

**INFANT & TODDLER CONNECTION OF VIRGINIA
SYSTEM OF PAYMENTS STAKEHOLDER**

**DRAFT RECOMMENDATIONS: 2ND ITERATION
January 12, 2007**



**Phase 1 Consultant Recommendations:
12 months beginning March 1, 2007 (ending February 2008)**

Service Delivery Model:

- Resurface Supports and Services document; update with definitions, examples – widely distribute
 - Integrate Service Pathway chart in the Supports and Services document
 - Identify minimal vs. good vs. best practice in the flow chart
- Develop and initiate broad based training, linked to Part C credentialing, to include all practitioners in:
 - Eligibility Determination
 - Assessment
 - IFSP outcomes development/teaming
 - Primary Provider Model
- Conduct a broad-based discussion re: service coordination, caseloads and options/opportunities for increasing capacity

Medicaid Utilization:

- Create a crosswalk with existing waiver programs to determine what makes the most sense to consolidate 0-3 Medicaid reimbursement without compromising future services or opportunities/entitlements for children age 3+

Finance and Data:

- Update EI Rate Study
- Continue to work with DMAS to identify current Medicaid support for Part C
 - Initiate the collection of data re: delivered services, funding, etc., from LLAs
- Collect general revenue and service data from LLAs for General Assembly reporting purposes
- Revise LLA 2008 Contracts re: ChildFind, referrals, qualified personnel, reimbursement, data reporting to include finance, OSEP indicators and determination, participation in training
- Create a competitive bid process to secure new CPOEs should current LLAs decide they no longer want to participate. Effective for and prior to July 1, 2007.

Finance and Data:

- Revise MCO contracts to reflect Part C responsibilities and reimbursement (referrals, qualified providers, policies and procedures)
- Study and develop method for DMHMRSAS to reimburse for associated costs in a standard manner
 - **Modified by SOP Stakeholder Group** to be targeted to LLAs where associated costs are currently not reimbursed and/or rates were woefully insufficient to meet provider costs

Family Cost Participation:

- Implement a one-step process cost participation identification procedure which includes extraordinary circumstances
 - Performed with all families including Medicaid-covered
 - Linked to utilization of private insurance, TRICARE
 - Document collection incorporates an interview to confirm family income
 - Includes resource case management
 - Develop Assistive Technology Policy Procedures for implementation
- Location of family financial information
 - At the Local Lead Agency in a separate file (not the EI Record)
 - Noted for family access in safeguards; not subject to general FERPA access
- Current ATP configuration stays “in place”
 - Clarification: use “negotiated” contract rate for billing families for FCP/ATP
- Collect and report FCP/ATP from all LLAs, includes:
 - # of families assessed
 - # of families who decline to participate due to FCP/ATP
 - # of families who decline to pay
 - # of families where FCP/ATP influences the services on the IFSP
 - Amount billed
 - Amount collected
 - # of Families referred to collection agency

Interagency Agreements:

- Revise the current state-level interagency agreement to be an “umbrella” agreement across all state agencies
- Develop the sequence (listing) of individual state agency agreements with DMHMRSAS defining the joint Part C relationship, and timelines
- Identify incentives to encourage local lead agencies to foster, cultivate and develop interagency relationships

Phase 2 Consultant Recommendations: 8 months beginning March 1, 2008 (ending September 2008)

Service Delivery Model: Phase 2

- Confirm and implement the design of service coordination model to include credentials, caseloads, approach (designated vs. blended)

Medicaid Utilization:

- Develop and submit a Medicaid State Plan Amendment (SPA) for EI Services through Home and Community Services under EPSDT
 - Early Intervention Specialists and Assistants
 - Covered Services:
 - Screening and Intake
 - Evaluation/Assessment
 - IFSP Teaming
 - Early Intervention Services
 - Service Coordination
 - Expand eligibility for this HCBS to 300% FPL with consistent premiums, co-pays and deductibles to coordinate with EI FCP

Finance and Data:

- Revise MCO Contracts re: referrals, qualified personnel, reimbursement structure (to match SPA approach)
- Establish billing approach to mirror Medicaid reimbursement for the (five (5) covered services functional services)
- Create expanded and comprehensive training initiative to include all practitioners and administrators, to include supervision training

Family Cost Participation:

- Who conducts process with families?
 - Service Coordinator **OR**
 - Local Lead Agency Individual with finance skills
- Training and monitoring of the process for Service Coordinators and Local Lead Agency Staff
- Statewide standardization
 - Ensures key principles: Accessibility, Equity and Parity
 - Local Lead Agencies
 - Families
 - Providers
 - Ensures reporting capacity
 - Ensures appropriate use of revenue
 - May include “incentives” for Local Lead Agencies pursuant to the expansion of local resources, interagency agreements

Family Cost Participation:

- Family fee is reconstructed to incorporate the EI Service component, provided by any recognized EI provider* who will be called an Early Intervention Specialist or Assistant
- Who collects the fee?
 - Local Lead Agency or some other Third Party Administrator

*May have implications for Part C credentialing and training systems

Interagency Agreements:

- Develop individual state agency agreements with DMHMRSAS defining the joint Part C relationship
- Implement incentives to encourage local lead agencies to foster, cultivate and develop interagency relationships
- Assist Local Lead Agencies to develop and implement local interagency agreements with community resources
 - Incorporate into the LLA contract a sequence and timeline for Interagency Agreement development
 - LLAs to monitor local interagency partnerships by collecting resource data, identifying compliance and barriers to compliance with local interagency agreements, etc.

Proposed Allocation Formula Foundation (Discussion 1/11/2007)

Full Implementation: July 1, 2008 (anticipated)

Phase 1 Implementation Discussion:

Child Find

- Short Term and Long arrangements are the same
- Non-Child Specific Activity
 1. Creating a working relationship with all NICU's/ Tertiary Care Centers in the area
 2. Create a working knowledge base and relationship with the local organizations (s) where abuse and neglect issues are reported.
 3. Quarterly review of referral sources (local)
 - Who is referring
 - Who is not referring
 - Age of Referral – as young as possible
 - Referrals sources where referrals do not result in eligibility
 4. Area(s) with a high growth need there is provider resource development need
 5. Criteria for Allocation
 - Total population (1-4) for the factor
 - Border (increment for every state the council borders)
 - Military Installation (1 point value for every military installation
 - Quartiled growth needs with 4 points for most growth needed, 3 for less, etc.

Data: Consensus to collect and report these data starting 07/01/07

- ITOTS is simply a reporting tool for children at the point of entry into the system and updated upon exit that meets the 618 data requirements. Enhancements will include more detail about service and better reporting options.
- Financial reporting on the State and Federal Part C money.
 - Data needs
 - a. Family Cost participation, Co-Pay (Local Lead and other providers)
 - i. Number of families this applied to
 - ii. Number of families who decline to participate
 - iii. Number of families who decline to certain services
 - iv. Amount billed
 - v. Amount Collected
 - vi. How many families didn't pay/went to collection
 - b. Quantification of Resources and Supports beyond the Part C Federal and State sources.
 - i. Short Term: Provide an Excel, txt formatted specification for tracking delivered services that would include:
 - 1. ITOTS Child Id (name)
 - 2. Date of service
 - 3. service provided
 - 4. Practitioner
 - 5. Duration in minutes
 - 6. Resources: funding or supports to provide service
 - 7. Location of Service
 - ii. Long term: Accept transactions in the 837 EDI format
 - iii. No Allocation formula/ Payment per child reported on in the quarter at \$10.

Service Payment

- Target number of Children to serve (Use Prevalence Study, update demographic data)
 - Establish the target
 - Currently using annualized count with a three year average as part of the formula.
 - Propose to use the two year average change of Child Count and the annualized count
 - Back out the children/services that are funded with non-part C money
 - Percentage of Children/Services funded by Medicaid (PT, OT, SLP = 68%)
 - MCO
 - Travel
 - Medicaid Data: Use percentage provided by DMAS
 - Percentage of Children/Services funded by Private Insurance
 - Differing Rates
 - Date: Use <http://www.census.gov/hhes/www/sahie/data.html> for population under age 18
 - Family Cost Participation
 - Data: Composite ATP/Poverty Index