

Topic	<i>Discussion and preliminary decisions and next steps.</i>	<i>Final decisions</i>
<p>Status of Certifications</p>	<ul style="list-style-type: none"> • Tamara Wilder reported that as of November 16, 2009, 1,220 individuals were certified as Early Intervention Providers. • ITF members raised the following concerns: <ul style="list-style-type: none"> ○ List of certified providers is not available yet through ITOTS ○ Some providers have not received notification that their application has been processed and their certification was granted • Beth reported: <ul style="list-style-type: none"> ○ ITOTS 1.8 Release (expected to be available in February) will include the capacity to print lists of providers in each local system ○ The November 16 Technical Assistance Update that was sent to all certified practitioners directed practitioners to update their profile to list all of the local lead agencies for which they provide services. ○ Tamara Wilder has the primary responsibility for managing the certification process (on a daily basis) 	<ul style="list-style-type: none"> • Contact Tamara Wilder with questions about status of certifications: 804-786 0992 or tamara.wilder@dbhds.virginia.gov (and copy David Mills)
<p>Claims and Billing</p>	<p>The first claims system report (for paid claims) was generated December 2, 2009.</p> <ul style="list-style-type: none"> • Of 2830 enrollees; <ul style="list-style-type: none"> ○ 556 children had claims paid for TCM (\$249,119 in revenue) ○ 548 children had early intervention services claim paid last month \$209,501 revenue) • Less than 25% had claims paid for direct services <ul style="list-style-type: none"> ○ Highest amount paid: \$1,875 ○ Lowest amount: \$27.50 ○ Average amount: \$382.30 • Most claims processing is going as it should. • Claims denial reasons <ul style="list-style-type: none"> ○ 0774 – this code is used when EI services are billed for a child who has Medicaid coverage but who is not enrolled in Medicaid EI. The text of the explanation doesn't match the reason. ○ Brian reported that the T1024 code needs a programming update. Currently if two providers within the same agency bill for that code on the same date, the system denies the second provider. This is expected to be fixed by the end of 2009. In the meantime, the services can be combined and billed on one line, or the agency can enroll as a group and bill each practitioner's service using each individual's NPI number. • Not all systems have submitted claims. 	<ul style="list-style-type: none"> • A WebEx training focusing on billing will be provided on December 18 from 1:00 to 3:00. Save the date announcements will be sent, followed by a more detailed email requesting questions for the training (to be submitted by December 15) and directions for registering for the WebEx. The following topics were identified to be included in the training: <ul style="list-style-type: none"> ○ Procedures for combining minutes across sessions for billing ○ Procedures to follow when children lose their Medicaid temporarily

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<p>Child Enrollment/ Eligibility Tracking</p>	<ul style="list-style-type: none"> • DBHDS and DMAS addressed data issues with enrollment of children in the Medicaid EI program throughout October and November. Enrollment should be up to date; the timelines for ITOTS entry and enrollment of the children in the Medicaid data system are in effect. • ITF members identified the following concerns: <ul style="list-style-type: none"> ○ Concern that if children are not be entered in Medicaid EI program within the required 15 business days from the IFSP providers will not receive reimbursement. This was particularly a concern for Assessments for Service Planning since children will not be entered in the Medicaid EI program until after the IFSP (and thus after the Assessment). ○ ITOTS is not identifying all of the children who should be entered in the Medicaid EI program, including children with FAMIS • DMAS is sending enrollment reports to DBHDS, but the reports are not in a form that can be “dumped” into ITOTS; these have not been sent to the local systems yet. <p>PLAN:</p> <ul style="list-style-type: none"> • DMAS and DBHDS will work together to make reports of children enrolled in the Medicaid EI Program available to each local system monthly. 	
<p>Medicaid EI Provider Enrollment Status/ Posting on DMAS Website</p>	<ul style="list-style-type: none"> • Brian reported that there are currently 95 enrolled Medicaid Early Intervention Providers including: <ul style="list-style-type: none"> ○ 39 local lead agencies ○ 40 agencies (rehab agencies, early intervention agencies) ○ 15 individual practitioners • DMAS will post a provider list on the DMAS website to provide information for families for provider choice. Localities served and services provided will be included for each provider. This information will not be part of the provider search feature on the DMAS website, but rather will be on the Maternal and Child Health Section of the Website. There will be a link from the Early Intervention “quick link” on the DMAS website. In addition, there will be a link to the Infant & Toddler Connection of Virginia Website. 	
<p>Quality Management Reviews</p>	<ul style="list-style-type: none"> • Mary Anne White reported that DBHDS is developing the process for QMR. DBHDS will “test” the process on a couple systems/agencies, most likely after the first of the year. Technical assistance will be an important focus especially for the initial quality management reviews. 	

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<p>DMAS Early Intervention Manual/ Plans for Input and Revisions</p>	<ul style="list-style-type: none"> • Tammy reported that suggested revisions to the Medicaid Early Intervention Manual need to be identified by January/February in case the recommendations have the potential to impact the Medicaid Early Intervention Regulations. (Emergency Regulations are in place now and permanent regulations must be promulgated). • Changes to the Medicaid Early Intervention Manual need to be coordinated with changes to the Infant & Toddler Connection of Virginia Practice Manual. • Suggestions for revisions may be related to processes or to how things are written (suggestions for making the manual clearer). It is possible that some of the suggestions may be major policy issues which will require time for review. • The input needs to be provided to DMAS in an organized format categorizing the suggestions so that DMAS can review to determine which require policy decisions and which could be quick changes, if accepted. <p>Plan:</p> <ul style="list-style-type: none"> • ITF members are to go back to the constituencies they represent to request input. That input is to be forwarded to Jennifer McElwee (jmcelwee@vbgov.com) by January 15, 2010. • Jennifer will collate and organize the input and forward it to Brian and Beth the next week. • Allan Phillips offered to assist Jennifer with organizing the input. 	
<p>Obtaining Input from Families</p>	<ul style="list-style-type: none"> • Sophia reported that VOPA has not been able to obtain input from families about how implementation is going and she asked if local systems are hearing anything. • ITF members reported: <ul style="list-style-type: none"> ○ Challenges with getting enough medical information in time to use it for eligibility determination resulting in a need to do additional assessment in order to determine eligibility, making the eligibility determination process feel like an additional step. On the other hand, one system manager reported that they are getting significantly more information, including screening information than they have in the past. ○ Some staff think the new process simplified it; others think it is more complicated ○ In at least one system, children are moving through the new process more quickly ○ Parent representative commented on additional signature requirement (provider choice) ○ Some families are not choosing developmental services (though this was pointed out to be an issue prior to the EI Transformation) ○ Some families expressing concern about the cost of Developmental Services (increase from the local system rate to the standard EI rate) with a couple declining Developmental Services because of the cost. 	

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	<ul style="list-style-type: none"> • Discussion included: <ul style="list-style-type: none"> ○ Recognition that systems and providers are learning new processes and some of the challenges may be related to the learning curve of implementing a new process ○ TA is available to assist local systems. Local systems need to communicate with their Technical Assistance Consultants as issues, needs are identified. • Mary Anne reported that Mary Ann Discenza and Bonnie Grifa met with the Social Sciences Center at ODU. They discussed assistance from ODU to develop a survey to obtain input from families about the impact of the transformation. (Definitive plans have not been developed at this point). • Debra and Heidi said they would be happy to help with gathering info/implementing survey. 	
<p>Future Training and TA Topics</p>	<p>ITF members identified the following topics for future training</p> <ul style="list-style-type: none"> • Eligibility Determination for Part C and for TCM • Reimbursement/Expenditure Reports • MH TCM • Assessment – including specific tools 	
<p>Topics/ Issues to Address</p>	<p>The following requests were made:</p> <ul style="list-style-type: none"> • Restart work on revision of the Family Cost Share process as soon as possible. • DBHDS begin work now with commercial insurers (getting in networks, rates, etc.) • Review of data on the financial impact of the new rates 	
<p>Communication with Enrolled Providers</p>	<ul style="list-style-type: none"> • A request was made for clarification about what information is sent to all of the certified providers. Beth reported that the Transformation Updates are going to the original Transformation Update email list (system managers, supervisors, local lead agencies, etc.) and that the Technical Assistance Updates (which resumed mid November) are being emailed to all certified providers. 	

- Next Meeting: February (Date to be determined)