

System Transformation Update

December 1, 2008



**Infant & Toddler
Connection of Virginia**

A NOTE ABOUT THIS UPDATE:

This Update is prepared by the Infant & Toddler Connection of Virginia State Team at DMHMRSAS and is reviewed for accuracy and thoroughness by our partners at DMAS and VDH. Updates will be issued on or about the 1st and 16th of each month.

FISCAL ISSUES:

- There have been some questions about why the one-time additional Part C funds were allocated among all local lead agencies rather than only to those that projected a deficit in the budget status reports summarized in the November 3rd Update. It was clear from reviewing the budget status data submitted by local lead agencies and talking with local system managers that local systems took different approaches to the task of budget projections. Some local systems took their allocation amount and worked out the funding available per month in order to stay within their allocation amount. Others made their projections based on varying degrees of cost-savings strategies. No local systems projected large surpluses, and some of the local systems projecting surpluses or planning to break even have since been impacted by budget cuts of up to 5% of their State Part C funds. For these reasons, the additional one-time funds were apportioned among all local lead agencies.

DATA SYSTEM:

- An agreement to acquire the Alaska data system has been drafted and is under review by both States.
- Work on the Part C Practitioner Database has moved from the design phase to the development phase.
- Version 1.5 of ITOTS, which had been postponed due to technical issues and pressing deadlines on the Practitioner Database and ITOTS Expansion Project, is back in the testing phase. ITOTS 1.5 will include the following changes:
 - Calculation of age in reports will be corrected so that children are reported in the appropriate age group. This change will affect those reports that are not calculating the age correctly: Child Status List, Children Open by Age, Children Open Older Than Three, Initial Progress Assessment Not Entered, Number Percent Open Children By Age, Table 1-A Open by Age Race Ethnicity, and Table 2-A Settings by Age.
 - Name of the “Number and Percent Open by Age” report will change to “Point in Time.”

- Export routine will change so that leading zeroes are not dropped in Social Security and Medicaid numbers.
- Medicaid number will be required to include exactly 12 digits

MEDICAID-EI INITIATIVE:

- An interagency agreement between DMAS and DMHMRSAS for implementation of the Medicaid-EI Initiative is under development.
- Draft regulations related to the Medicaid –EI Initiative have been sent by DMAS to CMS (Centers for Medicare and Medicaid Services) for informal review.
- Draft Part C personnel regulations, which include the EI certification requirements, have been finalized by DMAS and Part C staff and will next be reviewed by the Office of the Attorney General at DMHMRSAS.
- DMAS and DMHMRSAS continue to collaborate on Medicaid documentation requirements associated with the IFSP and individual provider treatment plans. In January, stakeholder input and recommendations will be sought, through the IFSP Stakeholder Group and a direct survey of randomly selected providers, on options for documenting Medicaid plan of care requirements.
- A statewide technical assistance teleconference call was held on November 19th to share information about personnel requirements associated with the Medicaid-EI Initiative and the Part C Comprehensive System of Personnel Development (CSPD). Representatives from at least 38 local systems, private provider groups, the VICC, and DMAS participated. A written Question and Answer document is being prepared to reflect the questions asked during the call and those questions received following the call.
- DMAS and DMHMRSAS representatives held a call with representatives of the National Committee for Quality Assurance (NCQA) to discuss how we can incorporate some or all of their accreditation requirements into the EI Certification process. This is important in facilitating coverage for developmental therapy by Medicaid MCOs and private MCOs since they must be accredited by NCQA.

FAMILY COST PARTICIPATION:

- Work is on target to send draft family cost share practices and 5 sliding fee scale options to the Family Cost Participation stakeholder group in December for review and input.

STATEWIDE TELECONFERENCE INFORMATION SERIES:

The Part C Office will be presenting a series of informational teleconference calls in the coming months. These calls will provide updates on the various system transformation initiatives and/or deliver awareness-level training on new components of the system. Local system managers, local lead agency administrators, providers and families are welcomed and encouraged to participate in these calls. Please watch for more specific information about each call in future Updates and separate emails. The following teleconference calls have been scheduled:

- **Eligibility Determination: Getting Started** - January 2009