

Date: _____

Governor Deval Patrick
State House Room 360
Boston, Ma. 02133

Ron Benham
Director, Bureau of Family Health and Nutrition
250 Washington St.
Boston, Ma. 02108

RE: Testimony for DPH Public Hearing on the Commonwealth's 24th Year Grant Application Under Part C of IDEA - Proposed Eligibility and Parent Fee Changes to the Massachusetts Early Intervention Program

Dear Governor Patrick and Ron Benham, Director, Bureau of Family Health/ Nutrition:

My name is _____ and I am writing because I am extremely concerned about the drastic eligibility changes and massive parent fees you are currently proposing to the Massachusetts Early Intervention program.

I understand that the Commonwealth is facing a severe fiscal crisis but to ask children and families that rely on Early Intervention services to bear the brunt of the budget shortfall is unfair and will cause severe economic hardship to families like mine.

I want to tell you what the proposed eligibility and parent fee changes would mean for my family and my child(children).

My son/daughter or twins _____ have been receiving Early Intervention for (give time period and brief description on the EI services your child has received).

Through the help and work of Early Intervention,(Talk about the impact of services and the gains your child/children have made) (Talk about the impact of the services on your family.)

One of the changes being proposed by the state, is to drastically increase family participation fees.

- Would you be able to afford the new fees? Discuss the anguish it would cause if you could not afford to pay for services that you know help your child.
- Talk about the financial burden on your family if you had to increase your participation fee by 700% or higher for EI services.
- Discuss how much you already pay for medical insurance, how much it increases each year and how much it went up in January or how much you expect it to increase in July.
- Discuss your co-payments and deductibles.

- Discuss monthly or annual medical costs that your family incurs for medical appointments including specialist visits, prescriptions, equipment/orthotics, any special formula needed, special care, etc.
- Discuss any changes in family income, such as if you have had to leave or cut back on work to care for your child's special needs.

Another change proposed is to increase eligibility from 30% to 40% and 50% in expressive language.

- Discuss if your child would no longer be eligible under the proposed change in eligibility. standard
- Discuss how that would affect you knowing that your child DOES have a delay, but that you cannot access Early Intervention services to help.

sample language:

“Under the proposed cutbacks, our son/daughter _____ would not have been eligible for services. I can't imagine _____'s life and our family's life without EI. Thanks to EI, _____ is making progress and I cannot imagine knowing my child has a delay and not having the resources to help him/her.

- Request that eligibility for Early Intervention services maintain at 30% delay.
- Request that the financial burden not be passed on to families.
- PICTURES, PICTURES, PICTURES say 1,000 words! Please include a picture(s) of your child.

Closing (sample language)

The Massachusetts Early Intervention Consortium has developed a plan to address the EI budget shortfall in a way that is more fair and balanced and will preserve eligibility and minimize the impact on children and families like mine. I urge you to work with the Consortium to preserve Early Intervention services in Massachusetts.

Thank you for your time and consideration.

Sincerely,

Sign name and address