

Topic	<i>Discussion and preliminary decisions and next steps</i>	<i>Final decisions</i>
<p>DBHDS Personnel Regulations</p>	<p>The Personnel Regulations are with the Secretary for review. See Virginia Regulatory Town Hall to check status: http://www.townhall.virginia.gov/L/ViewAction.cfm?actionid=3065</p>	
<p>DRAFT DMAS Early Intervention Regulations</p>	<p>Tammy explained that DMAS must develop state regulations as well as the State Plan Amendment (SPA)</p> <ul style="list-style-type: none"> • The State Regulations are close to being sent to AG office • The SPA must be filed after the state regulations • CMS has reviewed the draft SPA <p>Tammy and Brian provided clarifications about changes in Medicaid with the EI Initiative</p> <ul style="list-style-type: none"> • EPSPT will be the only funding source for early intervention services for children enrolled in Part C. • CSBs that are currently outpatient rehab providers can continue to be outpatient rehab providers. If they choose to do so, they must continue to meet all of the outpatient rehabilitation requirements. <p>The group raised the question about whether there is any reason for a CSB to continue to be an outpatient rehabilitation provider. If they are providing services to children who are not enrolled in Part C, they would need to continue to be an outpatient rehabilitation provider and continue to meet all of the rehab requirements for authorization, documentation, etc.</p> <p>The group discussed reimbursement for services provided in centers due to lack of providers available for services in natural environments (ex. Funding constraints). There are Part C requirements that</p> <ul style="list-style-type: none"> • this should be done as a last resort • this must be temporary • there must be a plan for moving back into the natural environments • Efforts must be ongoing to identify additional providers and funding to move the child(ren) back to natural environments. <p>Entitled services provided in centers as an emergency interim temporary basis are still entitled early intervention services.</p>	<p>Children who receive service in centers (on a temporary emergency interim basis) because there are no providers available to provide services in natural environments will be reimbursed at the center-based rate (60% of the standard rate).</p>

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<p>Status of Training Modules</p>	<p>Deana provided information about the Early Intervention Online Training Modules.</p> <ul style="list-style-type: none"> • 526 users have registered. <ul style="list-style-type: none"> ○ 77 users in Richmond ○ 93 users in Tidewater ○ 31 users in Valley ○ 65 users in Roanoke ○ 25 users in Abingdon • 322 have passed child development; 268 passed family centered practices <p>We don't know how many of the registered users are therapists or educators versus service coordinators. While service coordinators must be certified in order to provide early intervention service coordination, they will not have to be enrolled in Medicaid. VCU has a record of individuals listed according to region, though some individuals didn't list a region. DMAS and Local System Managers need to know how many and who have passed the modules.</p> <p>Next Steps:</p> <ul style="list-style-type: none"> • It is anticipated that the service pathway module will be posted for testing by Friday. Susan Sigler (with some additional Fairfax providers) and Chris McAnulty agreed to test it over the weekend so that any "bugs" can be addressed and it can be made accessible to everyone as soon as possible. Deana indicated that she expects it can be ready for the public by August 1. • Mary Ann requested that the practitioner requirements module be finalized immediately so that it will be ready in early August. Beth will follow up with that. • Local System Managers are to request that all of the providers register now for the training modules and that they take the modules that are currently available. 	
<p>Lists of Providers</p>	<p>Next Steps:</p> <ul style="list-style-type: none"> • At the request of the Local System Managers, the Part C Office will send a memo to the LSM requesting that they send an updated spreadsheet list of the providers in their system to him and to Deana by July 28, 2009. • LSM representatives on the ITF will contact LSM in their region to explain why this information is being requested. • Deana will correlate the data in the VCU system with the provider lists to determine numbers/names of providers in each system who have/haven't passed the modules. • The Part C Office will share the updated list with DMAS (who needs the list of providers for the 	

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	MCOs) <ul style="list-style-type: none"> • The Part C Office will use the updated list to create a distribution list to use to communicate directly with providers about the system changes and new requirements. 	

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<p>PT and OT in Reimbursement Category 1</p>	<ul style="list-style-type: none"> The reimbursement categories are not sorted according to provider type. There are both Early intervention Professionals and Early Intervention Specialists in both reimbursement categories. Practitioner Certification requirements specify that practitioners must meet their discipline requirements Supervision requirements are listed in the Infant & Toddler Connection of Virginia Practice Manual. 	<p>PT and OT assistants are in reimbursement category 1 in order to be consistent with current reimbursement policies for PT and OT assistants</p>
<p>Timelines</p>	<ul style="list-style-type: none"> DMAS needs a minimum of two weeks to enroll practitioners as Early Intervention Providers. Tammy recommended that practitioners enroll by September 1, 2009 Practitioners must successfully complete the four required online training modules prior to applying for early intervention certification. Early Intervention Certification is required prior to enrolling in DMAS <p>Next Steps:</p> <ul style="list-style-type: none"> Local System Managers will communicate with providers requesting that they all register now for the online training modules and that they take the available modules now DMAS will look into possibilities for enrolling Local Lead Agencies and provider agencies – with the caveat that the agencies must ensure that their practitioners are certified by Oct. 1 	
<p>Provider Information and Billing Sheets</p>	<p>Input was requested on the draft provider information sheet and the draft billing information sheets. Input received today included:</p> <ul style="list-style-type: none"> Revise wording in the section “How are provider hired or contracted to provide services?” Revise wording of the 6th point in the reimbursement rates section Add clarification that the EI codes will be used for billing Medicaid including Medicaid MCOs for early intervention services. CPT codes required for billing for rehab services. The transformation is not changing how providers will bill private insurance companies Consider formatting in a way that local systems can include their specific information including names and contact information <p>Next Steps:</p> <ul style="list-style-type: none"> Stakeholders are to provide additional suggestions to Brian and Beth by Thursday. Beth and Brian will revise the documents and get them out to the group hopefully on Friday, but at least by Monday. 	<p>The Medicaid Early Intervention Codes listed on the handout are final.</p>
<p>Provider</p>	<p>Input was requested on the Practitioner Application Manual</p>	

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<p>Certification Process</p> <p>And</p> <p>Medicaid Enrollment</p>	<ul style="list-style-type: none"> • The manual provides the step by step instructions for applying online for early intervention certification. The two-page application that has been shared is not a document that will be completed by providers; rather it was created to illustrate the information that will be required as part of the online application • Input was provided that Licensure with endorsement in NK -4 needs to be added to the drop down list of qualifications. (This has been replaced with pre K – 3, but there are educators in our system whose license remains NK-4 as originally designated). • LSM asked if there will be a way for them to see the status of provider applications for providers who wish to work in their area. <p>Next Steps:</p> <ul style="list-style-type: none"> • The Part C Office will notify the field when the data system is ready to accept certification applications. • Beth will check with Wendy Cary about what the LSM will be able to access regarding applications which are in process • DMAS will alert us when they are ready for enrollment 	
<p>Data Needs and Data Accuracy</p>	<p>Tammy articulated the importance of ITOTS data accuracy for children with Medicaid. The ITOTS list of children with Medicaid, Medicaid MCO or FAMIS coverage:</p> <ul style="list-style-type: none"> • will be used to enroll children in DMAS early intervention. • will be provided to MCOs so they can check which of their children are enrolled in Part C and to provide trend data. <p>Children must be enrolled in DMAS early intervention in order for DMAS to reimburse through the DMAS early intervention program. The number of children listed on the last run of ITOTS number was 1700 which is far lower than the 2700 from a couple years ago and far lower than the predicted number of children with Medicaid, Medicaid MCO or FAMIS coverage. DBHDS and DMAS will work together on data accuracy. Ultimately, however, it is the responsibility of the Local Lead Agency to provide/enter accurate data.</p> <p>Tammy stated that the only information DMAS must have (for fee for service, MCOs, and FAMIS) is the 12 digit Medicaid number. From that number, DMAS can determine in which program the child is enrolled.</p> <p>Next Steps</p> <ul style="list-style-type: none"> • Part C develop a mechanism to pull a list of children with Medicaid, MCO or FAMIS coverage 	<p>Brian provided the following link for examples of Medicaid, Medicaid MCO and FAMIS cards:</p> <p>http://www.dmas.virginia.gov/downloads/mcrguides/Chapter_13.pdf</p>

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	<p>during a time span (not just a point in time)</p> <ul style="list-style-type: none"> • Local systems must: <ul style="list-style-type: none"> • notify David Mills when they have completed their ITOTS Medicaid data corrections • assure that from now on, the Medicaid box is checked and the 12 digit Medicaid number is checked for all children with Medicaid, MCO or FAMIS coverage • enter discharge data immediately in ITOTS for children with Medicaid, MCO or FAMIS coverage because Medicaid early intervention enrollment will be updated weekly. While DMAS has built into their data system a mechanism to discharge children from the Medicaid early intervention program at age three, there must be a mechanism to discharge children from their program when they are discharged from Part C prior to their 3rd birthday. • DMAS will put together an information sheet (with pictures of Medicaid, Medicaid MCO and FAMIS cards) to provide information that can be used to train individuals in local systems about what to look for in order to obtain accurate Medicaid numbers. • The Part C Office will send another reminder to LSM about requirements for Medicaid numbers and the necessity for having this information accurate on an ongoing basis. • Local systems must have a mechanism in place for routinely confirming whether there have been any changes in the family's insurance coverage. 	

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National Provider Identifier (NPI)	<ul style="list-style-type: none"> • Brian reminded the group that providers will have a new type associated with their NPI relating to the early intervention taxonomy. They will retain their current NPI number but will have the new code: 25200000X 	
MCO Requirements regarding Provider Network	<ul style="list-style-type: none"> • Medicaid MCOs will be required to have an adequate network of certified early intervention providers • If they do not have sufficient providers, they must either bring on additional certified early intervention providers or go out of network for early intervention services • If MCOs go out of network for certified early intervention providers, the certified early intervention provider will be reimbursed at 100% the Medicaid early intervention rate • Note that early intervention providers who are not in the Medicaid MCO network are reimbursed at 90% of the Medicaid early intervention rate unless they are providing services because there were not available providers in the MCO network 	
Hospitals who provide early intervention and rehabilitation services	<ul style="list-style-type: none"> • Though both early intervention services and rehab services provided by free standing outpatient rehab facilities will have standard rates, hospitals providing rehab services will continue to use a cost settlement process. • Questions about separating out costs for the services provided at standard rates from other costs (which will be included in the cost settlement report) should be emailed to Brian. 	
Informing All Audiences about the Transformation	<p>Stakeholders discussed the current status of awareness about the transformation changes and requirements. It was clear that it has not been clear to the field that they do not have until October 1 to take the training modules, that these must be completed prior to two additional steps (Early Intervention Certification and enrollment with Medicaid). The group brainstormed the audiences who need to be informed, the messages that need to be sent and mechanisms for reaching the various groups.</p> <ul style="list-style-type: none"> • Groups identified included providers, referral sources, families, other early childhood organizations • Multiple mechanisms need to be used to inform people, including emails, documents, mailings, posting information on website, with communication coming from: <ul style="list-style-type: none"> ○ Communication from the Part C Office ○ Communication initiated by Local System Managers ○ Communication from stakeholders ○ Communication through the family involvement project ○ Identifying individuals to assist with reaching targeted groups (ex: early childhood community) 	

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<p>Information that needs to be provided immediately</p>	<ul style="list-style-type: none"> • The Medicaid Early Intervention Billing Codes are finalized. All provider agencies need this information so they can make the necessary adjustments to their data systems • Urgency for registering and completing modules • Timelines for early intervention certification and enrollment in Medicaid Early Intervention <p>Next Step:</p> <ul style="list-style-type: none"> • A draft memo (these are the things the ITF wants you to know) will be shared with the group for feedback and suggestions and will be finalized at the July 27 meeting. 	
<p>Information that needs to be provided before October 1</p>	<ul style="list-style-type: none"> • Changes in Service Pathway (to referral sources); i.e. change from “free developmental evaluation” to referral for eligibility determination; assessment for service planning only if eligible • Change to standard reimbursement rates (families) 	
<p>Communicating With Providers</p>	<ul style="list-style-type: none"> • Local System Managers are to continue to disseminate information from the Part C Office (including Transformation Updates, memos, documents, etc.) and the task force to providers in their system • Email distribution list will be developed from the updated provider spreadsheets; communication will begin to flow from the Part C Office directly to all providers in the system • Part C Update will be kept up to date with current information including minutes from task force meetings and documents related to the transformation <p>Next Step:</p> <ul style="list-style-type: none"> • “Urgent” email will be finalized at the July 27 meeting (from Part C and task force) 	
<p>Informing Families</p>	<ul style="list-style-type: none"> • Allan Phillips, Heidi Faustini and Debra Holloway and Sophia will draft a Family Information sheet. This will use the format of the Provider and Billing Information sheets. • Will build in ability to customize (with names and contact information) at the local level • A suggestion was made to look at the info Kyla drafted for early implementers of the Service Pathway to provide to parents and see if any of this info can be incorporated in the fact sheet. <p>Next Step: Discuss and Finalize July 27.</p>	
<p>Informing Referral Sources</p>	<p>Referral Source Groups were identified including:</p> <ul style="list-style-type: none"> • Pediatricians • Family Practice Physicians • Other Early Childhood Programs • NICU Units of Hospitals 	

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	<p>The group discussed the value of having a consistent information sheet to use statewide – as well as the need for local systems to work at a regional level to coordinate their communication with referral sources since so many share referral sources.</p> <p>Next Steps:</p> <ul style="list-style-type: none"> • Terry Pasco will draft a Referral Information Fact Sheet which will be discussed and hopefully finalized July 27. Suggestions for this included: <ul style="list-style-type: none"> ○ Draft the document as “outreach” ○ Embed the changes in the document. Don’t make a big deal about the changes. ○ Incorporate language from referral source’s own guidance documents (such as information from AAP about developmental screening and early intervention) • Mary Ann will contact the following individuals to strategize about dissemination of information: <ul style="list-style-type: none"> ○ Ann Kellum and Colleen Kraft – physicians ○ Joanne Boise – early childhood (HRSA Grant program) ○ Cathy Bodkin Home Visiting Group • Mary Ann will contact Phyllis Mondak about the possibility of Part C being on the agenda for a Special Education Directors meeting to provide information about the transformation and how it will impact teachers who are providing services for children enrolled in early intervention 	

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Rates	Stakeholders asked for guidance for rates for dietitians. Next Step: <ul style="list-style-type: none"> • This will be put on the Part C Staff meeting agenda 	
Planning for September Trainings	The draft training agenda was disseminated and discussed. Brian explained that there will probably be a series of web based trainings in addition to the full day trainings in September including perhaps overview of Medicaid Programs, billing, eligibility verification. Next Steps: <ul style="list-style-type: none"> • Beth and Brian will revise the training agenda based on today's feedback: <ul style="list-style-type: none"> ○ The topics will be grouped according to intended audiences <ul style="list-style-type: none"> ▪ Billing personnel, administrators, utilization review personnel ▪ Direct service providers ○ Topics covered in other trainings will be pared down or eliminated. However, it was recognized that the audience will include individuals (providers not currently providing early intervention services, MCO personnel, etc.) so there will need to be some content that may be familiar to those who already provide early intervention services • One of the Richmond days will be scheduled for Tidewater. The training unit will find the space • Brian will let the DMAS Training unit know that there is the capacity in Fairfax to do a live broadcast and to record the training. Phyllis Mondak may be a resource for finding local sites to receive the broadcast if this option is pursued. 	
Private Insurance Companies	<ul style="list-style-type: none"> • A suggestion was made an individual be hired now to work with private insurance companies about the changes that have occurred in the early intervention system, including the requirement for practitioners to be certified and the information about the cost of providing services (negotiating rates at a state level). • Work needs to occur with the State Corporation Commission • It may be appropriate to revise the state insurance mandates • The Managed Care Support Contractor for TRICARE is changing from Health Net to Aetna for Virginia (North Region). This provides an opportune time to talk with individuals with the new contractor (AETNA) about early intervention services. Next Steps: <ul style="list-style-type: none"> • Mary Ann and Allan will discuss options and opportunities 	

Next Meeting: July 27, 2009 – Henrico Mental Health on Woodman Road

Draft July 27 Agenda

Critical Issues

- DMAS Early Intervention Manual
- Early Intervention Certification
- Provider Enrollment in Medicaid
- Provision of critical information to critical audiences (providers, families, referral sources, administrators/billing)
 - Alert memo to the field – finalize content
 - September DMAS/DBHDS training – finalization of content
 - Billing information - Finalize what needs to go to providers so they can get their billing systems ready for October 1
 - Communication plan – providers, families, referral sources, other agencies

Documents to be finalized (may be done via email – depending on time)

- Provider fact sheet
- Family fact sheet
- Fact sheet for referral sources

Next Steps Planning

- Plans for working with private insurance companies

Future Meeting: August 20