



Infant & Toddler Connection of Virginia April 2015 Update

April 2015

Note about This Update:

This Update is prepared by the Infant & Toddler Connection of Virginia State Team at the Department of Behavioral Health and Developmental Services as a means of sharing current information from the DBHDS/Part C Office.

Enrollment of Children in the Medicaid Data System (VAMMIS)

Please note the following contact information for questions about enrollment of children in the Medicaid Data System (VAMMIS).

Irene Scott 804-786-4868 irene.scott@dbhds.virginia.gov

Beth Tolley 804-371-6595 beth.tolley@dbhds.virginia.gov

Early Intervention Certification

For questions about certification of practitioners, contact Irene Scott 804-786-4868

irene.scott@dbhds.virginia.gov.

For questions related to completing the online application, contact David Mills 804-371-6593

david.mills@dbhds.virginia.gov

ATTENTION ALL EARLY INTERVENTION PRACTITIONERS!

Please be sure that your email address is current in the MY PROFILE section in your account at <https://www.eicert.dbhds.virginia.gov/>. This is important because this email address is used to contact you with information about your certification. It is also the email used for notices from the Infant & Toddler Connection of Virginia and from the Early Intervention Professional Development Team at the Partnership for People with Disabilities.

S*ervices provided by Orientation and Mobility Specialists* can be listed on the IFSP as developmental services and billed to the Department of Medical Assistance Services (DMAS) using the DMAS EI codes (as is done for services provided by Teachers of the Visually Impaired). DMAS has indicated that this can occur now. This change will be reflected in the Practitioner Qualifications and Responsibilities Table, in Chapter 12 of the Practice Manual the next time it is revised.

Transportation for Early Intervention Services

Medicaid, including the Medicaid Managed Care Organizations, covers transportation to early intervention visits that are not done in the child's home, including transportation to natural environments (non-medical) locations such as a library.

Infant & Toddler Connection of Virginia April 2015 Update

Attention CSB and Health Department Local Lead Agencies! (A Message from the Department of Medical Assistance Services)

Recently, some Community Service Board (CSB) Early Intervention providers received denials on Early Intervention claims for reason 0191 – Provider Referral Required. This edit was recently added to meet the Affordable Care Act (ACA) requirement that all providers must be appropriately licensed practitioners and have not been excluded from Medicare or Medicaid. CSBs and Health Departments are exempt from this requirement.

The denied claims for the CSBs that have been received to date are due to the National Provider Identifier (NPI) that is being used on the Early Intervention claims, being enrolled in MMIS as an Outpatient Rehabilitation Facility. Outpatient Rehabilitation Facilities are subject to the ACA requirement and must have a referring physician NPI on the claim.

If you are a CSB or a Health Department and are receiving denials for reason 0191, please submit an Early Intervention Provider Enrollment application to update your NPI as an Early Intervention provider. This will prevent the claims from being denied due to edit reason 0191. This NPI must then only be used for Early Intervention services.

You can submit the application electronically by accessing Provider Enrollment at this link <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal> or printing out an Early Intervention Provider Enrollment Agreement and submitting it to Virginia Medicaid Provider Enrollment Services

Or

To access paper enrollment forms for completion and manual submission, please click [here](#)

If you are also using your NPI for billing other services than Early Intervention or if you have questions about this process, please contact Ashley Harrell 804-371-7824.

Infant & Toddler Connection of Virginia April 2015 Update

“SAVE THE DATE”

The Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Medical Assistance Services (DMAS) will provide a webinar about the Medicaid Early Intervention Services Program on **May 27, 2015 at 10:00 AM**. The webinar will be repeated on **June 18, 2015 at 10:00 AM**.

The webinar will include information about:

- provider qualifications and requirements,
- recipient eligibility,
- program requirements,
- reimbursement and billing
- quality management reviews

Early intervention practitioners and agencies that provide services for children with Medicaid coverage are encouraged to participate. While the number of participants is limited to 50 for each session, the webinar will be recorded for later access. Registration information will be provided in the next month.

New Contact for Notifying the State Department of Education When a Child Transitions

As you may know, Phyllis Mondak retired . We wish her the best. Effective Thursday, March 26, 2015, Dr. Patricia Rascoe is the new person who will receive the state notice for children who are transitioning from Early Intervention.

Please continue to upload your information to the VDOE Dropbox to Dr. Patricia Rascoe's attention. Dropbox will send her a message notifying her that documents are available to be retrieved. It is important that this information be reported as it is used by the Infant and Toddler Connection of Virginia to meet federal Part C reporting requirements and is also used by the Dept. of Education to verify reporting on children who transition from Part C to Part B services.

If you have new staff that need access to the VDOE Dropbox, please send your request to Dr. Rascoe with their name, email address and phone number. Pat's email is patricia.rascoe@doe.virginia.gov . Her full contact information follows:

Patricia A. Rascoe, Ed.D.
Monitoring Specialist
**Office of Special Education Improvement/
Results Driven Accountability**
Virginia Department of Education
P. O. Box 2120
Richmond, Virginia 23218-2120
804-786-0581
804-371-8796 (FAX)

***Tips from the Monitoring Team ~
Know Your Compliance Status ~ Transition***

Now is a great time to check each staff member's understanding of transition requirements to ensure that all providers are providing timely transition planning for infants and toddlers, including:

- Ensuring that the IFSP includes transition steps and services at least 90 days (and up to 9 months at the discretion of all parties) prior to the anticipated date of transition;
- Ensuring Notification to the Local Education Agency **AND** to the State Education Agency (DOE: Department of Education) at least 90 days prior to the anticipated date of transition; and
- Ensuring that the Transition conference is held at least 90 days (and up to 9 months at the discretion of all parties) prior to the anticipated date of transition.

For detailed information about transition requirements—including the opt-out policy for notification and the requirement for parent approval for the transition conference—see Chapter 8 of the Infant & Toddler Connection of Virginia Practice Manual.

In addition, Transition resources can be found on the Early Intervention Professional Development Website: http://www.veipd.org/main/sub_transition.html or http://www.veipd.org/main/tools_trade.html which includes a calculator to determine the 90 day to the 9 month time span based on the child's anticipated date of transition.

Transition is a compliance indicator that is reported to the Office of Special Education Programs (OSEP) as part of the Annual Performance Review (APR). Local system records are randomly selected from all of the children who transitioned with a transition destination of "Part B Referral, Eligibility Not Yet Determined" or "Public School/Part B Eligible" between August 1 and December 31.

Local system managers, supervisors and service coordinators can do a number of things now to assure that they are prepared for a successful record review. Recommended actions include:

- review recent records or IFSPs to see how well the requirements are addressed; and/or
- review local procedures; and/or
- set up or review monitoring mechanism and utilize to keep an eye on how the local system is doing as children get ready to transition to preschool in the Fall. Please pay particular attention to your local procedures for timely notification to the Virginia Department of Education – Are procedures in place? Are they being followed? Are they working or do they need to be revised to ensure compliance with the notification requirement?

Please contact your TA or Monitoring Consultant if you have questions on Transition or other Compliance indicators.

Infant & Toddler Connection of Virginia April 2015 Update

State Systemic Improvement Plan (SSIP)

As part of the State Performance Plan /Annual Performance Report, each state is required to develop and submit to the U.S. Department of Education, Office of Special Education Programs, a State Systemic Improvement Plan (SSIP). The plan will be developed over the first 2 years and then implemented over the remaining four years. The SSIP's focus on evidence-based practices and improving results for children and families will fit perfectly with efforts already underway in Virginia.

The measurable result that will be the focus of Virginia's SSIP is increasing the statewide percentage of infants and toddlers with IFSPs (exiting early intervention at age level) who demonstrate improved use of appropriate behaviors to meet their needs.

Here's what's new in the SSIP development process:

- The written report on Phase I of the SSIP was submitted to OSEP on March 26, 2015. All Phase I materials and documents are available in the SSIP section of our website, at <http://www.infantva.org/Sup-SSIP.htm>.
- Updates on the completion of Phase I and plans for Phase II were presented to the Virginia Interagency Coordinating Council (VICC) at their March meeting and to local system managers at their statewide meeting in March.
- State Leadership Teams have been established to address four of the broad improvement strategies we identified during Phase I:
 1. Functional assessment, including consistent and accurate determination of entry/exit ratings in the area of children using appropriate behaviors to meet their needs
 2. Coaching and natural learning environment practices
 3. Local system capacity to support implementation of evidence-based practices
 4. Enhancing the capacity of the statewide early intervention data system (ITOTS) to efficiently collect and report comprehensive data on child indicator results.These State Leadership Teams will help develop the details of the improvement plan required in Phase II of SSIP development and review evaluation information and make necessary adjustments during implementation of the plan.
- The membership for each state leadership team has been finalized and is posted in the SSIP section of our website. Teams will begin meeting in April and May. Minutes from all team meetings will be posted to the SSIP section of our website.
- To ensure our improvement efforts are effective and sustainable, we will be using *implementation science* in planning and implementing the specific steps and activities we will use to address our broad improvement strategies. We encourage you to begin learning about implementation science by reviewing the short written overview available on our website at <http://www.infantva.org/Sup-SSIP.htm>.

If you have comments or questions about the SSIP, please contact Kyla Patterson at k.patterson@dbhds.virginia.gov.

The Decision Tree

Child Indicator Seeds for Success

April is the Month of the Young Child and National Occupational Therapy



Occupational Therapists are passionate about helping children increase independence in routines and activities of daily living. In celebration of the Month of the Young Child and National Occupational Therapy Month, visit the [AOTA website](#) for some great coaching tips that will support young children as they become successful and active participants in the routines and activities that are important to them and their families. Here are some of my favorites!

[ESTABLISHING TUMMY TIME ROUTINES TO ENHANCE YOUR BABY'S DEVELOPMENT](#)

Make Tummy Time part of your family's daily routine:

- Incorporate Tummy Time into the activities you're already doing with your baby, such as towel drying after bath time, changing diapers, or applying lotion.
- Begin with 3 to 5 minutes per session, working up to a total of 40 to 60 minutes daily. Tummy Time can be done in short sessions throughout the day, based on your baby's tolerance and needs.



Consider alternatives to "typical" Tummy Time:

- A great way to carry out Tummy Time is to place your baby on your stomach or chest while you are awake and in a reclined position on a chair, bed, or floor. This is also a great way to begin Tummy Time with a newborn.
- Side-lying is another positioning option. Position your baby on a blanket on his side, and support his back with your hand or use a small rolled up blanket. Make sure both of your baby's arms are in front of him, and slightly bend his hips and knees so your baby is comfortable. This position can also aid in reaching and playing.

[ESTABLISHING TOILETING ROUTINES FOR CHILDREN](#)

Identify signs when the child is ready to begin participating in a toileting routine:

Children will often demonstrate signs when they are ready to be toilet trained. These signs include:

- Interest in the bathroom or in the toileting process, which includes wanting to visit the bathroom, playing pretend toileting, touching toilet paper, or being curious about how the toilet flushes
- Wanting to observe others using the bathroom
- Reporting to a caregiver when they have gone in a diaper and/or asking to wear underwear
- Starting to "hold" their urine or bowel movement and/or getting upset when a diaper is soiled



Set up a successful routine for potty time:

- An important aspect of toileting is for children to learn their body and the cues it is giving them to know when to go to the bathroom. But families should also encourage toileting routines, including the following times during the day for bathroom visits: When waking up, Before and after naptime, Before and after a new play activity, Before a meal, Before bedtime, Before leaving the house for an event
- Consistently taking a child to the bathroom at established times helps identify a routine for the family and child. If a child is showing signs of needing to go to the bathroom by wiggling or grabbing his or her clothes, families can ask if it's time to visit the bathroom. But it is also important to teach children to recognize their body signals and go on their own.

Be sure to check these out:

[LIVING WITH AN AUTISM SPECTRUM DISORDER \(ASD\)—SUPPORTING A SMOOTH TRANSITION TO PRESCHOOL](#)

[ESTABLISHING MEALTIME ROUTINES FOR CHILDREN](#)

[ESTABLISHING BATH TIME ROUTINES FOR CHILDREN](#)

Infant & Toddler Connection of Virginia April 2015 Update



**COMING SOON: July 15th, 22nd, 29th
12:00-1:30 p.m.**

Webinar Series for LSMs: Promoting Effective and Efficient Fiscal Management

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