

System Transformation Update

February 17, 2009



**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.

DATA SYSTEM:

- ITOTS Version 1.5 will soon be in the testing phase. Some technical issues have been identified and are being addressed. This version will:
 - Facilitate outcome reporting for low birth weight and preterm infants in collaboration with the Health Department by adding low birth weight and very low birth weight details in the Risk Factors tab;
 - Correct age calculations in reports;
 - Change the export function to preserve leading zeroes in social security and third party payor ID numbers; and
 - Change the name of the “Number and Percent Open by Age” report to “Point in Time.”
- The detailed technical design for the practitioner database is being written so that programming can begin in the near future. Release of ITOTS Version 1.6, which includes the practitioner database, is targeted for April 30, 2009.

MEDICAID-EI INITIATIVE:

- The IFSP form and instructions have been revised based on stakeholder input received during the January 21, 2009 IFSP Stakeholder Group meeting. These documents will be reviewed by staff at the Department of Medical Assistance Services (DMAS) to ensure compliance with Medicaid plan of care requirements under EPSDT.
- Work continues in order to develop and produce the online training modules that practitioners will need to complete in order to obtain EI certification.
 - The home page for the website that will “house” the training modules is almost complete.
 - The Child Development module has been written and is with the web designers. Once the web designers’ work is completed, the module will be piloted by providers in 2 local systems that have been involved with development of the modules. Providers piloting the site will complete an evaluation survey following their use of the module and revisions to the module will be made as needed based on provider feedback.
 - The Family-Centered Practices module is in the final editing stage and will soon go to the web designers.

- The Service Pathway and Supervision modules are in the outline stage.
- Development of the Practitioner Requirement module will begin shortly.
- The written question and answer document from the November 19th statewide TA call on personnel requirements is being reviewed by DMAS and will be disseminated by the end of February.
- DMHMRSAS and DMAS continue to collaboratively pursue a number of options to have personnel regulations or an equivalent assurance of personnel qualifications in place by July 1, 2009.
- DMAS is working with their managed care organizations (MCOs) to be sure the Part C certification requirements, paperwork and processes are in alignment with managed care expectations. This review is expected to be completed by mid-March.

SERVICE PATHWAY:

- Sixteen (16) local systems have notified the Part C Office that they plan to move forward with implementing the practices in the first six chapters of the practice manual prior to July 1, 2009.
- Revisions to the remaining chapters of the Practice Manual are underway.

FAMILY COST PARTICIPATION:

- Part C staff members have reviewed information provided by Solutions, Inc. consultants in follow-up to the December meeting of the Family Cost Participation Stakeholder Group. Materials are being developed for dissemination to stakeholder group members in advance of the next meeting, which will be held on March 13th, 1:00 – 3:00.

RATES/ALLOCATIONS:

- Solutions, Inc. consultant Karleen Goldhammer is developing a structure to allow for reimbursement to providers for children who have private insurance. Karleen is speaking with a number of local systems and providers in her efforts to establish options that represent the most fair and equitable way to reimburse providers above the private insurance rate using Part C funds to compensate for the additional Part C program requirements that are not included in the private insurance rates. Following Karleen's work, the Rates/Allocation stakeholder group will be re-convened to review and provide recommendations to the Part C Office on these options.

STATEWIDE TELECONFERENCE INFORMATION SERIES:

There are no additional teleconference calls scheduled at this time.