

Family Health Committee Meeting Notes

April 14th, 2026 – 11:00am to 12:00pm

Committee Chairs – Lidiya Lednyak & Stephen Jennings

Staff Liaison – Grace Dawson

Agenda Item	Discussion
Welcome/Introductions	The meeting was opened by NYSACHO staff, with facilitation led primarily by Grace Dawson. It was noted that Sarah Ravenhall was unavailable due to attending a conference. The group transitioned quickly into substantive agenda items.
Advocacy Updates	<p>Early Intervention (EI) Rate Modifiers</p> <ul style="list-style-type: none"> • NYSACHO reported that the 5% rate modifier for in-person EI services was recently approved by the Bureau of Early Intervention (BEI). • NYSACHO has actively followed up with BEI to request: <ul style="list-style-type: none"> ○ Clarification on implementation details ○ Information on retroactive costs to counties ○ Methodology for counties to estimate ongoing fiscal impact • There is concern about the financial burden on counties, especially due to retroactive application. <p>4% Rural / Underserved Modifier</p> <ul style="list-style-type: none"> • BEI requested NYSACHO to collect county feedback on the initial rollout of the 4% modifier. • NYSACHO: <ul style="list-style-type: none"> ○ Conducted a survey ○ Compiled and submitted results to BEI • BEI is reviewing responses as they prepare for Year 2 implementation. <p>Covered Lives Advocacy</p> <ul style="list-style-type: none"> • NYSACHO continues advocating for: <ul style="list-style-type: none"> ○ Extension and clarification of “covered lives” language in the state budget • Status: <ul style="list-style-type: none"> ○ Budget not finalized ○ Proposal appears in multiple versions of the bill, indicating positive momentum, but no final determination yet
S9733 – Maternal Mortality Review Boards	<p>Bill Overview</p> <ul style="list-style-type: none"> • The proposed legislation would require maternal mortality review boards to share annual data with local health departments, including: <ul style="list-style-type: none"> ○ Circumstances and contributing factors ○ Patterns and trends ○ Best practices ○ Primary and vital records data • Currently, lack of access to this data is a major limitation for counties. <p>Discussion Highlights</p>



	<ul style="list-style-type: none"> • Strong support for improved data transparency and access • Clarification that: <ul style="list-style-type: none"> ○ The bill does not mandate county action, only provides access to information • Key concern raised: <ul style="list-style-type: none"> ○ Confidentiality risks, especially in areas with small case counts where individuals could potentially be identified even without direct identifiers <p>Outcome</p> <ul style="list-style-type: none"> • NYSACHO will: <ul style="list-style-type: none"> ○ Move forward with policy support ○ Coordinate next steps with leadership and lobbyists
<p>CPSE Telehealth</p>	<p>Issue</p> <ul style="list-style-type: none"> • Confusion across counties regarding whether telehealth is allowed for OT/PT services in CPSE (preschool special education). <p>Key Findings</p> <ul style="list-style-type: none"> • Multiple counties (Orleans, Cortland, Rockland, Westchester, Suffolk region) reported: <ul style="list-style-type: none"> ○ Being told by State Education Department (SED) representatives that only speech therapy is allowed via telehealth ○ No formal written guidance confirming this restriction • Reimbursement systems (e.g., Medicaid/SED STAC) are still paying for some telehealth services, adding to confusion <p>Regulatory Interpretation</p> <ul style="list-style-type: none"> • Telehealth for all services was broadly allowed under COVID emergency remote instruction provisions • Outside of emergency provisions: <ul style="list-style-type: none"> ○ Speech therapy has specific guidance permitting telehealth ○ OT/PT telehealth lacks explicit approval or prohibition → leading to inconsistent interpretations <p>Key Concerns</p> <ul style="list-style-type: none"> • Lack of statewide clarity • Counties perceived as interpreting rules independently • Inconsistent provider and district practices <p>Consensus / Next Steps</p> <ul style="list-style-type: none"> • NYSACHO will: <ul style="list-style-type: none"> ○ Elevate this issue in upcoming meetings with SED ○ Include it in planned statewide discussions
<p>EI Translation Services</p>	<p>Core Problem</p> <ul style="list-style-type: none"> • No reimbursement mechanism exists for translation services in EI service delivery • Impact: <ul style="list-style-type: none"> ○ Families with limited English proficiency are: <ul style="list-style-type: none"> ▪ Not understanding services ▪ Sometimes refusing entry to providers



	<ul style="list-style-type: none">▪ Unable to follow care instructions<ul style="list-style-type: none">○ Result: children are effectively not receiving services <p>Current State Policy</p> <ul style="list-style-type: none">• State expectation:<ul style="list-style-type: none">○ Providers should have linguistic capacity• Reality:<ul style="list-style-type: none">○ This expectation is widely viewed as unrealistic and unmet <p>Key Discussion Points</p> <ul style="list-style-type: none">• Translation is:<ul style="list-style-type: none">○ Not reimbursable through Medicaid or EI billing○ Not formally structured within EI service models• Comparisons made to:<ul style="list-style-type: none">○ Accessibility requirements (e.g., for deaf individuals)○ Legal consent issues (families cannot consent if they do not understand services) <p>Potential Solutions Discussed</p> <ol style="list-style-type: none">1. Rate differential / modifier for bilingual services (similar to evaluation add-on)2. Administrative grant increases to allow counties to cover translation3. Establishing clearer provider requirements for linguistic competency4. Formal guidance on:<ul style="list-style-type: none">○ Acceptable translation tools (e.g., concerns about Google Translate, HIPAA compliance)○ Provider responsibilities <p>Challenges</p> <ul style="list-style-type: none">• Existing bilingual evaluation add-on is:<ul style="list-style-type: none">○ Insufficient financially○ Not attracting providers• Risk that:<ul style="list-style-type: none">○ State may shift costs to counties• Lack of updated guidance (some rules are ~25 years old) <p>Consensus / Next Steps</p> <ul style="list-style-type: none">• NYSACHO will:<ul style="list-style-type: none">○ Request formal clarification from BEI○ Begin developing an advocacy strategy
EI OSC Providers	<p>Issue</p> <ul style="list-style-type: none">• Severe shortage of OSC providers• Example:<ul style="list-style-type: none">○ One County reported 11 unassigned cases○ Agencies declining cases due to staffing shortages <p>Contributing Factors</p>



- Low reimbursement rates
- OSC excluded from:
 - 5% rate increase
 - 4% rural modifier
- Agencies:
 - Losing staff
 - Exiting service coordination roles

Related Policy Issues

- Past BEI discussions (2018–2020) included:
 - Revising billable vs. non-billable activities
 - Considering capitated payment models (flat monthly rate)

Current Sentiment

- Previously:
 - Resistance to capitation due to cost concerns
- Now:
 - Increased openness due to:
 - Workforce shortages
 - Administrative burden
 - Increased workload (e.g., EI Hub)

Key Considerations

- Capitation viability depends on:
 - Adequate rate (previous estimate ~\$74/month seen as insufficient)
- Interest in:
 - Data on authorization vs. utilization
 - Differentiating rates by child complexity or service needs

Next Steps

- NYSACHO to:
 - Follow up with BEI on:
 - Status of billable activity updates
 - Potential revisiting of capitation models

Open Discussion

Major System-Wide Challenges Identified

- Workforce shortages across EI services
- Outdated regulations and guidance
- Inconsistent state communication
- Increasing complexity (EI Hub, billing, compliance)
- Growing needs due to:
 - Expanding immigrant populations
 - Service access disparities

Common Thread Across Topics

- Counties are:
 - Bearing operational and financial burdens
 - Lacking clear state guidance



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	<ul style="list-style-type: none">• Strong desire for:<ul style="list-style-type: none">○ State-level clarity○ Updated policies○ Sustainable funding structures
Closing	The next Family Health Committee will be held virtually on Tuesday, May 12 th , 2026 at 11:00am.

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