



VIRGINIA EI SYSTEM TRANSFORMATION UPDATE

A NOTE ABOUT THIS UPDATE:

This Update is prepared by the Infant & Toddler Connection of Virginia State Team at DMHMRSAS and their consultants, SOLUTIONS Consulting Group, LLC, and is reviewed for accuracy and thoroughness by our partners in DMAS and VDH before it is distributed to the field.

DATA SYSTEM UPDATE

Progress has been made on multiple design documents providing sufficient detail for review of the data system needs against existing early intervention software from other states so as to determine the level of fit. The comparison of need and some level of cost assessment were completed for EI data systems in Tennessee, New Mexico, Washington, New York, Oklahoma and Alaska. The Alaska system emerges as the potential leader on three fronts: alignment of functional need, development platform and cost. Discussion is underway with officials within Alaska's Department of Health to obtain the software, which we expect will be at no cost to Virginia. While there is decent alignment of the software with the broad functional components of the Virginia need, there will be a need for customization. The decision to use Alaska's system as a jumping off point should positively affect the development timeline. Another important decision is to complete the project in phases with plans for an initial release by January 2009.

As soon as the agreement with Alaska is in place, we will begin disseminating material about their system including data diagrams, training material, reporting structures etc. The next series of discussions will require the review by the Data Stakeholder group with respect to specifics about prioritization and necessary modifications.

TECHNICAL ASSISTANCE TOOL

A series of data have been compiled to assist the Part C Technical Assistance Consultants with some review of program and financial issues with respect to each Local Lead Agency (LLA). The intent of the tool is to springboard detailed discussions of challenges and opportunities for the current fiscal year within each local system. Some of the data is from ITOTS, some from the estimated prevalence work, some from Medicaid, and some from the LLA financial reporting. While some of the data could be better it does represent a consistent framework to view things systemically and to identify areas where data could be strengthened.

Solutions Consultants are working closely with the staff team in assisting them with their individual technical assistance with local systems, and will debrief with the team throughout the initial TA phase in order to make certain that we are responsive with answers to LLA questions, additional data or clarifications, and assistance in the "next steps" to maximize billing and work in collaboration to identify and solve reimbursement barriers.

MEDICAID

We continue to make significant progress on many of the details necessary for submission of the EI Medicaid State Plan Amendment (SPA). DMAS has accepted the rate methodology, the budget information is in review to determine state neutrality in terms of "match," and a conference call with CMS is being scheduled to review the draft State Plan Amendment (SPA). This initiative ensures the Part C system's fiscal responsibilities related to non-supplanting and maintenance of effort specific to the current DMAS "match."

- DMAS is drafting the SPA which has a new chapter for early intervention.
 - Personnel requirements for providing early intervention services (developmental therapy) will be specified and will include: (1) discipline specific requirements as currently specified in Virginia Part C Policies and Procedures and (2) specific early intervention requirements. In order to bill Medicaid, providers will need to meet Lead Agency Certification requirements.
 - Part C staff are in the beginning stages of drafting the early intervention specific requirements (training and/or competency requirements)
 - DMAS has indicated that Part C needs to have personnel requirements in regulations by January 2009
 - Providers will be "enrolled" at the state level
- New reimbursement codes for this initiative are being confirmed which will permit tracking of billed units of services and reimbursement by child, by individual service.
- No changes in the way that case management is reimbursed will be contemplated for the time being.
- DMAS Information Systems staff met with Part C staff to discuss data requirements. Plans are proceeding with development of an interface between ITOTS enrollment data and DMAS eligibility so that children participating in EI will be identified within the DMAS database. This will ensure access to the new early intervention billing codes.
 - Child enrollment in DMAS early intervention services will be confirmed through a weekly data transfer from ITOTS to DMAS.
 - DMAS MCO staff continue to be a part of the planning process.

LOCAL CONTRACT AND DATA VERIFICATION

Local system managers are reminded that the Scope of Work and Deliverables from the SFY-08 Local Contract for Continuing Participation in Part C remain in effect for SFY-09 unless otherwise noted in the SFY-09 Contract Renewal.

A question was raised recently about whether ITOTS quarterly verification was required in SFY-09 since it "was not found in the current contract." That requirement is specified in 2.1.2.j(4) of the SFY-08 contract, and still applies in SFY-09 under the terms of the contract renewal, which states that "Except for changes provided herein, all other terms and conditions of this contract remain unchanged and in full force and effect."

FAX COMMUNICATIONS

The Part C Office shares the concern expressed by CoCoA that confidential information sent via fax be protected. In order to exchange confidential information between local systems and the state office via faxes, it is essential that each local system have access to a fax machine that is in a protected location where access is restricted. The Local System Manager must assure that all other personnel authorized to use the fax understand that confidential faxes may be received by the local system manager. There should be a mechanism in place to handle any faxes that are received when the machine is unattended. It is critical that the system managers provide the Part C office with the fax number that should be used to send confidential information.

The Part C Office is committed to working in partnership with the local systems to protect confidential information, including providing Local System Manager names on faxed information.

CONTINUING COMMUNICATIONS/UPDATES

We are appreciative of your understanding of the significant amount of work that is ahead of us as we complete the EI Medicaid Initiative, and also engage in transition planning related to the change in Part C lead agency. Please be assured that we will maintain our traditional stakeholder participatory process in these and related activities and work diligently to ensure transparency to all of our stakeholders, including family members, as our Part C system transformation proceeds.