

System Transformation Update

November 2, 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 DBHDS and reviewed for accuracy and thoroughness by our partners at DMAS and VDH.

IMPLEMENTATION TASK FORCE:

- Notes from task force meetings are posted on the Infant & Toddler Connection of Virginia website at <http://www.infantva.org/ovw-Transformation.htm#TaskForce>.
- The next meeting of the Implementation Task Force will take place on December 7.
- The Part C Office has received several requests for guidance on reimbursement rates for eligibility determination. There are no standard, state-required rates for eligibility determination. For those local systems looking for guidance, we recommend reimbursing for eligibility determination at rates that are consistent with the standard rates we have set for other early intervention services (see Chapter 11 of the Practice Manual):
 - Use the center-based individual services rate; or
 - Use the individual early intervention services rate (natural environment) if travel is necessary in order to be with the family.Remember that these rates would be for each 15 minutes of provider time for eligibility determination. Also note that no separate reimbursement is needed or appropriate if the provider participating in eligibility determination is a salaried employee of the local lead agency or if the eligibility determination is combined with the assessment for service planning (and the child is found eligible). We will gather data from local systems later in this fiscal year to use in considering a standard reimbursement rate for eligibility determination for SFY-2011.
- We have received a number of questions about how and when to round up or down now that providers are billing in 15-minute units. DMAS has clarified that there is no rounding allowed. In cases where you do not complete one unit of billing time you may bill for a range of dates and the units provided in two or three sessions that best captures your billable time. For instance, you deliver the following amount of face-to-face service:
 - 55 minutes on 10/1
 - 50 minutes on 10/8
 - 40 minutes on 10/15
 - 65 minutes on 10/22

You have delivered a total of 210 minutes of service. You could bill this as $210/15 = 14$ units for dates of service 10/1 – 10/22.

- **Reminder:** The standard reimbursement rates are for face-to-face time only. The IFSP must specify the amount of face-to-face time per visit (intensity), and the amount of service delivered and billed should match the IFSP (any circumstances resulting in an amount of delivered service that is different from that on the IFSP must be documented in a contact note). If the provider completes her/his contact note during the visit as a method of reviewing strategies and plans with the family, then that time may be included as part of the face-to-face time. However, time spent on contact notes after the visit and/or without the child and family is not billable.
- **Reminder:** The Part C Therapy Provider Quarterly Report must reflect expense and revenue data per local system, not aggregated data across multiple local systems. The instructions with that form indicate that the data reported must reflect the services delivered to children in the specified local system during the reporting period. Therefore, providers that serve multiple local systems will need to submit multiple reports, one for each local system.
- The early intervention emergency regulations (related to practitioner certification) have been released by the Governor's office. These regulations will become effective for a maximum term of 12 months once we submit them to the Registrar, which is expected to occur this week. Any extensions to this 12 month limitation must be granted by the governor. Therefore, when the emergency regulations are submitted to the Registrar, DBHDS will initiate the NOIRA process for permanent regulations to replace these emergency regulations.

DATA SYSTEM:

- ITOTS Version 1.7 has been revised to address the issues identified in the first round of testing and has been moved back into the test environment for additional user testing. This version includes:
 - Fix to referrals where referrals can be entered/edited with or without an evaluation date;
 - Fix to referrals where the Yes/No options for “Was the Child Evaluated” does not need to be selected. Currently, if you select one, you cannot deselect or clear out this field. We will be changing that in another release;
 - Fix to the report Table 2-B Settings by Race Ethnicity;
 - Fix to the Agencies screen for administrators. In version 1.6, some practitioners were not appearing in the list if one of them did not have a discipline selected;
 - The Early Intervention Eligible Children report will now display only those children for the current local system and includes the NPI/API for the local system;

- Fix to the Child Evaluation page so that the last third party coverage listed can be deleted without error; and
- Fix to child search screen so that an intermittent error does not appear regarding EnablePageEventValidation.
- DBHDS staff members have prioritized enhancements to the ITOTS and EICERT applications, and internal working groups have begun meeting and working on the ITOTS Expansion Project. We look forward to stakeholder participation in this exciting next phase of ITOTS.

PRACTITIONER CERTIFICATION:

- Due to computer challenges with the practitioner database, a large number of certification applications were processed and approved through a manual process and practitioners received a dated letter indicating that their Early Intervention Certification had been granted. These applications were later entered into the practitioner database. The practitioner database is programmed to indicate the date of certification based on the date the application was approved in the database. Therefore, for Quality Management Review purposes, DBHDS will consider certification dates through October 31, 2009 as being effective October 1, 2009. This does not change the DMAS provider enrollment requirement for individual practitioners. Individual practitioners are required to submit their proof of certification along with their DMAS enrollment application. The date on their certification letter or certificate (either is fine) will be the effective date for their enrollment as an early intervention provider with DMAS.
- **Reminder to Certified Practitioners:** It is your responsibility to update your practitioner profile when you renew your discipline-specific qualification.
- Information about professional development plans and documentation of training required for the 3-year recertification will be sent to local system managers and EI certified practitioners within the next 2 weeks.

OSEP VERIFICATION VISIT:

- In follow-up to the OSEP on-site verification visit, Mary Ann Discenza notified all local system managers on October 27 of the need to include services added during periodic IFSP reviews to the annual local record reviews for Indicator 1 (timely start of services). The October 27 memo from Mary Ann requires local systems to maintain a list of all children who have an IFSP review between 10/1/09 – 12/31/09 **that results in at least one new service being added**. Please note the following clarification with regard to that list of children:
 - If the only new service added at the IFSP review was an assistive technology device, then that child should **not** be included in the list since the definition of timely does not apply to assistive technology devices; and
 - If the only new service added was Assistive Technology Services and it was added to a continuing service, then **do** include that child

on the list but indicate on the list that this child had “AT Service only” added. An example of this scenario is the following: The child was already receiving occupational therapy. At the review the team determined it was necessary for the OT to begin assisting the child and family with the selection and use of an assistive technology device so Occupational Therapy/Assistive Technology Services was added to the IFSP.

- If, in the example given above, the child had not been receiving occupational therapy before the review and Occupational Therapy/Assistive Technology Services was added at the review, then **do** include this child on the list (with no other notation) since this is a completely new service.

LOCAL CONTRACT:

- The Local Contract makes a few references to requirements for local policies, procedures and/or practices. The Infant & Toddler Connection of Virginia Practice Manual eliminates the need for local policies and procedures for most Part C requirements. Generally, where the local contract references local policies, procedures or practices the local system will be meeting that requirement now by following the practices in the Practice Manual. However, there are 2 areas where local systems are required to have written local procedures:
 - Chapter 3 of the Practice Manual, page 6, requires local lead agencies to develop and implement local public awareness and child find procedures; and
 - Chapter 9 of the Practice Manual, page 107, requires the local lead agency to establish a procedure for parents or a representative of the parent to inspect and review the child’s record(s) collected, maintained or used for Part C, if the local lead agency maintains early intervention records.

When we develop the SYF-2011 Local Contract we will review and revise wording, as needed, to eliminate any confusion about the need for local policies, procedures and practices.

FAMILY SAFEGUARDS DOCUMENTS:

- Since the *Notice of Child and Family Safeguards in the Infant & Toddler Connection of Virginia Part C Early Intervention System and Strengthening Partnerships* documents are no longer being printed at the state level, local systems are expected to follow these instructions to ensure the documents look the same statewide and to make printing as simple and cost-effective as possible:
 - Print on white, 8-1/2 x 11 paper (including the cover);
 - Staple in the upper left corner; and
 - Explore the possibility of working together regionally or in other groups to secure lower printing rates.

CENTRAL OFFICE EMAIL ADDRESSES:

- The email addresses for DBHDS central office personnel changed in July 2009 from name@co.dmhmsas.virginia.gov to name@dbhds.virginia.gov. While we expected the old addresses to work for up to a year, staff members are not consistently receiving email sent to the old addresses. Please update your email address books to reflect the new addresses.

FUTURE SYSTEM TRANSFORMATION UPDATES:

- System Transformation Updates will be disseminated on the following dates:
 - **December 1**
 - **March 1** - as we finish the first 6 months of implementation
 - **One more date, to be determined** - to report on any state response to and changes based on local feedback after the first 6 months of implementation
- We will resume dissemination of a Technical Assistance Update, like those that were available every other month before the System Transformation Updates began. The Technical Assistance Update will now be developed and sent out monthly. Watch for the Technical Assistance Update on the 16th of each month, beginning in November.