



NECTAC Webinar on Accessing EPSDT for Part C Services

Question & Answer Transcript

September 1, 2011

Presenters:

Tammy Whitlock – Manager of the Specialized Services Unit (Virginia Department of Medical Assistance Services)

Beth Tolley – Part C Technical Assistance Consultant from the Infant & Toddler Connection of Virginia (Virginia Department of Behavioral Health and Developmental Services – Part C Lead Agency)

Q: How do you get physician's involvement in the IFSP?

Beth Tolley: The Service Coordinators are responsible for communicating with the physicians. Service Coordinators, or the designee in the local early intervention system, mails or faxes the IFSP or a summary of the IFSP which includes information about the child and a list of IFSP services. Physicians communicate back to the Service Coordinator/local system either by signing the IFSP itself, the letter that accompanies the IFSP, or the Summary letter. Of course, the phone number is included so direct communication can occur. While there are occasional challenges with obtaining the physician input/signature, for the most part the response rate from the physicians has been great. In those situations where a response is not received after multiple attempts, the Service Coordinator or designee makes a visit to the physician's office to discuss the need for authorization. At the same time we were preparing for the Medicaid Early Intervention Initiative, there were a couple groups of pediatricians working on projects to improve developmental screening and referral to community services. We worked with representatives of the Virginia Chapter of the American Academy of Pediatrics as well as family physicians so that we were keeping them informed about what was coming and what the requirements were. These physicians spread the work through their networks.

Q: What is DBHDS?

Beth Tolley: DBHDS is the acronym for the lead agency for the Part C System in Virginia, ...the Department of Behavioral Health and Developmental Services.

Q: Who developed the training that staff must take to become certified?

Beth Tolley: The Part C Office contracts with the Partnership for People with Disabilities at Virginia Commonwealth University, a university center for excellence in developmental disabilities, for training. The Partnership spearheaded development of the training, coordinating the input from local, state and national experts.

Q: How do you get the IFSPs and reviews of IFSPs reimbursed? Where do you put that in the state plan?

Tammy Whitlock: We included that as part of the system of payment for how we could reimburse professionals. I'm glad to share our state plan or other materials that we have with anybody who's interested in doing this. You can see where we put it and how we termed it so that CMS approved it.

Beth Tolley: The Infant & Toddler Connection of Virginia Practice Manual can be found on our website www.infantva.org in the "Information for Providers" section. Practice Manual chapters include information about personnel requirements (chapter 12) and billing requirements (chapter 11).

Q: Is the \$3 million just Medicaid revenue or does that include all costs?

Tammy Whitlock: That is just the Medicaid expenditures for the early intervention services...it is not all costs for the early intervention children that Medicaid paid. It's just for the specific early intervention services but it doesn't include all the other Part C children who are not Medicaid (or FAMIS) eligible.

Q: Did these changes require a SPA or was just a regulatory approach considered. If an SPA was necessary how involved was CMS with the development?

Tammy Whitlock: Yes, we did do a State Plan Amendment for these services. Because we had to move the PT/OT/Speech or designate these services as separate from the physical therapy/occupational therapy/and speech therapy section of the state plan. We moved it specifically under the EPSDT section of the state plan. We had a conference call with Center for Medicaid and Medicare Services (CMS) first to tell them what we wanted to do and they were on board with it and said when you get a draft of your state plan send it to us....so we did....and they commented on it and sent it back. We worked back and forth with CMS to get it approved and when we sent it through it was approved. We do have regulations as well, but we did make an amendment to our state plan.

Q: How are EI beneficiaries identified to DMAS? By program code? Types of services utilized?

Tammy Whitlock: We have a file that goes back and forth between the Part C office and our office. When there's an enrollment in the Part C program they're required to gather the MEDICAID or FAMIS ID number. That ID number comes over to us and our partners at DBHDS (Beth and her staff) enter this information into the MMIS. They have access to MMIS and they enter the child and their Medicaid or FAMIS ID # directly into our system and use an indicator that identifies the child as Early Intervention. We generate reports with that and send reports out to the Local Lead Agencies with that information as well. That's how we identify EI beneficiaries. It comes from our Part C office, which actually enters the information into the Medicaid system.

Q: Are you being reimbursed for service coordination?

Tammy Whitlock: We are just about to implement reimbursement for service coordination on October 1, 2011. We have been working on this for about a year. We did not incorporate service coordination into the original initiative back in 2009. The reason we did not do that is because at that time the federal regulations for case management were really up in the air and there were a lot of limitations. In 2009 we didn't know what was going to be approved as there was a moratorium on them so we decided to pull service coordination out at that time because we didn't want the package/initiative to get held up if something happened with service coordination.

Q: Was it difficult to find the state match to draw down the federal funds?

Tammy Whitlock: When we first started this process our Part C office was willing at that time to put up the state match for "non-traditional services", the special instruction services that had not previously been covered through the Medicaid program. The Medicaid program was going to cover the PT/OT/Speech and that was not an issue but there was an allotment from the Part C office using state funds to cover the state match for the additional costs that would come in. The first year we did not even come close to meeting what the state match which was going to be (\$2.3 million). Consequently, after the first year our budget directors got together and decided we would start to include the overall costs for Early Intervention into the Medicaid forecast. After the first year we have absorbed those costs.

Q: If multiple people attend the IFSP meeting do you get reimbursed for all or just one? Is this considered duplicate billing?

Beth Tolley: All are reimbursed for the time that they spend. For example, if both an OT and an educator attend and participate then they would each bill for the amount of time they spent in that meeting. They are both bringing different perspectives to the meeting.

Q: Are there service limitations in place and if they will be exceeded per IFSP which agency authorizes the additional services? DMAS staff or does DBHDS have the ability to authorize?

Beth Tolley: There are no Part C specified limits for services. There are limits on how many units can be billed each year for assessment for service planning and the initial IFSP and annual IFSP. Up to 24 units (6 hours) per day per child and 36 units (nine hours) per year per child can be billed and reimbursed for the Assessment for Service Planning, plus the Initial IFSP and the Annual IFSP. The maximum daily units/per child/ per (service) code/ per individual practitioner is 6 units with a maximum of 18 units for any combination of codes per day per child.

Tammy Whitlock: The only requirement is that the services that we cover have to be in the IFSP and the IFSP has to be signed by the physician.

Q: What percent of your children are Medicaid eligible?

Tammy Whitlock: It varies between 55 and 60 percent. Right now we are closer to 55%.

Beth Tolley: We've done a better job of identifying the Medicaid resources as a result of this collaboration and particularly kids who had waivers and kids who had Medicaid as secondary were not always identified previously. We've seen this percentage go up.

Q: Has your state started using any TeleMed type services and would it be reimbursed?

Tammy Whitlock: We have not started to do that. In fact, I'm not sure if the Part C system itself has started to do that. I know our Medicaid agency as a whole has done a lot of research on this and I think we are starting to allow this in some cases. Beth just said that none of the Part C systems are implementing any of this.

Beth Tolley: We have had discussions also but this is not something that's being done at the moment. There have been scattered attempts to do some distance kinds of intervention but nothing that's been consistent or set into practice.

Q: 50%....is that the percent in Part C covered by Medicaid? How does the percent of children in EI who are covered by Medicaid compared to the percent of all children who are covered by Medicaid in Virginia?

Tammy Whitlock: Good question. I don't know the actual percentage of children covered by Medicaid in Virginia. I can get that information but I don't know that percentage off the top of my head.

Q: Are there limits on the number of reimbursable hours per provider?

Beth Tolley: Yes. The maximum daily units/per child/ per (service) code/ per individual practitioner is 6 units (90 minutes) with a maximum of 18 units for any combination of codes per day per child.

Tammy Whitlock: Were certainly agreeable to provide this. I believe that is something that we are planning to provide as part of the Toolkit with NECTAC.

Q: Does your state allow flash permit electronic or digital signature for therapists or service provider notes?

Beth Tolley: Yes.

Q: Does your state use Telemed type services (Skype) and would it be reimbursed?

Tammy Whitlock: We have not started to do that yet but we are researching as a Medicaid agency how to do that and which services would be reimbursed for that.

Q: Why doesn't Medicaid cover medical for diagnoses? Wouldn't that fall under an EPSDT requirement?

Tammy Whitlock: It would fall under EPSDT. The presentation refers to services covered under Part C. In the Medicaid Initiative, we don't cover these services specifically for Part C children. They are covered for all children under 21.

Q: Are any travel expenses covered to support natural environment services?

Tammy Whitlock: Yes, the natural environment travel expenses/costs were part of the rate study that was done when we were developing this program and that was taken into consideration with the development of the rates.

Beth Tolley: One of the really nice things about this is that we were having to try to figure out how to guide local systems in being able to cover the costs of travel. It varied so much across the state that there was no stable base and everyone did things differently. By using the cost study to look at what the total cost was of providing services which included the cost of documenting, the cost of travel, cost of supervision, support, and training. All of these things were considered when the rates were determined. By establishing a consistent rate that incorporated all of these functions, there is an expectation that practitioners participate in training, are supervised by the contracting agency, etc.

Q: Is transportation reimbursed separately or is it embedded in the direct service reimbursement?

Tammy Whitlock: Transportation is embedded.

Q: Do you have an ongoing time study?

Tammy Whitlock: We do not have an ongoing time study at this point.

Q: Is report development built into the individual rates for direct treatment services or billed separately?

Beth Tolley: It is considered a part of the rate. It is not billed separately.

Q: Does your state allow electronic digital signatures for prior authorization?

Beth Tolley: We do not have prior authorization with this program. The IFSP signature by the physician serves as the authorization for services and there is not a requirement for a separate prior authorization.

Q: Do you get the physician signature after the IFSP is written so it doesn't hold up the 45 day timeline?

Beth Tolley: Medicaid reimburses for the assessment for service planning and including the IFSP. Those are the two services along with annual IFSP and IFSP reviews that are reimbursed without having to be certified. The certification must be completed within 30 days of the first visit for any services on the IFSP. There should be absolutely no problem with getting the physician's signature. That was one of the really nice things in working with DMAS that was put into place....to allow this span of time so that services would not be held up. In addition, we would not hold services up even if the physician's signature were not obtained within the 30 day deadline. In such cases, other funds would be used to cover the cost of the service. We have really emphasized with the local systems there responsibility in having very good mechanisms in place and follow up individually when needed to make sure that they do get those certifications.

Q: When a young single mother is illegal and the baby is born here what kind of Medicaid services can be provided to the family?

Tammy Whitlock: If the child is born here than they may be eligible. They could become eligible here in Virginia and obtain services; it depends on the income of the family. If they needed early intervention then they would be Medicaid eligible and would be able to receive the services.

Q: Are you able to get reimbursement through Medicaid through TCM for work with the family as well as work with the child?

Tammy Whitlock: Most of the work with TCM would be with the family. They would be working with the family to obtain services and resources within the community. Yes, it is working with the family on behalf of the child.

Q: What was the rationale for carving EI out of the MCO contracts?

Tammy Whitlock: We worked with the MCO contracts for a long time. In Virginia they were having a difficult time wrapping their arms around covering the non-traditional services (the special instruction services). These are providers that they don't normally work with. In Virginia they don't include waiver services (they're carved out) so they just were not prepared, their networks weren't prepared, they had credentialing processes that they have to go through. They really felt like it wasn't a good fit and that it was going to be very disruptive to their networks and processes if it was to work in the allowable timeframe. They asked to carve it out and that they work with us on the transition for the Part C kids.

Q: Was a separate SPA developed for service coordination? If so when did you submit the SPA to CMS?

Tammy Whitlock: We have done a separate State Plan Amendment. We have not submitted it yet. We have done regulations for this because we already have a history of targeted case management in the state so we just added this under our regulations for targeted case management. We are going to submit separate SPA for the case management services through EI. This has not been done yet but we'll be okay as long as we submit it within 60 days of implementation. Our FAMIS program...we submit those changes once a year. Whatever has happened during that year, we submit.

Q: Does DMAS pay for the initial screening? Was there any concern with the free care rule?

Beth Tolley: DMAS does not pay through the early intervention system for screening. It's going to be a little different now with the targeted case management. With the EI services, DMAS starts paying as soon as the child is found eligible so that screening and the determination of eligibility are not services that are covered for providers. With Early Intervention Targeted Case Management, screening is one of the activities that would allow the local system to bill for reimbursement for the month during when this occurred. Screening is not reimbursed separately. **Tammy Whitlock:** We did do some extensive reviews on the free care rule and we determined that this was not a violation.

Q: Are all services for a child with autism covered as long as they are on the IFSP?

Beth Tolley: Any services on the IFSP are covered.

Q: DS would like to know if family can receive food stamps or other benefits like that. The child is eligible for Medicaid but can the illegal young mom receive any help?

Tammy Whitlock: I believe they can. That's more of an eligibility question that I'll be happy to answer separately. My email is on this slide if you want to message me I'll be happy to answer that separately.

Q: Is there a separate rate if services are not provided in the natural environment?

Beth Tolley: Yes there is.

Resources:

Infant & Toddler Connection of Virginia Website: www.infantva.org

Infant & Toddler Connection of Virginia Practice Manual:

<http://www.infantva.org/documents/pr-PM-PracticeManual.pdf>

- Finance and Billing (Chapter 11): <http://www.infantva.org/documents/PracManCh11.pdf>
- Personnel (Chapter 12): <http://www.infantva.org/documents/PracManCh12.pdf>

Information for New Providers:

http://www.infantva.org/documents/pr-Handout_forPotential_providers.pdf

Personnel Regulations (Virginia Administrative Code):

<http://www.infantva.org/documents/EI-CertificationRequire-VA-Admin-Code.htm>

Training Required for Certification as EI Practitioners: <http://www.eitraining.vcu.edu/>

Workgroup Meeting Notes and Documents:

- Medicaid EI Initiative: <http://www.infantva.org/wkg-Transformation-WkGrp.htm>
- Early Intervention Targeted Case Management: <http://www.infantva.org/wkg-EI-TCM.htm>

Virginia Early Intervention Professional Development Center: <http://www.eipd.vcu.edu/>

DMAS Early Intervention Provider Manual:

<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>
(select: " Early Intervention Services")