

From: [REDACTED]
To: [Fiscal Generic Mailbox](#)
Subject: Public Comment regarding Early Intervention meeting 1/27/2025
Date: Tuesday, January 28, 2025 8:13:25 AM
Attachments: [image.png](#)
[image.png](#)

[REDACTED]

Honorable Members of Nevada State Legislature,

My name is Jocelyn Wells, and I am a co-owner of Theraplay Solutions, a community provider and organization deeply committed to providing high-quality Early Intervention services for children and families in Nevada. Our work focuses on supporting children with diverse needs, including those with speech and language delays, physical gross motor and fine motor delays, and other developmental delays. Every day, my colleagues and I witness the profound impact that our services have on the lives of children and their families. I am submitting this comment on behalf of myself and many providers who are deeply concerned about the proposed changes to the payment model. In short, the proposed ~75% reduction to the current monthly per-child case rate will leave vulnerable children and families without access to community providers and early intervention support systems.

DHHS has framed this as a Medicaid-focused issue and provided a Medicaid-centric solution. However, it is important to recognize that approximately 45% of the children we serve are not covered by Medicaid. Moreover, many of the essential services we provide to children and families are not reimbursable by Medicaid—or any insurance. The simple fee-for-service model being proposed by the State fails to address the costs associated with these critical services, which are foundational to the care we provide and our overall compliance with the Federal law. We appreciate the State's assertion that this model of service has been leveraged through other programs like ATAP, however, the practical reality is that those programs do not have the same or similar additional Federal service and outcome requirements.

In 2024, a very comprehensive report on Nevada's Early Intervention system was commissioned by DHHS and published by Health Management and Associates. One of their key findings and recommendations was related to maximizing the use of Medicaid dollars for service delivery. They cited, at the time, that Nevada Medicaid accounted for only 9.1% of NEIS (Nevada Early Intervention Services) funding compared to a national average of 16.8%. They further went on to offer that if Medicaid payments continued to lag, it would be of benefit to evaluate and analyze any structural barriers to seeking Medicaid reimbursement.

This report was published prior to the new data and claims system, NEIDS, being fully functional, and from the provider's perspective the system itself may offer an explanation for the further decline in Medicaid billing. The system, since its go-live, has offered numerous challenges for providers in billing and tracking claims. Feedback provided to the State has not been satisfactorily addressed, and if further analysis was done, we might find the system actually presents a significant barrier to data and claims management. As a private provider, with decades of experience billing medically necessary speech language pathology services, I would never choose voluntarily to use a system like NEIDS. Our program has billing

professionals with the same experience I do, and they, too, have expressed deep frustration with the system and our ability to enter and manage claims.

I feel it's also important to note here that the Medicaid national average contribution of 16.8% to support Early Intervention services is not nearly commensurate with the proposed ~75% reduction of the monthly per-child case rate being proposed by DHHS. This program cannot be fully funded through Medicaid, as shown by the national average contribution. Therefore, providers find it unrealistic to assume that Medicaid will completely compensate for the reduction in the per child case rate.

The proposed changes to the Early Intervention program reimbursement model by DHHS will likely drive many community providers out of this essential work, leaving vulnerable children and families without the vital services they depend on. While we have heard that the State intends to do no harm, our provider community could not sustain both the decrease in and/or the increased length of time to reimbursement that the funding shift would cause. Additionally, the proposed implementation timeline of this change substantially limits our ability to plan effectively and prioritize the needs of families. This is not a hypothetical concern; it is an imminent reality that demands urgent and thoughtful consideration.

In conclusion, I request the State legislature conduct a thorough and transparent analysis of the proposed changes and their impact on children and families. Our passion and dedication to serving children and their families drive us to advocate for changes that truly support their needs. I respectfully request the State to revisit this proposal with a renewed focus on collaboration, transparency, and the long-term well-being of the children and families we all strive to serve through our Early Intervention programming.

Best Regards,



Jocelyn Wells

Speech Language Pathologist
Co-owner



[REDACTED]



Fax: 702-924-0632



[REDACTED]



www.theraplaysolutions.org



Theraplay Solutions, 5155 Blue Diamond Rd Suite 102 PMB 1029, Las Vegas, NV 89139

Early Intervention Services
for children birth to three in Nevada

