

ARSD 24:14 (Early Intervention) Public Hearing Public Hearing Comments and Response

(Received from posting 3/31/2022 to 4/28/2022)

In addition to formal comments submitted through Rules.SD.gov input was received by direct email, phone conversations and through public discussion during the South Dakota Interagency Coordinating Council (SICC) meeting 4/22/2022.

Overall Comment:

Proponent:

Name: South Dakota Interagency Coordinating Council

Date 4/20/22 SICC Meeting – Discussion Comments

Comments: Proposed rules changes were presented during the 4/20/22 SICC quarterly meeting including the Medicaid rate increases that go into effect 7/1/2022. SICC members discussed the proposed rules and provided overall support. No opposition to the rules was mentioned by SICC members nor during the public comment period.

Comments related to restructure of travel reimbursement:

Proponent:

Name: South Dakota Interagency Coordinating Council

Date: 4/20/22 SICC Meeting - Discussion comments

Comment: *Proposed travel reimbursement seems fair. Some providers will come out ahead and some not, but it is a positive step forward for the program.*

Name: Michelle Martin, SPED Director

Date: 5/1/2022 Letter (attached)

Name: Department of Social Services – Medicaid

Date: May 2, 2022 Letter (attached)

Name: Carla Miller, South Dakota Parent Connection

Date: 5/3/2022 Email

Comment: *My name is Dr. Carla Miller. I have worked in the field of Special Education for 39 years. I have a Master's Degree in Early Childhood Special Education and a doctorate in Curriculum and Instruction with an emphasis on special education. I have worked as a B-3 home-based Special Instruction Teacher in my career. In that capacity, I traveled around 8 school districts making home visits to infants and toddlers with developmental delays and other identified disabilities. Now, as then, special education teacher on teams serving children in the B-3 programs play an integral role in case management, service coordination, the cohesiveness of program services, and is often a liaison for families in their understanding of the therapy and other related services their child is receiving. I am writing in support of Dept. of Education Rule 24:14 Early Intervention Programs. This rule will restructure travel, special instruction, and family training reimbursement rates, and clarify and update language related to reimbursement. I currently serve on the Interagency Community Council for Birth to Three programs in our state. The Council has conducted a time/mileage study over multiple years. The study has included provider input, comparisons to other South Dakota home visitor agencies, and national Part C programs. We have also looked at the rate of reimbursement for Physical Therapy, Occupational Therapy, and Speech Therapy providers. We know that the rates for these providers are going up*

by at least 20%. Specialized Instruction Teachers are currently significantly under reimbursed when examining this information. This has created a shortage of teachers and puts the Birth to Three programs at risk of not being able to hire and retain the specialized teachers they need to meet the needs of children and families in our state. I support the adoption of the proposed rules that ensure existing travel reimbursement reflects actual miles traveled and aligns reimbursement rates as proposed in the rule. Thank you for considering my testimony.

Neutral Comments:

Name: Disability Rights South Dakota

Date: 5/3/2022 email

Comment: First, we agree with all the continuity changes between rules. ARSD 24:14:04:13 – Reimbursement for Travel In the statute, it states that the flat rate is \$1.00 per mile. However, that the rate is adjusted by the secretary to reflect the Consumer Price Index. Will this rule be updated each year with a different flat rate? Or are people required to search for the CPI to determine the rate for the current year? This is confusing and will likely lead to issues. ARSD 24:14:07:02 – Children Eligible for Services We agree with the additions and adding “Born at 28 weeks gestation or less” as a separate item.

[The state will post the travel reimbursement on the provider rate sheet that is posted on the DOE Birth to Three website and distributed through the provider listserv.](#)

Timber Lake School District No. 20-3

PO Box 1000 – 500 Main Street
TIMBER LAKE, SOUTH DAKOTA 57656

Dan Martin, Superintendent
Amanda Hermes, Business Manager

Phone: 605-865-3654
Fax: 605-865-3294

May 2, 2022

Dear South Dakota Board of Education Members,

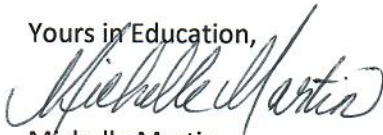
It has been a true honor to serve on the Birth to Three Interagency Coordinating Council and I look forward to the work that lies ahead as I enter my second term.

As a special education director who works with children from Birth through age 21, I can tell you that the research, hard work, and dedication of this council is second to none. They have been diligent in their goal to create a comprehensive package focused on the restructuring of travel reimbursement to ensure positive fiscal security for the Birth to Three program. This is significant in that it will ensure ongoing access to services for the children of South Dakota. Simply put, it will allow providers to be reimbursed for actual miles traveled as opposed to the current *time-based* model of reimbursement.

In addition, support of the increased rates for Special Instruction and Family Training will greatly increase the motivation for individuals to become qualified providers. When we support the development of our youngest learners and the skillset of their families, we build stronger schools and healthier communities.

Again, it has been a privilege to work with a group of individuals who are dedicated to improving Early Childhood Services in the State of South Dakota. The package presented today is a positive step forward for our children, their families, and our Early Childhood providers.

Yours in Education,



Michelle Martin
Special Education Director
Timber Lake School District

Mission Statement

"Timber Lake School provides a safe environment that empowers students to become critical thinkers and responsible lifelong learners in a changing society."



South Dakota
Department of
Social Services

OFFICE OF THE SECRETARY

700 Governors Drive
Pierre, SD 57501-2291
605.773.3165
dss.sd.gov

May 2, 2022

Tiffany Sanderson
South Dakota Department of Education
Attn: Fern Haddock
800 Governors Drive
Pierre, SD 57501

RE: Proposed Changes to ARSD Chapter 24:14

Dear Ms. Sanderson:

On behalf of the Department of Social Services (DSS) and South Dakota Medicaid, I am writing to express support for the Department of Education's proposed changes to Administrative Rule of South Dakota Chapter 24:14 related to early intervention and the Birth to Three program. The Department of Social Services is the designated State Medicaid Agency for South Dakota. South Dakota Medicaid provided health care coverage to 143,063 South Dakotans in state fiscal year 2021. South Dakota's Medicaid program is committed to providing access to quality care, responding to the healthcare needs of Medicaid recipients in a cost-effective manner, and improving health outcomes through innovative initiatives. Medicaid works closely with the Birth to Three program to ensure access to early intervention services and successful outcomes for children served by both programs. Medicaid participates in the Interagency Coordination Council for Birth to Three.

South Dakota Medicaid reviews provider rates to determine if rates are sufficient to provide access to services and implements rates in accordance with budget authority granted by the State Legislature and appropriated inflation. South Dakota Medicaid identified discrepancies in rates for physical therapy, occupational therapy, and speech therapy that indicated providers were under reimbursed in comparison to other Medicaid services. South Dakota Medicaid intends to raise rates effective July 1 for therapy services to ensure access to services. Medicaid rates are developed using data that compares to other payer sources such as Medicare, surrounding state Medicaid programs, and in response to outreach from providers such as the South Dakota Physical Therapy Association. Medicaid's rates for professional services are inclusive of both the technical and professional component of a service. The technical component of a service includes the use of equipment, facilities, non-practitioner staff, and other services associated with the visit. The professional component of the service includes the cost of the practitioner's time and expertise. South Dakota Medicaid does not reimburse providers separately for mileage or travel time. Medicaid reimbursement for time-based units such as therapy is directly correlated to time spent providing services to the recipient. For services requiring travel to a recipient, travel is built into the technical component of the Medicaid rate for the service. Medicaid attributes 40% of the established fee to the professional component and 60% of the established fee to the technical component.

South Dakota Medicaid supports the changes to ARSD 24:14:04:12.01, 24:14:04:12.02, and 24:14:04:13 to transition reimbursement for travel to a mileage-based reimbursement instead of a time-based reimbursement. This change aligns with the methodology for reimbursement of other travel services used in state programs. For example, Medicaid reimburses transportation providers such as ambulance, air ambulance, secure transportation and community transportation on a loaded mileage basis using a per mile fee when transporting Medicaid recipients. For recipient non-emergency medical transportation to a medically necessary service in the Medicaid program, Medicaid reimburses recipients on a mileage basis. South Dakota Medicaid believes the proposed change supports the Birth to Three model for early intervention taking place in the child's home while aligning reimbursement to other models of reimbursement used in state programs.

South Dakota Medicaid appreciates a close partnership with the Birth to Three program to serve children in South Dakota and ensure access to services. The Birth to Three program is an advocate for access for children and providers in their program. For example, the Birth to Three program advocated for the use of telehealth for therapy services for their program which resulted in the Medicaid program adopting a policy for telehealth coverage for all therapy services.

As part of the healthcare community in South Dakota, we are keenly aware of the issues providers face related to the provision of services. We believe the changes in these proposed rules will help ensure access to services as well as the longevity and stability of the Birth to Three program as a source of early intervention for children and families in South Dakota.

Sincerely,



Sarah Aker
Medicaid Director

Opponent:

Name: Brittany Peterson, Black Hills Pediatric Therapy

Date: 4/26/2022 Email

Comment: It has been brought to my attention that the state wants to eliminate travel time and pay \$1.00/mile. As a traveling therapist and with the gas prices rising every day, this will significantly damage me and others as therapists and the companies we work for. This will dramatically impact our future B-3 clients and how many we decide to take on as clients.

I'm reaching out and asking that this purpose be re-evaluated.

Name: Polly Rames, GoodCare

Date: 4/25/2022 Email and 5/3/2022 Email

Comment: I am quite concerned about the reimbursement changes that are being considered for travel time. As a company, if we are to follow suit on paying therapists to travel to patient's home for \$1/mile, our therapists will probably decide not to take on cases. Items like construction, weather, and traffic are not being taken into consideration with the new proposed travel time. If a therapist requires 16 minutes (\$13.14) to travel 8 miles to a child's home, that reimbursement is cut significantly. As a company, GoodCare wants to continue to provide therapy services to children in need, but I can not guarantee that our therapists are willing to take on more drivetime expenses to provide a service that pays minimally by the state. I am hoping more consideration is going to be taken before implementing the proposed reimbursement changes.

Comment: Goodcare is a therapy company that provides physical, occupational, and speech therapy in the Birth-3 program. We are concerned about the impact of the proposed travel reimbursement formula. We are writing to testify against the proposed formula. While the 6% increase in Medicaid rates is appreciated, when combined with the current 8.5% inflation and the proposed cuts in travel reimbursement, this results in an overall negative impact in compensation for many. Specifically for Goodcare, this proposed cut in travel reimbursement would have resulted in an average decrease of 10% each month. Given this increased financial burden, our role in the Birth-3 program will change as our therapists may leave the program, take less kids, or restrict traveling in certain rural areas. Our therapists are primarily based out of Sioux Falls, so the driving can be quite significant. The impact to families would mean having less flexibility in services offered as therapists would be limited to serving certain areas at certain times to reduce travel time. Currently if a therapist drives to see a child and the child is not there, we pay travel time for the attempt to provide services. With the new changes, we would be forced to be less accommodating to no shows. Our therapists are responsible for using their own vehicle for travel. Many times there are challenges with weather, construction, traffic. A therapist may drive 8 miles, but it takes 16 minutes to get to the destination. That is a \$5.14 difference in travel expenses for 1 child. Appropriate financial compensation helps to offset these less than ideal conditions. We are passionate about the role early intervention plays in the lives of these families, and the impact it has on their future. Services are often provided in the home, and we are in close contact with all of these families. We are proposing that you vote against the proposed travel reimbursement formula. To ensure we are able to continue to provide quality services to children in the Birth-3 program while receiving appropriate compensation, we propose that the current travel reimbursement formula stay in place, and that a task force be established to further analyze the most appropriate compensation going forward. This task force should include current providers, encompassing teachers and therapists in various locations of the state to closely analyze the impact for all. Specific information that should be considered is the impact of time differences in traveling in a rural setting vs a city, and the impact of travel

time when a provider goes to provide services, and the family/child is not in the predetermined location at the agreed upon time. We appreciate your consideration of these proposals and the impact these changes make on the many providers servicing the children in our community as well as the impact these decisions have on the children themselves. Thank you Polly Rames

Name: Christiane Maroun, MD, FAAP

Date 4/28/2022 Email

Comment: I am a pediatrician in Sioux Falls and I became aware recently about changes to reimbursement for birth to three providers that will be voted on May 6. Birth to three providers are extremely valuable to us, pediatricians, and to our patients! I am very pleased that reimbursement rates will go up but am also very concerned about changes with travel reimbursement that will negatively impact the birth to three providers. I strongly urge you NOT to make the travel reimbursement changes. Birth to three providers are extremely valuable and I am very worried that we would lose providers if this goes through.

Name: Kristi Larson

Date: 4/28/2022 Phone Conversation

Comment: Appreciate the increase to special instruction feel valued as a provider. Concern the changes to travel will outweigh any increases.

Name: Suzy Jones SLP

Date: 4/28/2022 Email

*Comment: Dear State School Board members,
I am writing to add my voice to the concern of the pay cut in travel expenses for therapists in the birth to three program. What was touted as a big pay raise is a pay cut in disguise. I will just repeat the example that I know has already been shared with you:*

Medicaid rates:

PT/OT if have 3 unit session will make \$13.77 more per session than they were

Speech for 3 unit session will make \$21.63 more per session

Teacher for 3 unit session will make \$17.23 more per session

Travel rates:

PT/OT for 20 rural – was \$33.68 for trip, if city \$52.56 – now will get \$20.00 for that 20 miles

Speech for 20 rural – was \$30.46 for trip, if city \$46.12 – now will get \$20

Teachers for 20 rural - was \$29.76 for trip, if city \$44.72 – now will get \$20

So as a speech therapist I would now make \$10.46 less per session for rural miles and a whopping \$26.12 less per session for city miles. So my pay raise is now a pay cut. I currently do very little work for the birth to three program. I have service coordinators begging me WEEKLY to pick up children, as they are in desperate need of speech language therapists. Why would I want to go back into this field full time and work for LESS pay?

What you may not realize you've done is also given me huge negotiating power going into other jobs. I recently accepted a summer position through a co-op for a rate of pay for \$37.50 an hour. When new medicaid rates came out, I was able to go back and renegotiate my hourly rate to \$50 an hour and still receive the SAME amount for mileage and travel time that I was receiving in the past. A win-win for me, a lose-lose for you.

You cannot cut pay when the system is facing a critical shortage of therapists. As I hear of rumors of others now ready to quit over pay, I would only imagine you will be in a much more dire position in just a few months or even weeks. It is interesting to me that studies have shown the benefit of early intervention and that it decreases costs for the k-12 system, and yet, we continue to feel as if we are the least valuable members of the educational team.

Here are some suggests that may help both recruit therapists and save the state some money:

- 1. Go to a 4 time a month schedule for services instead of a weekly schedule. Eliminating services on "5th" weeks, allowing this time to be used for make ups if needed. This will save the cost of 4 sessions per year and travel time for all children currently being served on a weekly schedule. It will allow therapists to schedule make-up sessions on this 5th week if needed and will allow therapists to build in some of their own vacation time. When I served a large number of children, I always used this schedule and never had one complaint.*
- 2. Highly encourage or even require that all make up sessions be done by adding on time to existing sessions, thereby eliminating another billing of travel time.*
- 3. Allow therapists to continue to bill at the current mileage and travel time rates.*
- 4. Allow therapists who travel more than 30 miles to see multiple children to bill time for "no shows" when rescheduling is not possible. If I travel 60 miles to see 4 children and the 3rd of those 4 children cancels or no shows, and I cannot reschedule the 4th for an earlier time, I'm sitting in my car for an hour without getting paid. I understand that in this job we only get paid for the work we do, however, I either need to be at home or working, to expect me to sit in my car in rural South Dakota with nothing to do for an hour and not get paid is an unattractive expectation for therapists.*

The obligation for the state to provide therapy and educational services for children birth to three is reality. There is no way that can be done without competent and well paid therapists. In this highly competitive job market, we have other choices that we will readily seek out rather than take a hidden pay cut which is an insult to the job we do.

Thank you for your time and consideration of these matters.

Name: Tim Wald, Black Hills Pediatric Therapy

Date: 4/26/2022 via phone conversation & email 5/3/2022

Comment: My name is Tim Wald and I am the owner of Black Hills Pediatric Therapy. We are a speech, occupational and physical therapy provider located in the Black Hills. I am emailing you today in regards to the proposed changes to the Birth-3 Travel Reimbursement Formula.

With 10 therapists on staff who currently serve 50 Birth-3 clients we are one of the larger Birth-3 therapy providers in the state of South Dakota. If this proposal passes this will directly affect our ability to provide therapy services through the Birth-3 Program. Here are the reasons why:

1. Due to the rural nature of our state our providers need to have a larger/heavier vehicle to be able to access rural areas in at times poor driving conditions. Therefore, the vehicles they drive require more fuel and with the current record gas prices this proposal couldn't come at a worse time.

2. Due to living in a low population density area, Western South Dakota has struggled to find quality therapy providers. If this proposal passes we will have to cut our pay rate for our

providers and can potentially lose therapists. I understand it is hard at times for Birth-3 Case Managers to find therapists for families in need and a decrease in the number of therapy providers will not be beneficial to the program.

3. From what I understand, this proposal is brought about by the Birth-3 Program having to mirror the increase in SD Medicaid rates for therapy services. I am questioning why the Birth-3 Program does not require ALL providers to bill private insurance. This would save the program a substantial amount and would possibly allow a continuation of travel time reimbursement. It seems that those of us providers who bill private insurance (and save the Birth-3 Program a substantial amount) are being punished by having our travel time cut due to other providers unwillingness to bill private insurance.

Overall I feel that this is a terrible proposal which couldn't come at a worse time. If it comes to pass there is a good chance Black Hills Pediatric Therapy will no longer be able to provide Birth-3 services resulting in a loss of 10 therapists who are currently providing services.

Name: Samuel Schimelpfenig, MD

Date: 4/28/2022 Email

Comment: I am writing this letter on behalf of the providers who work for the SD Birth to Three program. As a general pediatrician, I can say with certainty that they make a huge difference in the lives of young children in our state, providing services they would not be able to receive otherwise. And by addressing developmental delays with early intervention, the long-term outcome is significantly better.

I'm pleased to hear their services are receiving a long overdue increase in reimbursement. I also understand that costs must be offset somewhere but would ask that the change in mileage reimbursement be reconsidered or increased to be on par with what they receive now. I have a patient whose mother works for this program and she mentioned that she would be receiving a net decrease in pay if this change moves forward, even with the increased professional service fee. She felt she would need to seek employment elsewhere as she can't afford to make less than she makes now. This would be a detriment to the children in South Dakota who utilize her services, and those of her colleagues who might find themselves in a similar situation.

Thank you for your service and your consideration as this matter is discussed at the upcoming meeting.

Name: Amy Kuenzi

Date: 4/29/2022 Email

Comment: I am asking that you do not approve the change in the travel reimbursement for early intervention providers. There is already a significant shortage in the number of therapists willing to serve in early intervention and I feel like this change will only increase that shortage. Early intervention services can change a child's developmental path and improve outcomes for children, families, and communities. Therapists working in early intervention are key to helping minimize potential developmental delay, and reduce educational costs to our society by minimizing the need for special education services as children with disabilities reach school age. Early intervention is not a profitable area for our company (Goodcare, LLC), and decreasing travel reimbursement will cause us to lose money in the majority of cases (we pay the therapists their full wage while traveling). We will have to pass along this pay cut to the therapists making them less likely to be willing to provide services to the children in need. Please do not approve the proposed formula for early intervention travel reimbursement.

Name: Courtney Phelps

Date: 4/29/2022 Email

Comment: Good morning, When my first child was born premature, I was very lost on how to handle the delays and struggles that would come with his premature birth. While in the NICU, the Birth to Three program was recommended to me. At the time he was so small, I did not think much of it. A couple months later, my son had his feeding tube put back in and again I was lost on how to progress. The first call I made was to Stephanie Krusemark at Birth to Three. She was patient, kind, and wonderful to work with. They came to me as a struggling mom and helped develop a plan for my son.

I've been working with the PT and OT with Birth to Three since. I am happy to say my son is eating wonderfully now without the assistance of a feeding tube, he is getting close to walking, and just developing so great. I cannot imagine where we'd be without Birth to Three. Perhaps we would have had to go to the private sector to get this support, but I know this is not always an option for all families depending on their income levels.

I say all this to ask you and the Department of Education to strongly reconsider cutting any funding for this program. I understand that the states' resources and funds are finite, but this program is so important to having our children get the resources and assistance they need at such an important time of life.

Thank you for your time and attention to this email.

Name: Jacob and Elizabeth Sheffield

Date: 5/1/2022 Email

Comment: To Whom it May Concern,

We are writing to you today to voice our strong disagreement regarding funding cuts to the Birth to Three program in South Dakota. We understand that being fiscally responsible is important and that these last few years have most likely made that task difficult at the state level.

Although there are probably multiple other programs being considered for budget reduction, we would like to share with you why Birth to Three should absolutely not be one of them.

Like most parents, when we found out that our second child would likely be born with Trisomy 21 (Down syndrome) we were overtaken with stress and the fear of what life would be like for our daughter and our family going forward. Morgan was born on June 24th, 2020, and although we were overjoyed to be given such a bright light for a daughter, nothing could have prepared us for the journey we would experience in the years to come. In our first year we have experienced 30 days in the Neonatal Intensive Care Unit, home life with oxygen and heart monitoring, weekly appointments with pediatric specialists, open heart surgery at Children's Hospital Omaha, multiple hospitalizations for respiratory infections, and all while navigating the challenges of everyday life in a pandemic.

As difficult as each of those hurdles were, they are nothing compared to getting Morgan to do basic functions of everyday life that most people take for granted. As a result of having Trisomy 21, Morgan has much lower muscle tone which makes things like sitting, crawling, or even standing extremely difficult. Luckily for us, the outstanding therapists from the Birth to Three program have been there to support and guide us every step of the way. On our first interaction, their team met with us and evaluated Morgan to see where they needed to begin and how often she would need to be seen. My wife and I both work full-time which makes it difficult for weekly therapy. However, Birth to Three has accommodated our schedule without a hitch and allow us to have early morning sessions and even travel to Morgan's daycare for physical and

occupational therapy. Before we started with Birth to Three, we were worried our daughter would never be able to sit up on her own. After almost two years of working with these exceptional therapists, she is sitting, crawling, and able to do several things children her age are able to do naturally. She has one of this would be possible without the Birth to Three program, they have become a second family and people who truly understand the frustrations and the successes that we go through.

We were shocked when we heard that there may be funding cuts to Birth to Three. Getting quality therapists who are willing to go above and beyond for children like Morgan is hard enough and a cut in funding will only make that more difficult. We went through this difficulty trying to find a speech therapist for Morgan. If funding is cut it will make it that much harder for other families down the road. Furthermore, cutting funding to this program is a direct contradiction to recent actions put in place by our legislature and Governor Noem. House Bill 1110 was introduced, unanimously passed, and was signed into law in 2021. This bill bans abortions based on the diagnosis of Down syndrome and gives children like our daughter the chance at life they deserve. To cut funding to the Birth to Three program is cutting that chance of life by immeasurable amounts, not only for children currently receiving services but for those who have yet to be born. We strongly urge you to reconsider cutting funding to the Birth to Three program on behalf of our daughter and the thousands of families they have and continue to support across South Dakota.

Name: Mandy Freeseaman, OTR/L

Date: 5/1/2022 Email

Comment: I serve as an occupational therapist in the Birth to Three program. I am an independent contractor and I am concerned about the impact of the proposed travel reimbursement formula. I am writing to testify against the proposed formula.

While the 6% increase in Medicaid rates is appreciated, when combined with the current 8.5% inflation and the proposed cuts in travel reimbursement, this results in an overall negative impact in compensation for many providers.

Specifically pertaining to me, I compared my current billing period as well as the months of February (paid in March) and January (paid in February) and this proposed cut in travel reimbursement would have resulted in an average decrease of 3.76%. Looking at more particular examples, my compensation given for child A was \$432.48 for the current month and now would be \$377.36. Taking a look at child B for the March payment, compensation was \$304.65 and now would be \$269.52. I happen to live in Sioux Falls and these are examples of 2 children who live on the west side of town with round trip mileage that can be in the 26-30 mile range. For child C who lives more in the center of town, one month he was a loss from \$301.08 to \$236.52 but for the current month, he is a gain from \$238.95 to \$242.52, although there are a couple variables present that happen commonly with Birth to Three. For the prior month, these were all 1-way trips as there was a visit after him and in the comparison month, there was a round trip because of a cancellation with no one to fill that spot, so I returned to my home base.

Because of the average decrease in reimbursement and the increased financial burden amidst the current rise in cost of living, my role in the Birth to Three program will most definitely change. The impact will be that I will either leave the program entirely or I will restrict my caseload to only taking children who live within a certain radius of my home.

As demonstrated above, I am concerned about the impact to the quality of services provided for children when a provider has to complete a cost/benefit analysis for each child they serve as I did in the previous examples. As stated, I would need to be more selective in who I accept for services as driving to distant neighborhoods would result in a financial loss using the proposed mileage reimbursement compared to the current compensation. I most likely will request that a different OT take over seeing the children in the areas where I take consistent losses if this new proposal goes through.

Currently, if I drive to see a child and the child is not there, I am at least paid travel time for time spent attempting to provide services. I try to work with families even with cancellations as I know how important it is for these children to get the assistance they need. With the new changes, I would be forced to be less accommodating to No-Shows and drop children from my caseload quickly due to the financial loss of only being paid \$1 per mile for the attempted visit. Furthermore, as an independent contractor, I have no benefits such as health care and paid time off. I am financially responsible for providing my own materials and use my own vehicle for travel. Appropriate financial compensation helps to offset these costs and in other sectors that employ therapists and teachers, the pay is higher when benefits are not provided.

In the Birth to Three program, services are often provided in the home so we tend to form close relationships with both the children and the families we serve. It is extremely rewarding to see the difference we make, not only the child but the entire family. When a parent tells you their child's behavior has significantly improved because they can now do more for themselves (move, eat, play, sleep, regulate their behavior and their bodies better, etc.) and that this has changed the family's routines and lives for the better, you know that you are making a difference. I absolutely love when I hear from families or get a video saying "Look at what they did today!" (sometimes years later!). These stories are what keep me in this program. I have always been a firm believer regarding the role early intervention has on the overall development and well-being of these children. There are also cumulative positive impacts on their families and others in the community (daycare providers, daycare friends, and teachers). That being said, although I value and support the work and mission of Birth to Three, I do need the numbers to work financially in order to continue to provide these services, and I do expect compensation commensurate to my professional degree and years of experience.

I am proposing that you vote against the proposed travel reimbursement formula. To ensure I am able to continue to provide quality services to the children in the Birth to Three program while receiving appropriate compensation, I propose that the current travel reimbursement formula stay in place, and I request that a task force be assembled to further analyze the most appropriate compensation going forward. This task force should include current providers to include teachers and therapists in various locations of the state to closely analyze the impact for all. Specific information that should be considered is the impact of time differences in traveling in a rural setting vs a city and the impact of travel time when a provider goes to provide services and the family/child is not in the predetermined location at the agreed upon time.

I appreciate your consideration of these proposals and the impact these changes have on the providers servicing the children in our communities as well as the impact these decisions have on the children and their families.

Name: Kelley Ball

Date: 5/1/2022 Email

Comment: I've learned that there's a potential for funding to decrease on the state level for the Birth to Three program. I'm here to attest how absolutely amazing this program has been for our family and our now 17 month old. He was diagnosed with a rare genetic disorder just before he turned 1, but we started services when he was 8 months old. He's made an amazing amount of progress since then and he would be nowhere near where he is without this service. Because of our income and both of his parents work more than full time, we don't qualify for Medicaid and have very limited amount of time to get Liam to a facility for therapy and limited funds to pay for these therapies. Other kids with his same diagnosis don't usually walk until closer to 3 years of age, if at all! At this rate (he's standing supported now at 17 months) he'll likely walk by age 2! Our family couldn't be more thankful for the amazing therapists that are associated with the program. Liam receives PT, OT and ST through Birth to Three. Please reconsider and look into increasing funding to these programs. We do not support these funding decreases. They are developing the minds and body's of our future! Please do not hesitate to reach out if you have any questions. Thank you.

Name: Jill Quam

Date: 5/2/2022 email

Comment: Good morning,

I was recently made aware of a proposal to cut funding to South Dakota's Birth-3 program. I wanted to share my family's personal experience with this program, and its absolutely essential services it provided to our son, Ritter, in hopes that children like him will not suffer at the hands of such a decision. Cutting funding to such a valuable program will only hurt providers and ultimately the children who benefit so greatly from this program.

In 2015 Ritter was born after experiencing a stroke in utero. He was diagnosed with right spastic hemiparesis and promptly evaluated by a wonderful team of providers under the Birth-3 program. His physical therapy began when he was only weeks old and eventually he was folded into both OT and speech therapies through this program. It is a direct result of the exceptional care and service his providers gave him that he is able to walk and function at a level that allows him to remain with his peers in the classroom today.

The care team Ritter had from birth to age 3 was nothing short of exceptional. They were diligent, offered consistent and clear messaging and instructions when it came to his care, and were often one of the few bright spots we had as parents to a special needs child whose future aptitude is unknown. Not only was his care team directly responsible for his growth and tremendous progress, they made sure we as parents were not left in the weeds and had the knowledge and skills to continue his growth, and to navigate him (and us) through the world of Special Education and IEPs once he graduated from Birth-3.

Without the consistency of care, the broad range of knowledge and passion every single one of his providers gave to him, and the support of the state to make sure Ritter wasn't left to flounder, we certainly would be in a much different place in our lives. I urge the state to reconsider the cuts to funding for this incredible program. We know there is a long history of struggling to find qualified providers, and to cut funding will only set the mission, and successes, of this program even further behind. Kids like Ritter deserve every chance they can be given to

excel in their lives, especially when they start at such disadvantages as the kids in the Birth-3 program do.

Thank you for your time and consideration,

Name: Becca Pechous

Date: 5/2/2022 Email

Comment: Please see below for my data, options, and arguments regarding 24:14 Early Intervention Programs.

The proposed educator rate increase is appreciated as it has been at least 5 years since we have seen an increase in compensation. The raise in rates comes at a much needed time with inflation and gas prices at an all time high. However, given the decrease in milage rates I have calculated this is actually a loss of wages. Below I have listed the losses I would have incurred if the proposed change to milage rates were in effect now.

January 2022= - 4.79%

February 2022= -9.14%

March 2022= - 2.42%

April 2022= - 1%

The overall loss of income for these 4 months would have been - 4.26%

Driving from the East to West side of Sioux Falls for a Birth-3 visit is a round trip of 60 minutes and a total of 24 miles. It is not worth my professional time to make a 1 hour drive for the proposed \$1/mile and receive \$24 in reimbursement.

The proposed change to milage will be a loss for families who do not live in close proximity to me. I will no longer be able to justify driving to certain areas of town as it will cost me financially.

Families will also be affected as I will be forced to schedule children according to where they will be seen for a visit. I will no longer be able to accommodate families who wish to be present at visits and request certain days/times that they are off work.

Coordinators will be affected as they will have a more difficult time finding providers if we are only willing to travel to certain areas of town. This will force them to put families on service coordination and create a "wait list" for a provider openings.

Birth-3 providers (specifically Speech therapists and Educators) are in high demand and this change is not an incentive to retain providers or entice new providers into the program.

The increase in provider rates with the proposed change to mileage rates is not a raise and does not fairly compensate for my professional services. This is a loss of income for providers and will ultimately be a loss for the families and children who cannot access these services due to provider turnover.

Thank you for taking the time to reconsider the proposed change to provider milage rates.

Name: Jarri Leighton, PT

Date: 5/2/2022 Email (2)

Comment: Please do not cut travel and rebusment rates. Pediatric therapists are already the lowest on the spectrum for reimbursement. These early intervention programs for Birth to three children are so very important for good future outcomesfor families and infants and toddlers. We do not want to see therapists leaving the field. Thank you for your attention to this matter.

Please do not make changes to the early intervention program. This is a vital and necessary service for infants and toddlers. The research shows that birth to three interventions are necessary for normal brain development as well as physical development and well being. Please dont make it difficult for therapist to get fair pay. We currently get a minimal travel allowance.

Therapist reimbursement is very important to maintain therapists in the field. Thank you for your services for the very young child.

Name: Hollie Molderhauer

Date: 5/2/2022 Email

Comment: *To whom it may concern,*

Please do not get rid of the birth to three program or down grade it. Megan Kortemeyer was the most amazing person to work with. She got our son to progress through everything and go up and beyond for him! She has a great personality and is the friendliest person I have ever worked with. Megan became family and I couldn't have asked for a better person to work with my son and all his disabilities. Megan got him crawling and then walking when we couldn't get him to even move. She got him to jump and worked with his leg that was lazy. Megan got him to talk and become outgoing even though that's not why she was there. We miss having her and she does wonders for your program and she is a huge asset to have!! I really hope you keep this program and her. Our boys have both benefit from this program!!!

Name: Karly Hegge

Date: 5/2/2022 Email

Comment: *Hello, my name is Karly Hegge. My husband and I have five kids, whom we are raising in Baltic, SD. Three of our children have required services through Birth to 3, and we were fortunate to have dedicated, skilled therapists help them to meet important developmental milestones. One of the most beneficial aspects of the Birth to 3 program was the ability to have their appointments scheduled at home or daycare. In addition to lengthy wait-lists at other programs, many families face challenges such as lack of childcare for other children, missed work, transportation, and lack of affordability. In the absence of Birth to 3, many children would unfortunately not benefit from early intervention they need and deserve.*

While I am grateful to have a state-supported program for my own children, I strongly believe this service helps most children, and our society overall. When children are developmentally supported, and prepared for the early educational system, it results in lower demand for the limited therapy resources at schools. When teachers are expected to fill in these gaps during classroom education, all students suffer, even those not directly requiring therapy. Therefore, it seems to be in the best interest of affected families, students, and educators to avoid "kicking the can down the road" when it comes to important therapy services for youth.

In order to provide ongoing adequate Birth to 3 services, continued resource allocation for this program is necessary. Despite an existing shortage of providers, further funding cuts have been proposed. This would be extremely detrimental to our education system, potentially costing our state in the long-run. The number of children requiring support has not diminished in recent years. With the proposed funding cuts, there is a strong potential to widen the gap further. Even the most dedicated therapists, when faced with overwhelming workloads and decreased reimbursement, would almost certainly consider other employment opportunities. In an effort to retain current Birth to 3 employees, and continue to provide prompt, necessary therapy services to many families in South Dakota, please consider advocating against the proposed changes to travel reimbursement.

Name: Kari Karsky

Date: 5/2/2022 Email

Comment: *Good Afternoon,*

My name is Kari Karsky and we were very fortunate to have experienced the benefits of the Birth to Three program a few years back. My daughter, who was then a year and a half, scooted on her bum versus crawling and then naturally progressing to walking. We were very concerned that she was over 18 months old and still unable to support herself on her legs to walk.

Our doctor recommended that we reach out to the Birth to Three program, which I didn't even know existed at the time. We were placed with, Megan Kortemeyer, an amazing Physical Therapist in our area. Megan came to our home weekly and taught us different exercises to work on with Kora. Megan did a fantastic job of helping calm our fears and worries and helped instill confidence in Kora's journey to walking. Within a couple months, Kora was supporting herself and eventually walking. A few short weeks later and you would have never known that she had struggled learning how to walk.

This program was such a blessing to our family and I am sure too many more in our area. It would be very unfortunate to see funding and as well as the number of families the program is able to reach cut.

Thanks for your consideration in this matter.

Name: Kayla Hughes

Date: 5/3/2022 Email

Comment: *Good afternoon,*

My name is Kayla Hughes and I am a Speech Language Pathology Assistant that works for Black Hills Pediatric Therapy Services. I serve B-3 children (and non B-3) in the Black Hills area of South Dakota. The new proposal rate of \$1.00 reimbursement/mile will directly affect my company and myself. I have traveled more than an hour (80+ miles) many times to service B-3 children in their homes. Unfortunately, this new proposal will make me reconsider accepting servicing a child for therapy and therefore decrease the number of B-3 children that I see. The amount of wear and tear on our vehicles and increasing gas prices, not to mention the time to travel to provide a specialty service is costly. Some would argue that an increase in allowance to service these children would continue to make us (providers) feel valued. Another concern that has been brought to my attention is that some companies are not utilizing billing for insurance before using the B-3 funds. I think it would be beneficial for all companies to bill for insurance first and then use the B-3 funds if needed. If companies are not aware of this, then a call or email to explain to them would be best.

Early intervention has been proven to improve speech and language disorders so that they are ready for school and the rest of their life. The B-3 model of providing services has proven to be best practice. I enjoy meeting and working with each of the families thus far and I would like to continue to provide a specialty service.

Please reconsider this rate as this would be detrimental to the children who do and will benefit from services and the clinicians who provide the services.

Thank you for your time,

Name: Chad and Sara Taecker

Date: 5/3/2022 Email

Comment: I've been notified that some elements of funds for providers are potentially on the chopping block. My family and I are disappointed to learn of this and strongly urge against it.

We have a 2 year old daughter, Wren, who has been receiving therapy services for about a year now. She was born at the dawn of the pandemic with a rare genetic mutation and several congenital birth defects.

At 36 weeks gestation she weighed just 3 lbs. However, she is thriving and much of that is because of Birth to 3 therapy.

One therapist has to commute 40ish miles one way to provide services even though we live in Brookings.

Wren is the future of South Dakota and despite her disadvantages, has every ability to excel in life. She is intelligent and a fighter and the early intervention is crucial.

One of the few families I've found with the same genetic mutation is in Ireland. There are no services available. The system more or less crashed with the pandemic and when their therapist sees their daughter every 6-12 months, he simply asks if she has met certain milestones and sends them on their way. No practice, no ideas, nothing to work on in between visits.

Please invest in our future. Please continue to offer pay to providers to cover all time and miles travelled so that South Dakota can attract and retain the therapists that are growing our future generation.

We are grateful for and have seen first hand how important early intervention is and the continuation of that is crucial. Wren would not be where she is today without it.

Thank you for your time.

Name: James Fishback

Date: 5/3/2022 Email

Comment: To Whom It May Concern, Don't cut the travel reimbursements. PT and OT in Birth to Three provide a vital service to our wonderful community. Cutting their reimbursements only makes it harder for the wonderful therapists to get to the community members they need to do. Cutting reimbursements will only reduce retention among the current therapists and makes the job less appealing to new therapists. Thank you for your time.

Name: Megan Van Heerde

Date: 5/3/2022 Email

Comment: I serve as an Occupational Therapist in the Birth-3 program. I am a contracted provider who serves Part B and C students in the Birth-3 Program and I am concerned about the impact of the proposed travel reimbursement formula. I am writing to testify against the proposed formula. While the 6% increase in Medicaid rates is appreciated, when combined with the current 8.5% inflation and the proposed cuts in travel reimbursement, this results in an overall negative impact in compensation for many. Given this increased financial burden, my role in the Birth-3 program will change as I will be forced to take fewer children and restrict my traveling area. In some circumstances my pay will increase, however I am concerned about the impact to the quality of services provided for children when a provider has to complete a cost/benefit analysis for each child they serve. I would need to be more selective in taking kids for services as driving to distant neighborhoods would result in an increased loss financially given the proposed mileage reimbursement compared to the current compensation. Families would

have less flexibility in services offered as I would be limited to serving certain areas at certain times to limit further travel. Currently if I drive to see a child and the child is not there, I am at least paid travel time for time spent attempting to provide services. I try to work with families even with cancellations as I know how important it is for these children to get the assistance they need. With the new changes, I would be forced to be less accommodating to no shows, and drop children from my caseload quickly due to the financial loss of only being paid \$1 per mile for the attempted visit. As an independent contractor, I am financially responsible for providing my own materials and use my own vehicle for travel. Appropriate financial compensation helps to offset these less than ideal conditions. I am passionate about the role early intervention plays in the lives of these families, and the impact it has on their future. Services are often provided in the home, and we are in close contact with all of these families. As a result, we form close relationships with both the children and the families we serve. It is very rewarding to see the difference you can make on not only the child, but the family in its entirety. To see the happiness in a parent's eyes when they tell you their child is able to help get themselves dressed in the morning to make their routine a little easier never gets old. When a parent tells you their child is able to play with his or her cousins because they now possess the fine motor skills to activate a toy, you know that you are making a difference in their day to day life. These stories are what keep me doing this job, however it also has to financially work in my personal life to continue to provide these services. I am proposing that you vote against the proposed travel reimbursement formula. To ensure I am able to continue to provide quality services to the children in the Birth-3 program while receiving appropriate compensation, I propose that the current travel reimbursement formula stay in place, and that a task force be established to further analyze the most appropriate compensation going forward. This task force should include current providers, encompassing teachers and therapists in various locations of the state to closely analyze the impact for all. Specific information that should be considered is the impact of time differences in traveling in a rural setting vs a city, and the impact of travel time when a provider goes to provide services, and the family/child is not in the predetermined location at the agreed upon time. I appreciate your consideration of these proposals and the impact these changes make on the many providers servicing the children in our community as well as the impact these decisions have on the children themselves.

Name: Kellen Boice

Date: 5/3/2022 Email

Comment: To Whom It May Concern, I am writing you in regards to the changes that will be made to the Early Intervention Program. My son has been in the Birth to three program for both speech and physical therapy for the last 14 months. During that time he has made vast improvements with the guidance provided by the skilled therapists that have been coming to my home each week. I cannot imagine having these visits via Zoom as both the physical and speech therapists have to make observations on particular sounds when he talks or how his ankles were turning in while he walked (needing orthotics) which I nor my pediatrician caught. I am grateful for the expertise and train eyes helping me get my child to certain milestones. I know without this program he would have been much further behind and struggling to catch up. As an advocate for this program I also want to advocate for the therapists that are supporting this very important program. I was fortunate to have a flexible schedule to be able to meet both my therapists at my home since the in-home daycare my son goes to is too small to try to host the sessions. Even with my flexibility I found it very difficult when trying to line up an alternative speech therapist when the current one thought they might be moving away. The only available therapist had just one time slot, one day a week that would have been during my sons nap time. I think it is very counter productive to an already stretched system with so many variables that make things difficult as it is to now try to shave off a few bucks here or there when it essentially decreases pay to a dwindling pool of qualified therapists. Pay needs to make sense for both rural communities as well as the urban ones. Listen to the therapists when they say this new system doesn't work for them. Our state needs to step up and support educational programs like these instead of trying to find ways to defund the programs that are meant to give those that are

struggling extra help to catch up. Thank you for your time and I hope for the sake of other children that need help you provide the support these therapists need to keep doing the amazing job they are doing. Regards, Kellen Boice Sioux Falls, SD

Name: Briana Stahl

Date: 5/3/2022 Email

Comment: Hello, I am writing regarding the proposal to decrease travel reimbursement for birth to three providers within the state. The state is receiving increased funding for Medicaid, however, this proposed travel reimbursement cut would actually result in a decrease of current income of birth to three providers. Inflation is already stretching services thin, and with the addition of the proposed travel reimbursement cut, providers will either find other jobs, decrease their travel radius, decrease their caseload, and ultimately decrease the number of children and families that are in desperate need of our services. Personally, I would not be able to take many birth to three clients as it would not be profitable. I would lose money through the company that I work for as they would not be reimbursed for the services fully. In this time, the state is asking hard working citizens to continue to do their jobs for less money while the cost of living continues to drastically rise. The money "saved" by cutting travel reimbursement will only be needed later on as these children will become even more underserved than they are already. Please reconsider this cut as it is not beneficial to the future of our state.

Name: Michelle Lehman

Date: 5/3/2022 Email

Comment: To whom it may concern,

I am writing regarding the mileage reimbursement that is being proposed for providers with the B to 3 program.

I live in rural western SD and provide services to children up to 82 miles away round trip. The time that it takes to travel that distance is 40 to 45 minutes one way. That is a lot of unproductive time taken away from other duties for some providers who also work at other facilities, such as a hospital setting.

I would hope you will discuss this issue more in depth.

Thank you for the reconsideration,

Name: Melissa Allen, PT

Date: 5/3/2022 Letter received via email *see attached

Name: Heidi Gedney

Date: 4/22/2022 via phone conversation and letter received via email 5/3/2022 (see attached)

Comment: Appreciate the increases to provider rates. The changes to travel rates are too much. There is "no benefit to providing services other than the travel units". Providers need more than \$1.00 per mile, this restructure seems too much of a cut.

Name: Birth – 3 Providers (names listed below)

Date 5/3/2022 Letter received via email *see attached

Heide Gedney

Miranda Freeseemann

Lori Larson

Bethany Cramblit

Hailee Eisenbeisz

Kim Brink

Kristin Detert

Polly Rames

Becca Pechous

Andrea Boerigter

Wilza Schmied

Amy Kuenzi

Kristen Nelson

Megan Kortemeyer

Michelle (Shelly) Weber Rausch

Tori Westover

Shaylee Backer

Morgan Ohm

Hannah Welbig

Briana Stahl

Liz Franken

May 2, 2022

To Whom It May Concern:

I am writing to express my concern with the proposed changes to travel reimbursement through the South Dakota Birth to Three program. I have been a pediatric physical therapist in Rapid City for 20 years and have been self-employed for 10 of those years.

The Medicaid rate for Physical Therapy services is poor. The current rate of \$16.33 per unit yields \$65.32 per hour. Assuming a 20% tax rate, this yields \$51.72 to pay salaries, professional liability insurance, licensure fees, continuing education fees, et cetera. Considering physical therapy requires a doctorate degree, this pay rate is low. I appreciate the effort to improve reimbursement for SD providers, however, the proposed rates will still be low compared to our neighboring states:

CPT code	SD proposed rate	North Dakota current rate	Wyoming current rate
97110	20.92	30.10	29.11
97112	24.28	35.00	29.86
97116	20.92	30.10	25.43
97530	17.31	39.20	30.59

These rates are per 15 minute unit. This means that to do the same work across the border, there could be a discrepancy of up to \$87 per hour.

The other part of this proposal is to cut travel fees. The Birth to Three program requires providers to see children in their natural environment. This may be at home, daycare, grandma's house, or anywhere the child typically is during the day. Subsequently, providers spend a lot of time traveling. For each 45 minute appointment, I spend between 10 and 30 minutes driving. Travel takes longer in the winter, in construction and during tourism season. Currently the program pays \$13.14 per unit of travel within a city, based on the premise that it takes approximately 10-15 minutes to drive 5 miles. Under the proposed legislation, this will be dramatically cut. Last week I spent 7.5 hours driving between patient's homes. My payment for this travel time under the proposed legislation would total \$118. This results in a wage of \$15.73 per hour, or \$3.93 per unit, for a job that requires a doctorate degree.

I appreciate your attention to this matter. I believe the Birth to Three program is important for the health of our most vulnerable children. I also believe that if the proposed travel cuts are approved, Birth to Three will lose providers. The poor reimbursement, high cost of gas and inflation will result in providers leaving the program to work elsewhere. This will leave families and children without the support they need during a crucial time of neurological development.

Please feel free to contact me with any questions.

Sincerely,

Melissa Allen, PT, DPT

605-593-6573

I serve as a speech therapist in the Birth-3 program. I am an independent contractor and I am concerned about the impact of the proposed travel reimbursement formula included in the proposed amendment of ARSD 24:14 (Early Intervention) scheduled for review on May 6th. I am writing to testify against the proposed formula. While the 6% increase in Medicaid rates is appreciated, when combined with the current 8.5% inflation and the proposed cuts in travel reimbursement, this results in an overall negative impact in compensation for many. Specifically for me, this has an impact on children that are scheduled for 30 minute therapy visits, and children in city limits that require traveling further distances across town and round trip miles. When looking back at my previous billing in 2022, there was a child I traveled 18 miles to see for speech therapy. I was paid \$74.78 to see this child, but under the new formula I would be paid \$61.08, nearly a 20% reduction in pay. Another child required 12 miles of travel. I was paid \$63.25 to see this child, but under the proposed plan would be paid \$55.08, a 13% reduction in pay. The proposed travel formula also impacts reimbursement for attempted therapy visits where the child/family was not at the scheduled location at the predetermined time (e.g. a no show). One example is a child I attempted to see in January required me to travel 17 miles. The visit was a no show visit. Under the current travel reimbursement plan I received \$34.59 in travel pay for the attempted visit. Under the new plan I would receive \$17.

The current travel units I am paid are compensation for the miles and wear and tear on my vehicle, but it is also compensation for the time I spend traveling to my therapy appointments. The proposed compensation of \$1 per mile does not adequately compensate me for both my time and mileage.

In some circumstances my pay will increase, however I am concerned about the impact to the quality of services provided for children when a provider has to complete a cost/benefit analysis for each child they serve. I would need to be more selective in taking kids for services as driving to distant neighborhoods would result in an increased loss financially given the proposed mileage reimbursement compared to the current compensation. Families would have less flexibility in services offered as I would be limited to serving certain areas at certain times to limit further travel. Currently if I drive to see a child and the child is not there, I am at least paid travel time for time spent attempting to provide services. I try to work with families even with cancellations as I know how important it is for these children to get the assistance they need. With the new changes, I would be forced to be less accommodating to no shows, and drop children from my caseload quickly due to the financial loss of only being paid \$1 per mile for the attempted visit. With the added stress of this decision making, and reduced financial compensation I would likely decrease the number of kids I serve or discontinue seeing kids through the Birth-3 program. With these proposed changes, we would likely have fewer providers available to see these children which sadly impacts the most vulnerable members of our society as they do not have the resources to access these services in other ways.

As an independent contractor, I have no benefits such as health care and paid time off. I am financially responsible for providing my own materials and use my own vehicle for travel. Appropriate financial compensation helps to offset these less than ideal conditions.

I am passionate about the role early intervention plays in the lives of these families, and the impact it has on their future. Services are often provided in the home, and we are in close contact with all of these families. As a result, we form close relationships with both the children and the families we serve. It is very rewarding to see the difference you can make on not only the child, but the family in its entirety. To see the emotion in a parent's eyes when they tell you their child said "I love you" for the first time never gets old. When a parent tells you their child's behavior has significantly improved because they can now communicate what they want, you know that you are making a difference in their day to day life. These stories are what keep me doing this job, however it also has to financially work in my personal life to continue to provide these services.

I am proposing that you vote against the proposed travel reimbursement formula. To ensure I am able to continue to provide quality services to the children in the Birth-3 program while receiving appropriate compensation, I propose that the current travel reimbursement formula stay in place, and that a task force be established to further analyze the most appropriate compensation going forward. This task force should include current providers, encompassing teachers and therapists in various locations of the state to closely analyze the impact for all. Specific information that should be considered is the impact of time differences in traveling in a rural setting vs a city, and the impact of travel time when a provider goes to provide services, and the family/child is not in the predetermined location at the agreed upon time.

I appreciate your consideration of these proposals and the impact these changes have on the many providers servicing the children in our community as well as the impact these decisions have on the children themselves.

Thank you

Heide Gedney MA CCC-SLP

Birth-3 providers in the Eastern part of the state wish to speak out against the proposed travel reimbursement formula included in the proposed amendment of ARSD 24:14 (Early Intervention) scheduled for review on May 6th. This response is supported by various early childhood teachers, speech-language pathologists, occupational therapists, and physical therapists currently providing services through Birth-3. While an increase in rates is appreciated, the proposed change to mileage rates cancels out a wage increase. This calculates out to be an overall loss for providers. (Losses vary widely between providers.)

With inflation up 8.5% we simply cannot take this pay cut. The 6% increase in medicaid rates does not adequately compensate for current inflation, and the proposed cuts in travel reimbursement create an additional negative impact on pay for providers. The occupational therapists, speech therapists, and teachers who are Birth-3 providers are medical and educational professionals with college degrees or more, and require appropriate compensation for the services they provide.

Mileage payment needs to account for professional time as well as gas and vehicle wear. The proposed \$1 per mile does not fairly compensate providers.

Medical and educational institutions are raising pay to get new and retain employees This has taken away providers available to serve the children in our program. Birth-3 providers are low in numbers in the Eastern part of the state and many won't be able to justify continuing to provide services with this decrease in pay. Independent contractors providing Birth-3 services have no benefits (e.g. retirement, paid time off, health insurance etc...), use their own vehicle for transportation, provide their own supplies required to perform the job (e.g. computers, paper, materials), use their own cell phones for parent communication, and complete continuing education, billing, scheduling, parent contact, and additional planning tasks on unpaid time. In addition, if a family cancels services for the week, the provider goes unpaid for that child. An individual requires a unique set of circumstances to provide these services under these conditions, and this requires appropriate compensation to offset these conditions.

Birth-3 providers are passionate about the children they serve and recognize the important role early intervention plays in the future for these children, as well as the implications for future success in school and as participating members of our communities as adults. We are concerned about the negative impact these changes will have on availability of services for these children as fewer people will be able or willing to fill this role. Providers would need to be more selective in taking kids for services as driving to distant neighborhoods would result in an increased loss financially given the proposed mileage reimbursement compared to the current compensation. Families would have less flexibility in services offered as providers would be

limited to serving certain areas at certain times to limit further travel. Currently if a provider drives to see a child and the child is not there, they are at least paid travel time for time spent attempting to provide services. Providers try to work with families even with cancellations as they know how important it is for these children to get the assistance they need. With the new changes, providers would be forced to be less accommodating to no shows, and drop children from their caseload quickly due to the financial loss of only being paid \$1 per mile for the attempted visit.

We are proposing that you vote against the proposed travel reimbursement formula. To ensure we are able to continue to provide quality services to the children in the Birth-3 program while receiving appropriate compensation, we propose that the current travel reimbursement formula stay in place, and that a task force be established to further analyze the most appropriate compensation going forward. This task force should include current providers, encompassing teachers and therapists in various locations of the state to closely analyze the impact for all. Specific information that should be considered is the impact of time differences in traveling in a rural setting vs a city, and the impact of travel time when a provider goes to provide services, and the family/child is not in the predetermined location at the agreed upon time.

We appreciate your consideration of these proposals and the impact these changes have on the many providers servicing the children in our community as well as the impact these decisions have on the children themselves.

Thank you

Heide Gedney MA CCC-SLP
Miranda Freeseemann, MS, OTR/L
Lori Larson, MS PT/ATC
Bethany Cramblit MA CCC-SLP
Hailee Eisenbeisz MA CCC-SLP
Kim Brink, MSPT, CLCP
Kristin Detert , PT
Polly Rames, MS OTR/L
Becca Pechous BA Education
Andrea Boerigter MA CCC-SLP
Wilza Schmied, PT

Amy Kuenzi, OTR/L
Kristen Nelson, OTR/L
Megan Kortemeyer, PT
Michelle (Shelly) Weber Rausch, MA/CCC- SLP
Tori Westover OTD-OTR/L
Shaylee Backer OTD-OTR/L
Morgan Ohm MA CCC SLP
Hannah Welbig MA SLP CFY
Briana Stahl, MS, OTR/L
Liz Franken, OTR/L

The following comments were received after the Public Comment period ended:

Name: Heather Sargent

Date: 5/4/2022 Email

Comment: *Good morning,*

It is my understanding that the department of education is considering making some funding cuts to the Birth to Three program through the state. This is concerning considering that it is already difficult finding enough providers and now will be even shorter due to this change.

I would like to share my personal experience with the birth to 3 program and how absolutely vital it was to my daughter's progress and development.

My daughter was born at 24 weeks gestation, weighing under 2 lbs. After a 104 day stay in the NICU at Sanford, we brought our little miracle home. We enrolled in the birth to 3 program and started physical therapy as well as occupational therapy. Our therapists were an irreplaceable support system for our daughter and our family as a whole.

We diligently worked on feeding, fine motor skills, mobility, and development. When my daughter turned 3, we graduated from the program and she no longer has any developmental delays. They say it takes a village and that is especially true for families facing disabilities and/or developmental delays. I am forever thankful for the program and our wonderful therapists who truly became like family. We would not be where we are today without them.

I would like to respectfully ask the department of education to reconsider these funding cuts. Early intervention is absolutely critical and limiting access to this service would be devastating for many children and families in South Dakota.

Thank you for your time,

Name: Lori Larson

Date: 5/4/2022 Letter received via email *see attached

Lori Larson, MS PT/ATC
Pediatric Physical Therapist

Ph: 605-951-0417
Fax: 605-356-8075



Tiny Tots PT, Inc.

8100 S. Cinnamon Ridge Place.
Sioux Falls, SD 57108

lori@tinytotspt.org

May 3, 2022

TO: South Dakota Department of Education
Attn: Ferne Haddock
800 Governors Drive
Pierre, South Dakota 57501

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I am a Physical Therapist, small business owner, and serve as an independent contractor providing physical therapy services to children who qualify for the SD Birth to 3 Program. I am concerned about the impact of the proposed travel reimbursement formula. I am writing to testify against the proposed formula. The SD Legislature approved inflationary increase, plus the 6% increase, in Medicaid rates is most certainly appreciated. However, when combined with the current 8.5% inflation and the proposed cuts in travel reimbursement, this results in an overall negative impact in compensation for many. Specifically, for me, this proposed cut in travel reimbursement would result in an average decrease of 7% as figured over the past 4-month time period. This is all without also considering the rising fuel costs. In specific examples, my compensation given for 'child A' was \$353.64/mo (including physical therapy treatment at the current Medicaid rate/travel time/mileage), and now would be \$325.92/mo (including the increased Medicaid rate/proposed \$1/mile). The compensation is most negatively impacted by city travel between visits in which traveling 8 miles across the City of Sioux Falls takes much longer than traveling 8 rural miles.

As a physical therapist who has provided early intervention services for the past 21 years (10 years in MN and 11 years in SD), I am well acquainted with changes in federal regulations pertaining to the additional training required of providers to provide services through the Birth to 3 Program, in addition to our already stringent Masters/Doctorate level of medical education. As an independent contractor, I have no benefits such as health care and paid time off. I am financially responsible for providing my own materials, undergoing the mandatory provider training (Bright Beginnings training which was an entire semester class) to provide Birth-3 services in the State of SD, and use my own vehicle for travel. Appropriate financial compensation helps to offset these less than ideal conditions. These are all choices that I made when I decided to be a small business owner/independent contractor, but just as the State of SD has a budget that they have to work within, so do I.

Given this increased financial burden as a small business owner in SD, my role in the Birth-3 program will have to change if this proposed mileage/travel time reimbursement formula is approved. The \$1/mile rate will not be enough compensation for me to justify the Birth-3 program requirements of taking unpaid trainings and completing their specific documentation while also driving all across the City of Sioux Falls. I will be forced financially to fill my caseload with fully private families that are seen outside of the Birth-3 program, utilizing the family's private insurance and charging them a travel fee, as I currently do for many families that are financially able and choose to do so. Despite my current very full caseload within the SD Birth-3 program, I am still

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Lori Larson, MS PT/ATC
Pediatric Physical Therapist



8100 S. Cinnamon Ridge Place.
Sioux Falls, SD 57108

Ph: 605-951-0417
Fax: 605-356-8075

lori@tinytotspt.org

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continually being asked to take on new children as there are not enough providers within the current system to see all of the children that have needs. Therefore, cutting the reimbursement for therapists will only make the shortage of providers even greater and more children will be forced to go without services.

While my overall net income will be less under the proposed travel reimbursement formula, in some circumstances my pay will increase by \$2-3/visit; however, I am concerned about the impact to the quality of services provided for children when a provider has to complete a cost/benefit analysis for each child they serve. Therefore, providers would need to be more selective in taking kids for services as driving to distant neighborhoods, particularly inter-city travel, would result in an increased loss financially given the proposed mileage reimbursement compared to the current compensation. Families would have less flexibility in services offered as providers would be limited to serving certain areas at certain times to limit further travel. Also, currently, if a provider drives to see a child and the child is not there, the provider is at least paid travel time for time spent attempting to provide services. I know that many providers try to work with families, even with frequent cancellations as we know how important it is for these children to get the assistance they need and many of these children have less than ideal living situations/circumstances. With the new changes, providers would be forced to be less accommodating to no shows, and drop children from our caseload quickly due to the financial loss of only being paid \$1 per mile for the attempted visit. Also, given the nature of our education as medical professionals, of at least a Masters level degree, it is also inappropriate to consider mileage and travel time to any other profession of a differing educational level or job requirement.

I am passionate about the role early intervention plays in the lives of these families, and the impact it has on their future. Services are often provided in the home, and we are in close contact with all of these families. As a result, we form close relationships with both the children and the families we serve. It is very rewarding to see the difference you can make on not only the child, but the family in its entirety. It is actually quite common to get phone calls/messages late into the evenings and on weekends from a proud parent who can't wait to show you that new sitting/crawling/walking skills that you have been coaching them through. To see/hear the emotion in a parent's eyes/voice when they tell you their child completed a motor skill that a physician told them they would likely never be able to do, never gets old. When a parent tells you their child's ability to move has significantly improved, thus lessening their caregiver strain, you know that you are making a difference in their day to day life – from things as simple as being able to walk into the house while the parent is able to carry in a younger sibling or bring in the groceries. And from a PT standpoint, the physical handling a parent learns, that cannot be replaced via a telehealth session, when I'm coaching a family through how to best physically handle/facilitate a child with my hands literally over their parent hands helping the child to learn a new skill, they learn how to incorporate these activities into their daily routines with a new profound confidence that **THEY** helped their child. These stories are what keep me doing this job, however it also has to financially work in my personal life to continue to provide these services.

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I am proposing that you vote against the proposed travel reimbursement formula. To ensure I am able to continue to provide quality services to the children in the Birth-3 program while receiving appropriate compensation, I propose that the current travel reimbursement formula stay in place, and that a task force be established to further analyze the most appropriate compensation going forward. This task force should include current providers, encompassing teachers and therapists in various locations of the state to closely analyze the impact for all. Specific information that should be considered is the impact of time differences in traveling in a rural setting vs a city, and the impact of travel time when a provider goes to provide services, and the family/child is not in the predetermined location at the agreed upon time. I would also offer to be a member of this task force should one be formed as I feel my experience in both the educational and medical settings, in addition to that of a small business owner who does medical billing, might bring a much needed perspective. I appreciate your consideration of these proposals and the impact these changes make on the many providers servicing the children in our community as well as the impact these decisions have on the children themselves.

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Thank you.

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