-County Call notes from earlier in October, expected for release by October 25.

**EI Hub Consolidation**

Lidiya Lednyak reported progress on the EI Hub panel and screen consolidation project:

- Following NYSACHO proposals, PCG demonstrated a draft of the planned changes.



	<ul style="list-style-type: none"><li>• While not all customizations were possible, most county requests were incorporated.</li><li>• Implementation begins January 2026, with focus on simplifying navigation and reducing redundant panels.</li><li>• Other pending major requests (to start in 2026):<ul style="list-style-type: none"><li>○ Ability to reopen and edit closed IFSPs/essays.</li><li>○ Simplification of amendment process.</li></ul></li></ul> <p>Janice Jenosheck added that while some compromises were necessary, the transition panel redesign is a significant improvement fewer panels, simpler workflow. She cautioned that follow-through from PCG is essential.</p> <p>Grace will email members a consolidated feedback request so NYSACHO can submit unified comments by the next meeting.</p>
<b>NYS Maternal Health Innovation Taskforce</b>	<p>Linda Beers (Essex County) shared updates:</p> <ul style="list-style-type: none"><li>• She serves as the only LHD representative on the state’s Maternal Health Innovation Task Force.</li><li>• The group focuses on racial disparities in maternal outcomes, especially in downstate communities, but Linda emphasized the unique rural challenges (limited birthing hospitals, small populations).</li><li>• The task force has developed goals and objectives, currently under confidential review by the state.</li><li>• She highlighted that Laura from Greene County was appointed to a new related subcommittee, which Linda celebrated.</li><li>• Linda committed to sharing the final taskforce report once released.</li></ul>
<b>School Health – Free Care Act</b>	<p>Lidiya Lednyak presented an overview of the Free Care Rule Reversal:</p> <ul style="list-style-type: none"><li>• In 2024, CMS issued new guidance allowing Medicaid reimbursement for school-based health services for <i>all</i> students, not just those with IEPs.</li><li>• 25 states have already opted in by submitting State Plan Amendments (SPAs).</li><li>• NYS is developing an SPA focused on behavioral health services (counseling, psychology, evaluations) for Medicaid-enrolled students.</li><li>• Lidiya urged NYSACHO to support implementation to unlock new revenue streams, especially given fiscal pressures.</li></ul> <p>Action and Discussion:</p> <ul style="list-style-type: none"><li>• Linda Beers suggested taking an informal consensus vote.</li><li>• Grace Dawson clarified that the committee can recommend support to the full NYSACHO membership for a formal vote at the upcoming meeting.</li><li>• Sarah Ravenhall confirmed this process and emphasized that the committee serves as the expert filter for membership recommendations.</li><li>• The committee reached consensus in favor of supporting the Free Care Act implementation.</li><li>• Grace will draft the voting language and add it to the membership meeting agenda.</li><li>• Sarah requested a list of states already participating; Natalie Prehoda noted that list is included in the Free Care Rule explainer document.</li></ul>
<b>EI Hub ‘Year in Review’</b>	<p>Grace Dawson shared BEI’s recently distributed EI Hub Year in Review report. This section became an open discussion where several members expressed strong frustration with BEI and PCG’s depiction of system progress.</p>



**Key Concerns Raised:**

- Donna Bogin criticized the report for ignoring ongoing system failures:
  - Persistent transportation billing issues.
  - Late respite guidance (letters issued August 7).
  - Inability to reopen closed IFSPs or SAs, now delayed to spring 2026.
  - Providers not getting paid for 15–18-month-old cases due to these constraints.
  - Poor training, web-to-case tickets closed without resolution, and unreliable reporting.
- Lidiya Lednyak validated Donna’s comments, noting these are widely shared county concerns that remain unresolved.
- Linda Beers condemned BEI’s self-congratulatory tone, saying the “bravo letter” was disingenuous, estimating less than 40% of issues are truly fixed.
- Donna challenged BEI’s claim that 94.7% of claims were paid, arguing the metric ignores unpaid claims linked to closed or erroneous records.
- Chasa Petroski confirmed that “unactionable” claims don’t appear in BEI’s metrics, as they cannot be processed due to system restrictions.

The discussion underscored mounting county frustration and the need for transparency, accountability, and timely system corrections before any new functionality is added.

**Closing**

**Summary of Follow-Up Actions**

<b>Topic</b>	<b>Action/Next Steps</b>
ACTS Lawsuit	NYSACHO to share press release and legal brief; explore advocacy messaging opportunities.
4410 Transportation	Grace to share NYSACHO’s letter to NYSED Pupil Transportation.
EI Hub Consolidation	Grace to send email for consolidated feedback; NYSACHO to submit by next meeting.
Free Care Act	Committee supports moving proposal to membership vote; Grace to draft language.
Maternal Health Taskforce	Linda Beers to share final taskforce outputs when released.
EI Hub System Issues	NYSACHO to continue compiling issue log and press BEI for responses.

The next Family Health Committee meeting is scheduled for TBD.



## Participants

Name	Email
Mary Jane Manning	maryjane.manning@franklincountyny.gov
Roxana Inscho	rinscho@monroecounty.gov
Valerie Kurtz	valerie.kurtz@putnamcountyny.gov
Deborah Krenzer-Lewter	deborah.krenzer-lewter@orleanscountyny.gov
Angela Stuart Palmer	apalmer@fultoncountyny.gov
Linda Beers	linda.beers@essexcountyny.gov
Nicki Anjeski	nanjeski@cortlandcountyny.gov
Sarah Ravenhall	smravenhall@gmail.com
Lynette Bellmore	lynette.bellmore@broomecountyny.gov
Chersti Kuhlmann	ckuhlmann@co.seneca.ny.us
Kelly Kircher	kkircher@greene-countyny.gov
Tracy Blair	tblair@cayugacounty.us
Sherry Crisafulli	sherry.crisafulli@oswegocounty.com
Shannon Traver	straver@washingtoncountyny.gov
Donna Bogin	bogind@co.rockland.ny.us
Lidiya Lednyak	llednyak@health.nyc.gov
Scarlett Head	shead@cortlandcountyny.gov
Desere Baker	farleydb28@yahoo.com
Chasa Petroski	chasa.petroski@ontariocountyny.gov
Elizabeth Borst	eborst@co.seneca.ny.us
Denise Nichols	nicholsd@chqgov.com
Lorelei Wagner	lwagner@schuylercountyny.gov
Joseph Byrnes	jab7@westchestercountyny.gov
Kelsey Medick	kmedick@saratogacountyny.gov
Elaine Garay	garayelaine@yahoo.com
wendy douglas	douglasw@chqgov.com
Lisa Perfetti	lperfetti@cortlandcountyny.gov
Heidi Bond	bondh@otsegocountyny.gov
Erik Mastrianni	mastriannie@warrencountyny.gov
Janice Jenosheck	janice.jenosheck@niagaracounty.gov
Melanie Miller	millerm@tiogacountyny.gov
Mercy Williams	mwilliams@co.montgomery.ny.us
Sally Frank	sfrank@health.nyc.gov
Len Claus	lclaus@rensco.com
Alyssa Arlen	aarlen@washingtoncountyny.gov
Renae Johnson	rejohnson@stlawco.gov
JoAnn Schallert	schallertj@otsegocountyny.gov
Ilanthe Warner	iwarner@cortlandcountyny.gov
Diane Devlin	ddevlin@waynecountyny.gov
Natalie Prehoda	natalie.prehoda@schenectadycountyny.gov
Jennifer de Elia	jennifer.deelia@suffolkcountyny.gov



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Mercy Williams

[mwilliams@co.montgomery.ny.us](mailto:mwilliams@co.montgomery.ny.us)

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