

PROCESS: Review and discuss; make a preliminary decision; send for comment to constituent groups		
Topic	<i>Discussion and preliminary decisions and next steps</i>	<i>Final decisions</i>
DMAS Updates	<ul style="list-style-type: none"> DMAS is working on the master list of the recipients for the match between the DMAS and DBHDS lists. The DMAS list will be sent to DBHDS; any near matches will need to be reconciled by 9/25. * The matches will need to be matched to LLA for each child. DBHDS and DMAS will enter individuals into MMIS system starting 10/1*. DMAS will train Part C staff for this. VDH has offered staff to assist with the process. The Medicaid Early Intervention Services Manual is posted on website. The provider application is now on the website under Provider Enrollment. (This is included in the manual, but is now also posted separately). Early Intervention is the 2nd item on the "What's New" section on the DMAS Website. 	* Dates have been updated since the ITF meeting.
Provider enrollment	<ul style="list-style-type: none"> CSBs, Home Health, Rehab, and Health Agencies can submit the attestation letter; they do not need to submit a new application to DMAS. New providers, hospitals and schools have to submit an application. Individuals in schools don't have to if the schools enroll as a provider. The turnaround should be very quick for agencies who submit attestation letters. ITF members were asked to encourage LLA, CSB, Rehab agencies to do Attestation Letters as soon as possible. 	<ul style="list-style-type: none"> 10-1-09 can be the effective enrollment date for agency providers even if they apply after 10/1/09.
Communication with Physicians	<ul style="list-style-type: none"> A letter was sent to local systems for them to use as a template to inform physicians about the changes that are occurring in the early intervention system. The letter was sent to Colleen Kraft and Ann Kellams. They will send it to the AAP-Virginia membership and will post it on their web. Colleen made some minor adjustments; Mary Ann has requested a copy of the revised document. It will be posted on our website. It has also been sent to DMAS. Joanne Boise send a copy of the letter to the Association of Family Physicians Dr. Reinhard will do a presentation to the Joint Commission on Health Care (Behavioral Healthcare subcommittee) in October. 	
Family Information	<ul style="list-style-type: none"> The Family Information document is being revised to include Nursing in the list of services for which the reimbursement rate will be \$150. This document has been translated into Spanish The revised English version and the Spanish version will be sent to local system managers and will be posted on the Infant & Toddler Connection of Virginia website. 	

<p>Provider Certifications</p>	<ul style="list-style-type: none"> • Part C is prioritizing certification of individual providers since they must submit proof of certification with their application. • Part C staff will be trained tomorrow in the certification process. The Part C staff will start tomorrow with verification of licenses for those practitioners who have submitted their application. The certifications will be processed by the Part C Office beginning Monday. • 777 people have completed the required training modules; 632 have completed the online application for EI Certification. The 632 includes duplicates for individuals who applied for more than one certification. • Mary Ann plans to send an urgent memo about the critical need for people to apply for certification. Help is needed from all local systems to get the word out that providers must be EI Certified in order to provide EI services beginning October 1. 	
<p>Reimbursement for Services Provided during the Transition from Current Practices</p>	<ul style="list-style-type: none"> • Evaluations (including eligibility determination and assessment for service planning) are scheduled in October for children referred to the system in September when the Service Pathway (separating eligibility determination and assessment for service planning) was not yet implemented. For those children who were referred in September, evaluations that include eligibility determination AND assessment have been scheduled for October 	<ul style="list-style-type: none"> • Medicaid will reimburse this combined eligibility determination and assessment for service planning for children who are found eligible for Part C. Part C funds can be used to reimburse providers for the assessment to determine eligibility for children who are not found eligible.
<p>Family Cost Share</p>	<ul style="list-style-type: none"> • DBHDS will contact the Bureau of Insurance for guidance about situations where Part C pays the family's portion of the bill (after the family has reached their Family Cost Share cap) resulting in less reimbursement to the provider than would have occurred if the family had been responsible. This would occur in situations where the provider agency has a higher charge than \$150 and the primary commercial insurance company reimburses at a higher rate than \$150. In these situations, the family would be responsible for paying the allowable amount until their deductible is met or for paying the copay. Providers expressed concern that if they accept the \$150 rate, they are in conflict with their contractual agreement with the commercial payor. • Individuals requested additional guidance about the Family Cost Share procedures, including example scenarios. 	

<p>Physician Certification</p>	<ul style="list-style-type: none"> Local systems should begin immediately communicating with physicians to obtain signatures (certification) for services which will be reimbursed by Medicaid beginning October 1, but which do not currently require physician certification. There will be a grace period (to January 1, 2010) during which these services will be reimbursed while service coordinators/local systems are seeking physician certification. This grace period applies only for services which are already in place October 1, 2009. Physician certification can be obtained via signature on the IFSP, signature on a cover letter that is sent along with a copy of the IFSP and references the date of the IFSP, or through a summary letter that includes the eligibility, assessment and service information from the IFSP. There is a sample letter on the Part C website that can be used as a template for the Physician Certification cover letter. Some local systems have developed their own letters. The group discussed options (including pros and cons) for who will be responsible for obtaining physician signatures. While ideally it would be best in terms of coordination of services and communication with physicians for one individual to contact the physician for signature for all of the services for that child, other strategies may be necessary initially until a coordinated process can be developed. A recommendation was made that the process be the same across local systems within the same region. 	
<p>Training</p>	<ul style="list-style-type: none"> Four more DMAS – DBHDS trainings are scheduled this week and next week. 	
<p>Coding</p>	<ul style="list-style-type: none"> PTOR and DMAS will meet September 30 to discuss questions about coding. 	

Next Meeting: October 19 from 1 PM to 3 PM. Members were asked to provide suggestions for agenda items to Beth by October 14. Depending on the input from the group, the meeting may be face to face or via teleconference. The VACSB room has been reserved if it is determined that a face to face meeting would be best. Teleconferencing will be available for the meeting.