

Topic	<i>Discussion and preliminary decisions and next steps</i>	<i>Final decisions</i>
<p>Medicaid Managed Care</p>	<ul style="list-style-type: none"> • Medicaid MCOs will cover EI services at a later date, possible beginning 7/1/10. Several things need to happen first including the ability to provide MCOs with the names of all of the children with Medicaid coverage enrolled in Part C. Also, they need to have the information about certified providers. • Starting 10-1-09, providers will bill DMAS for EI services provided to children in MCOs. If the child enrolled in early intervention has an injury that requires traditional rehab services, the MCO is responsible for reimbursement for those services. • MCOs will have information of how to direct families to get EI services. (They will direct them back to the Local Lead Agency). If the family whose child has Medicaid fee for service or MCO coverage declines Part C early intervention services but wants therapy for their child, the family can access services through Medicaid Rehab. 	<p>MCOs will not be covering EI services when the Medicaid Initiative is implemented October 1, 2009. Providers will bill DMAS for EI services.</p>
<p>Family Information Sheet</p>	<ul style="list-style-type: none"> • Sophia indicated that the revisions that have been made addressed the issues that their office had with the document. <p>Next Steps:</p> <ul style="list-style-type: none"> • Any additional comments are to be sent to Allan by tomorrow. Allan will then send the final draft to the Part C Office. The Part C Office will disseminate the document to Local System Managers with information about how and why it was developed and suggestions for dissemination to families. 	
<p>Family Cost Share</p>	<ul style="list-style-type: none"> • The fee scale is not changing. There are minor changes on the forms (titling the forms Family Cost Share, for example). • Revision of the Family Cost Share processes, scale, etc. will be addressed after October 1. 	

Topic	<i>Discussion and preliminary decisions and next steps</i>	<i>Final decisions</i>
EI Rate	<ul style="list-style-type: none"> • The same rate for the same service must be charged by the payor regardless of the payment source. • Providers can charge different rates for early intervention services than for outpatient services • Part C funds cannot be used to supplement rates for providers who choose to charge a rate lower than the standard early intervention rate for entitled early intervention services 	
<p>Children enrolled in Part C who receive traditional outpatient services instead of or in addition to early intervention services.</p>	<ul style="list-style-type: none"> • Several situations were posed where a family might decline early intervention services, but choose to receive traditional rehab services for a child enrolled in Part C early intervention. IFSP teams continued to be challenged with recommendations from physicians and requests from families for higher frequency of services than teams believe are necessary. Possible scenarios include families choosing (1) to have service coordination only through early intervention, (2) one or more services through early intervention and other(s) through rehab (traditional outpatient services), or (3) the same discipline service through early intervention and through another program (such as early intervention SLP and SLP as part of a hospital feeding program). Providers indicated that these situations do not occur frequently, but they are not rare. <p>Next Steps:</p> <ul style="list-style-type: none"> • Tracy will provide examples of possible situations to Tammy Whitlock. • DMAS will look into strategies to accommodate such situations. • DMAS will look into developing a report that will list the outpatient rehab services children enrolled in early intervention receive in addition to the early intervention services they receive. 	
Medicaid Early Intervention Manual	<ul style="list-style-type: none"> • The Medicaid Early Intervention Manual is ready for internal review through DMAS, including an executive review within DMAS. • The manual will be finalized and posted the first of September. 	
Medicaid Early Intervention Manual: Chapter 2 – Including Medicaid Enrollment	<ul style="list-style-type: none"> • CSBs, outpatient rehab providers, and home health providers who currently have a provider agreement with DMAS will have the option of enrolling with DMAS and obtaining a specialty code rather than obtaining a new provider class type. Use of the specialty code is a simpler process and is a more standard way of billing as it does not require the provider to use taxonomy codes on all of their claims. Use of the taxonomy code brings complexity to the billing process that goes beyond billing for early intervention services because agencies would have to 	

Topic	<i>Discussion and preliminary decisions and next steps</i>	<i>Final decisions</i>
	<p>add/use taxonomy codes for each type of service they billed. These same providers will have the choice to enroll and obtain a new provider class type and use the taxonomy code. This will be more cumbersome for the provider with billing but it is a choice. These providers will not have to submit an application to DMAS to "re-enroll". They are allowed to submit an attestation letter that notifies DMAS of their choice of how to enroll.</p> <ul style="list-style-type: none"> • New providers who are not in one of the categories listed above (as well as any hospital) must submit a new application to DMAS and must obtain a new provider class type. These providers must use the taxonomy code on their claims. <p>Next Steps:</p> <ul style="list-style-type: none"> • DMAS will provide a sample attestation letter • DMAS will provide additional information about the requirements for enrollment through the manual and through email communication. 	

Topic	<i>Discussion and preliminary decisions and next steps</i>	<i>Final decisions</i>
<p>NPI/API</p>	<ul style="list-style-type: none"> • Agencies that have an NPI number will not need a new NPI number unless they choose to obtain the new provider class type. • EI providers can have either an NPI or API. • If an educator applies with Medicaid as an independent practitioner to DMAS, DMAS will assign them an API number. DMAS assigns API numbers only for independent providers who are atypical providers such as educators, music therapists, etc. • Therapists who apply with Medicaid as independent practitioners are responsible for obtaining their own NPI. 	
<p>Medicaid Early Intervention Manual: Chapter 4</p>	<ul style="list-style-type: none"> • The chapter was reviewed page by page and several suggestions were made to clarify the content. • Considerable discussion occurred around the following topics: <ul style="list-style-type: none"> ○ Responsibilities and consequences for obtaining/not obtaining MD signature within 30 days of first visit ○ Responsibilities and consequences for entering (or not entering) child in ITOTS and DMAS MMIS system within specified time frame. Note: Providers can check to see if the child has been enrolled prior to providing services. • The time requirement for the Local System to enter the child data following the IFSP date (the date the family signs the IFSP) will be 5 state business days and the time frame for the child to be entered in the DMAS MMIS system (by state Part C staff) will be 10 state business days from the date of the IFSP.* These time frames do not apply for a child who becomes eligible for Medicaid after they have been in the early intervention system. • Private providers affiliated/contracted with the Local system can share information with the Local Lead Agency without a separate consent. • Service coordinators don't have to be the ones to get the MD signature; they just need to assure that it gets done. • Children will need to be enrolled in the DMAS MMIS system only once, so a child who moves from one Local System to another will not have to be enrolled again. <p>Next Steps:</p> <ul style="list-style-type: none"> • Part C will collaborate with DMAS regarding the terminology "family training, counseling and home visits" to decide whether this should be changed to "counseling" since family training is a component of all services as are services 	<p>Assessment for Service Planning is covered if child is eligible for Part C, even if the family doesn't go on to develop an IFSP. The Eligibility Determination form must be in the child's early intervention record.</p> <p>Part C funds can be used to prevent a delay in services. Providers and Local Systems must have an effective mechanism in place to assure that due diligence is taken (and documented) to meet the signature and data entry requirements. If payment is later received for the services that were reimbursed by Part C to avoid a delay in services, the payor must reimburse Part C.</p> <p>If a family does not consent to have the IFSP sent to/reviewed by</p>

Topic	<i>Discussion and preliminary decisions and next steps</i>	<i>Final decisions</i>
	<p>in natural environments (which is often the home).</p> <ul style="list-style-type: none"> • DMAS-DBHDS will determine mechanism to flag children to allow early intervention reimbursement by Medicaid for Assessment for Service Planning for those children who do not go on to IFSP development. • DBHDS will determine a mechanism to alert DMAS when a child becomes inactive and when an inactive child becomes active again. • DMAS and DBHDS will address how the child is flagged when the child moves from one system to another system so the child can be updated to reflect new demographic information. • Providers are to send Beth the names of physicians who are challenging to get to sign/return documents. The state will look into targeted work with these physicians in September. <p>* The time frame for enrollment of the child in the DMAS information system will be 15 (rather than 10) business days. This will be reflected in the Medicaid Early Intervention Manual.</p>	<p>the physician, they are opting for services at full fee and are not eligible for the fee scale.</p>
<p>Medicaid Early Intervention Manual: Chapter 6</p>	<ul style="list-style-type: none"> • Documentation requirements were discussed. <ul style="list-style-type: none"> ○ The documentation requirements listed in the draft Medicaid manual are the Part C requirements that have been in place since December 2006. Input can be provided when the Part C Office solicits feedback 6 months after implementation of the Practice Manual. ○ Clarified that since each early intervention record must contain a record of all of the early intervention sessions, providers may choose to submit either a contact log for services provided each month or copies of the contact notes. The Local Lead Agency is responsible for maintaining the child’s early intervention record. The LLA and the provider should establish in their contractual agreement the expectations for where the provider notes will be kept. Mary Anne indicated that notes for all early intervention sessions must be included in the child’s early intervention record when the child is discharged. ○ See page 103 of the Infant & Toddler Connection of Virginia Practice Manual for information about the requirements for a separate financial file. • Tammy clarified Quality Management Reviews are what Part C will do and Compliance reviews are what DMAS does for all providers. 	

Topic	<i>Discussion and preliminary decisions and next steps</i>	<i>Final decisions</i>
<p>Physician Signature template (for IFSP)</p>	<ul style="list-style-type: none"> • The purpose of the template is to have a document that can be used to provide information to the physician and as a document for the physician’s signature indicating agreement with the IFSP. • DMAS indicated that it is acceptable for the MD signature to be on the IFSP document or on a separate letter. There are two options for letters: <ul style="list-style-type: none"> • A “cover” letter that accompanies and refers to the IFSP • A stand-alone letter that serves as a summary of the IFSP (and includes brief info about child’s eligibility, outcomes/goals, and services including frequency and timeframes). • Requirements for the signature include: <ul style="list-style-type: none"> • Must by MD or Nurse Practitioner or Physician’s Assistant • If a signature stamp is used, must be initialed by MD • Can be faxed • Work is in process to accept electronic signatures • The letter needs to indicate to the physician why it is beneficial for him/her to sign and return it. • Who can sign <ul style="list-style-type: none"> • See notes from previous ITF meeting. Signature of Medical Home physician is preferred. In situations where the child does not have a Medical Home, it is acceptable to have a staff MD sign while the Service Coordinator is working with the family to establish a Medical Home. • Several Local Systems/providers have developed or are using physician signature forms. <p>Next Steps:</p> <ul style="list-style-type: none"> • Providers/Local System managers including Sharon Berg (Children’s Hospital) and Margaret will send Susan copies of the letters they are using. Susan will work with Joanne (and others if interested) to revise the template. 	
<p>Transition to New Requirements</p>	<ul style="list-style-type: none"> • A question was raised regarding requirements for children currently receiving services, particularly special instruction which doesn’t currently require a physician signature. <p>Next Step: DMAS will determine requirements and let folks know.</p>	<p>Providers are to stop using the KePRO and MCO authorization numbers and bill using the new codes beginning October 1.</p>

Topic	<i>Discussion and preliminary decisions and next steps</i>	<i>Final decisions</i>
<p>Communication Plan for Informing MDs</p>	<ul style="list-style-type: none"> • Mechanisms and timing for providing information to referral sources were discussed. <ul style="list-style-type: none"> ○ The Medicaid Provider list may be an effective way to reach MDs who refer or who potentially refer. Information could be included in the notice that goes out about the new Medicaid Early Intervention Services Manual. It was suggested that this not be the only mechanism used as MDs may not read such a long document. ○ AAP will do an alert to their membership. • Information needs to be provided about all the changes in the Early Intervention System (Changes in Service Pathway in addition to Medicaid changes) • This needs to be addressed before the next scheduled ITF meeting (9/16). <p>Next Steps:</p> <ul style="list-style-type: none"> • Mary Ann will talk with Tammy and Joanne to develop a plan and will communicate with the task force via email 	
<p>Training Modules</p>	<p>Deana provided an update on the Training Modules</p> <ul style="list-style-type: none"> • 924 users signed up • 667 people have passed FCP • 591 people have passed the Child Development module • 152 have passed supervision module • 204 have passed the Service Pathway module • 90 have passed the Practitioner Requirements module • 597 people are on the list of providers in the local systems and signed up 	

Next Meeting: **Wednesday, September 16 from 1:00 PM to 3:00 PM - Call 1-866-842-5779, pass code 8043716569**