

Early Intervention System Transformation Implementation Task Force Meeting
VACSB/Teleconference Call
7/12/2010

Attendance: See participation list

Topic	<i>Discussion and preliminary decisions and next steps</i>	Final Decisions
Enrollment & Claims and Billing Update	<ul style="list-style-type: none"> • Jeff Beard stated that current reports indicate that enrollment is increasing as is the number of children for whom claims are submitted. Claims were paid in January for 2,066 children; in May, claims were paid for 2368 children. There continues to be a gap between number of children enrolled and the number of children for whom claims were paid. The data reported is claims paid during the month, but not the month the services were provided, and not the claims that were denied. • DMAS is working to provide better reports. The change in Vendors that occurred a couple weeks ago is impacting availability of existing reports. • Data needs identified included: <ul style="list-style-type: none"> ○ List of children with Medicaid and with the EI benefit in each local system ○ All claims submitted, including those that were denied and why they were denied ○ List of children (by local system) for whom no claims have been filed. ○ Claims report by dates of services. • DMAS is working with the data committee of the VICC to identify and provide accurate, consistent data reports to provide information about the impact of this initiative. • DMAS is also working on reports for ID and MH TCM <p>Plan: The reports Jeff referenced today will be sent to ITF members along with the meeting notes.</p>	
Infant & Toddler Connection of Virginia Practice Manual Revisions/ New and Revised Forms	<ul style="list-style-type: none"> • The Infant & Toddler Connection of Virginia Revised Practice Manual is posted on the web. The revisions are largely clarifications and additional examples to respond to requests from the field. The Family Cost Share does have significant changes. • The Responses to Comments document will be forwarded to ITF members. • The Physician referral and consent form has been revised based on feedback from physicians (which was facilitated by Joanne Boise). A teleconference call is scheduled for 7/28/2010 from 9 to 10:30 to review Family Cost Share changes as well as physician certification requirements and the Right to Appeal requirements. The Part C Office is checking into the feasibility of recording the call. To help limit the cost of the July 28th conference call, Mary Ann asked that as many as possible gather in groups to participate in the call, if possible. • Comments from ITF participants today about the Practice Manual Revisions included: <ul style="list-style-type: none"> ○ There is confusion in the field about what is new (other than the changes in the Family Cost Share) and what are Part C requirements and which are DMAS requirements. Some people are perceiving things 	

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	<p>to be new that are clarifications rather than new requirements.</p> <ul style="list-style-type: none"> ○ Some of the changes will require training (ex. Family Cost Share). A request was made to extend the implementation timeline to allow time for communication and training within the local systems. ○ Local systems are finding it very challenging and stressful to implement requirements immediately when they need time to sort through what are changes versus what are clarifications. ○ Tools and training are needed to make changes. Neither the ITOTS, nor the DMAS reports are providing the information that is needed by the local system to provide oversight and assurance that requirements are met. For example, a report listing all children with Medicaid and the EI benefit is needed. Currently up to 4 different reports are required to reconcile ITOTS, DMAS and billing reports. <ul style="list-style-type: none"> ● Beth requested that questions be directed to the Technical Assistance Consultants. ● There is a plan for the Partnership for People with Disabilities to provide training related to the Practice Manual. Mary Ann indicated the desire that this be a collaborative effort with the field. <p>Plan: Mary Ann will convene a small group including representatives from the Partnership for People with Disabilities, Beth, Allan Phillips, Mary Lou Hutton, and Jennifer McElwee to address the requests for additional information about the revisions as well as the request for timeline adjustments to allow for local system communication, training and development of a “roll out” plan. The group will address implementation (training, rollout, timelines), NOT content. A memo will be sent from the Part C Office to inform the field about this plan.</p>	
<p>Issues Raised at the Executive Directors Early Intervention Steering Committee Meeting July 8, 2010</p>	<ul style="list-style-type: none"> ● Tammy reported that implementation issues were raised at the July 8, 2010 meeting of the Executive Directors Early Intervention Steering Committee meeting. Issues included physician certification of the IFSP and the 10 business day rule for entry of information in ITOTS. ● The Regs for this Initiative will be final next year. There is the opportunity now to address what is going well and what is challenging. Some things cannot be changed unless regulations were changed (for example the IFSP defines Medical Necessity and must be the only plan of care). However, there may be implementation changes that can make processes more efficient and effective. ● Tammy asked that a small group pull together a list of the issues, sorting them according to data/process issues and policy issues. The list should include the “unintended” consequences of the current requirements. The group would also need to prioritize the issues. ● Examples of issues discussed today included: <ul style="list-style-type: none"> ○ Need for better reports including list of children who are under three who have Medicaid coverage, but not the EI benefit, etc. ○ None of the eligibility vendors have the capacity to do batch reporting to check whether the children have the EI benefit ○ Lack of effective mechanisms to keep up with children losing, then re- 	

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	<p>gaining Medicaid coverage in a timely manner. One strategy discussed was close communication with DSS. A request was made that DBHDS work with the State DSS to provide documentation that the local systems and local DSS Offices should be communicating with each other regarding children’s eligibility.</p> <ul style="list-style-type: none"> ○ Reports don’t provide the specific information that is needed; reports need to provide information that is more timely (in order to use the information proactively). <p>Tracking information related to enrollment of children in the Medicaid EI Services program was shared. There were twice as many instances of lost billing opportunities due to late data entry for children at the time of the initial IFSP than instances of lost opportunities for children who received Medicaid/FAMIS after the IFSP or who lost, then regained coverage.</p> <p>Plans:</p> <ol style="list-style-type: none"> 1. A small group will be convened to organize and prioritize the issues (including unintended consequences of existing requirements) and to develop a list of all of the reports that are needed. Members will include a representative from DMAS, Beth, Tracy, Susan, Margaret, Mary Lou, Jennifer McElwee, Alison, and Nancy Butts. 2. The prioritized list will be presented to the full ITF at the next meeting. <ul style="list-style-type: none"> ● Issues are to be sent to Beth ● Beth will communicate with DMAS to learn who will participate in the group, including if/who from EDI will participate in the group. 3. Mary Ann will look into development of a joint memo from DBHDS and DSS Commissioners regarding collaboration between local systems and local DSS offices. 	
Medicaid MCOs	<ul style="list-style-type: none"> ● DMAS and DBHDS staff have been meeting with the MCOs since April to identify implementation issues for implementation of MCOs including EI services starting 7/1/11. ● The following are “givens” for MCOs: <ul style="list-style-type: none"> ○ MCOs will use the EI procedure codes ○ MCOs will use EI Certified providers ○ MCOs must follow contract requirements, including the requirement that the IFSP determines medical necessity. ○ MCOs will cover the same services and include the disciplines listed in the Part C Personnel regulations ● Tammy reviewed a list of what has been discussed/proposed about how the process will work, including the following: <ul style="list-style-type: none"> ○ MCOs will require pre-authorization (PA) for services; assessments will not require PA ○ The IFSP is used to determine medical necessity ○ The IFSP must be reviewed and signed by a physician (the child’s primary care provider when possible) prior to submission to the MCO for PA ○ Child’s EI enrollment must be reflected in the DMAS VAMMIS prior to review by MCO 	

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	<ul style="list-style-type: none"> ○ MCO provides initial authorization (suggestion is that the initial auth be at least 3 months) based upon the MCO's review of the IFSP. They will be looking to see if goals and outcomes match the child's developmental age. ○ Ongoing authorizations from MCO based upon MCO clinical review of problems/progress and appropriateness of the plan of care (IFSP). (Is treatment appropriate? Does treatment relate to the IFSP? Is plan adjusted based on the child's progress or lack of progress?) ○ MCOs will provide a shortened turn-around time EI PA review (within 5 business days versus normal 14 business days). ○ EI providers must be trained and certified by DBHDS, and must be enrolled with DMAS as an EI provider. <p>Discussion included:</p> <ul style="list-style-type: none"> ● Reviews will be conducted by medical management (nurses). ● EI Providers need to join the MCO networks. MCOS are currently looking at the list of Medicaid EI providers and researching to see who/how many are already in their network. ● Contracting with MCOs will likely involve an amendment to the agency's existing contract with the MCO (for those who are already contracting for rehab services provided to other populations). ● Providers need to negotiate the rates; the negotiated rate will be payment in full. ● In situations where there is not an appropriate in-network provider available, the service would be provided by an EI Certified Provider (enrolled as a DMAS EI Provider) on a "non-par" basis and the reimbursement would be reimbursed at the standard EI rates. Examples of such situations include unavailability of any in-network providers – or the need for a provider with specific expertise or who speaks a specific language. ● Provision of translation (when medically necessary) is a part of the MCO contract with DMAS. ● Because the PA is provider specific, the provider agency must be identified prior to submitting the Prior Authorization request to the MCO. ● If a child loses Medicaid/FAMIS coverage, then has it restored with retroactive benefits, the retroactive portion is covered through fee for service (recipients are not enrolled with the MCO for retroactive eligibility periods). Once re-enrolled with the MCO, the MCO authorization would be required for services going forward. ● The group discussed the process and responsibility for obtaining the pre-authorizations. <ul style="list-style-type: none"> ○ It is possible that this could be done either by the local system or by the agency that will provide the services. Details will need to be worked out for this process particularly in situations where there are services from different agencies. ○ Jennifer Varbero of Optima indicated that their process would involve sending the fax authorizing the service to the provider that would be 	

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	<p>billing for the services.</p> <ul style="list-style-type: none"> ○ The Service Coordinators will need to send the full IFSP to providers (particularly if the provider agency will be submitting the PA request). ○ If services are authorized for one provider, then a change is needed prior to provision of services, a call to the MCO would be necessary to change the provider number on the authorization. This is not uncommon, according to Jennifer Varbero, MCO representative, and can generally be handled within one business day. ○ The process for the three month review would include faxing copies of the progress notes (5 business days or more prior to the end of the authorized period) for medical review. ○ Data was shared from a sampling of local systems regarding the time it takes to obtain MD Certification. Of the 10 local systems for which there is data, the typical amount of time required for MD certification was as little as 1 to 3.5 days for 4 local systems and a week or less for 7 systems. Differences in processes and follow up procedures seemed to account for shorter time requirements. ● A request was made that the requirements and processes be the same across all MCOs. DMAS responded that they can't mandate the processes be identical, but at the meetings with the MCOs, MCOs have indicated their goal of being consistent across MCOs where possible. A resource guide is being developed that will provide information (including contacts) for each MCO. ● A weekly list of children who have the EI benefit is being provided to the MCOs. It may be possible to provide a version of this weekly report to the local systems. There continue to be challenges with sharing reports related to encryption requirements and the difficulty some local systems are having with encrypted data. Mary Ann reported that DBHDS is looking into a secure server that could streamline information sharing. ● A question was raised about the possibility of piloting changes. ● Tammy reported that the MCOs would continue to meet after 7/1/11 implementation in order to tweak the processes as needed. <p>There are also some items that haven't been finalized.</p> <ul style="list-style-type: none"> ● Training has been requested by the MCOs. The Partnership for People with Disabilities will take the lead on this. This will include videos of actual sessions. Deana requested that individuals contact her if they have providers and families who are willing to participate in the videos that will be developed for training MCOs. ● A process will be developed to handle situations where the MCO believes that the IFSP doesn't support the services that are requested. These IFSPs would go to DMAS for a secondary review. ● A plan needs to be developed to transition children who are in services on 7/1/11 to the MCOs ● A plan needs to be developed to handle situations where children move from FFS to the MCO, MCO to FFS and MCO to MCO ● IFSP reviews are not listed on the IFSP service page; how would these 	

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	<p>(would these have to be) authorized by the MCO? This will be a topic of discussion in the MCO EI work-groups.</p> <p>A request was made that EI continue to be carved out.</p> <p>Plan: Participants are to send comments to Tammy Whitlock (including questions, concerns, potential unintended consequences, and requests) by the end of July. Tammy Driscoll requested that the comments/suggestions include suggestions for how to better handle, and identify the potential value to the child associated with the suggestion.</p>	
Students	Per the Medicaid Rehab Manual, there is no provision for reimbursement for services provided by students. Participants indicated that they were aware of this.	

Summary of Plans:

The following documents will be sent with the meeting notes:

- Enrollment and Claims Reports (from Jeff)
- Comment/Response table for Practice Manual Revisions

Actions:

- Mary Ann will send a memo to the field about convening a group to address questions about the practice manual, including training, timelines, and rollout.
- Mary Ann will convene the group (including Beth, Partnership for People with Disabilities, Allan Phillips, Mary Lou Hutton, and Jennifer McElwee) as describe above
- Mary Ann will explore the possibility of a joint memo from the Commissioner of DBHDS and DSS regarding communication and collaboration between local systems and local DSS offices regarding children’s eligibility for Medicaid/FAMIS
- ITF members will send Beth issues related to current procedures and requirements as well as desired reports.
- Beth will convene a group to organize and prioritize the information received from ITF members. Members of this group will include a representative from DMAS, Beth, Tracy, Susan, Margaret, Mary Lou, Jennifer McElwee, Alison, and Nancy Butts, and possibly an EDI representative from DMAS
- ITF members will send comments to Tammy regarding MCO implementation

Next Meeting: End of August or first of September; three hours; in person with call in option. Beth will coordinate and send meeting announcement