



EARLY INTERVENTION AND COMMONWEALTH COORDINATED CARE PLUS



September 2017

Agenda

- ❑ CCC Plus Program Overview
- ❑ Early Intervention Program Overview
- ❑ Eligibility
- ❑ Services
- ❑ Providers
- ❑ Contracting and Credentialing
- ❑ Billing
- ❑ Post Payment Reviews
- ❑ Resources



- Medicaid managed long term services and supports (LTSS) program; will serve ~ 216,000 individuals with complex needs;
- Primary goal is to improve health outcomes;
- Participants include children and adults with disabilities, and adults age 65 and older;
- Includes duals and individuals receiving LTSS services through a nursing facility or home and community based waiver; carves-out the waiver services for Developmentally Disabled (DD) waiver participants;
- Operates with care coordination through an integrated delivery model that includes services across the full continuum of care;
- Operates with few excluded populations and carved-out services. See the CCC Plus Overview Presentation for detail:

http://www.dmas.virginia.gov/Content_pgs/mltss-proinfo.aspx

Early Intervention (EI) Overview

- Family-centered, individualized supports and services to enhance the child's development.
- Governed by part C of the Individuals with Disabilities Education Act (IDEA); provides federal funds to states based on population size;
- Administered by the Department of Behavioral Health and Developmental Services (DBHDS). DBHDS' program is called the Infant & Toddler Connection of Virginia; contracts with forty (40) local lead agencies to facilitate implementation of local EI services statewide; also is responsible for certification of EI providers and service coordinators/case managers;
- By law, Part C funds are to be used as “payer of last resort” for direct services to children and families when no other source of payment is available;
- Services performed must be provided in natural environments for the child (the home and community settings in which children without disabilities participate).

Part C Eligibility Criteria

- ❑ Children from birth to third birthday who meet one or more of the following criteria:
 - Developmental Delay;
 - Atypical Development;
 - Diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

Part C Eligibility Criteria cont.

Developmental Delay

25% or greater delay in one or more of the following areas:

- Cognitive development;
- Physical development, including fine motor and gross motor;
- Communication development;
- Social or emotional development; or
- Adaptive development.

Part C Eligibility Criteria cont.

Atypical Development

- Atypical/questionable sensory-motor responses;
- Atypical/questionable social-emotional development;
- Atypical/questionable behaviors that interfere with the acquisition of developmental skills;
- Impairment in social interaction and communication skills along with restricted and repetitive behaviors.

Part C Eligibility Criteria cont.

Diagnosed physical or mental conditions that have a high probability of resulting in a developmental delay

- significant central nervous system anomaly
- myelodysplasia
- congenital or acquired hearing loss
- visual disabilities
- inborn errors of metabolism
- chromosomal abnormalities, including Down Syndrome
- severe attachment disorders
- autism spectrum disorder
- brain or spinal cord trauma

IFSP

- Medical necessity for Early Intervention services shall be defined by the member's family-centered Individualized Family Service Plan (**IFSP**), including in terms of amount, duration, and scope
- IFSP process identifies the child's intended outcomes and services
- Outcomes based on the results of the child assessment and the family/caregiver concerns, resources and priorities
- New IFSP (annual IFSP) is required every 365 days
- Service authorization shall not be required
- IFSP multidisciplinary team includes: Family/caregiver; 2 or more individuals from separate disciplines/professions and 1 of these individuals must be the service coordinator; CCC+ will include MCO care coordinator

Eligibility Determination

- Multidisciplinary team reviews:
 - medical reports
 - developmental screening results
 - parent report
 - observation summaries
 - assessment reports, if available

Early Intervention Services

- Services may be provided by a variety of the Certified EI Providers
- Recommended by child's PCP or other qualified screening provider as necessary to correct a physical or mental condition
- Medical necessity is defined by the IFSP combined with a physician, physician's assistant or nurse practitioner's signature certifying the IFSP

Covered EI Services

Refer to Section 3B of the CCC+ Contract

- Targeted case management /service coordination
- Initial assessments and annual review of IFSP
- Developmental services
- Counseling
- Physical therapy
- Occupational therapy
- Speech-language pathology
- Nursing services
- Psychological services
- Social work services
- Assistive technology services (such as instruction or training on use of assistive technology)

Who Can Provide Early Intervention Services?



Contracting and Credentialing

- All individual practitioners providing EI services must be certified by the Department of Behavioral Health and Developmental Services (DBHDS) to provide Early Intervention Services
- Providers of Early Intervention Care Management/Service Coordination must be certified through DBHDS as a Certified Early Intervention Case Manager
- Provider (or the agency) must be enrolled with DMAS as an Early Intervention Provider
- Providers must be enrolled with the CCC Plus MCO as an Early Intervention Provider.
- Early intervention providers must be contracted with or have memorandum of agreement with the local lead agency [DBHDS contracts with forty (40) local lead agencies to facilitate implementation of local early intervention services statewide]

EI Certification Requirements

- Meet the licensure/certification requirements that apply to his/her discipline; **and**
- Complete (passing each module with at least 80% accuracy) online training modules:
 - child development;
 - Early Intervention practices, including family centered practices;
 - EI process and practitioner requirements.
- Complete EI online application, signify agreement with the assurances, indicating that he/she has knowledge of and agrees to abide by Federal and State regulations and the practices specified in the Infant & Toddler Connection of Virginia Practice Manual

Who Can Bill for EI Services?



Who Can Bill for EI Services?

- Providers who are enrolled as CCC Plus providers and are certified as EI Providers by the DBHDS may bill for EI services.
- EI providers receive different reimbursement according to which reimbursement category they are in (1 or 2)
- Categories are based on the provider's discipline
- For specifics about the reimbursement categories, *please see Appendix G of the DMAS Early Intervention Manual*
- Agencies employing Certified EI Providers may bill for the EI services provided by those certified providers

Billing Requirements cont.

- Billing requirements are explained in the Early Intervention Manual, Chapter V, Exhibit 1 and Appendix A, <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/home>
- Reimbursement Categories are explained in Appendix G of the *DMAS Early Intervention Manual*, at the link above.
- The CCC Plus plan will pay clean claims, using the DMAS recognized early intervention procedure codes, within 14 calendar days of receipt of the clean claim
- The CCC Plus Plan will pay EI providers no less than the current Medicaid rate

Billing Requirements cont.

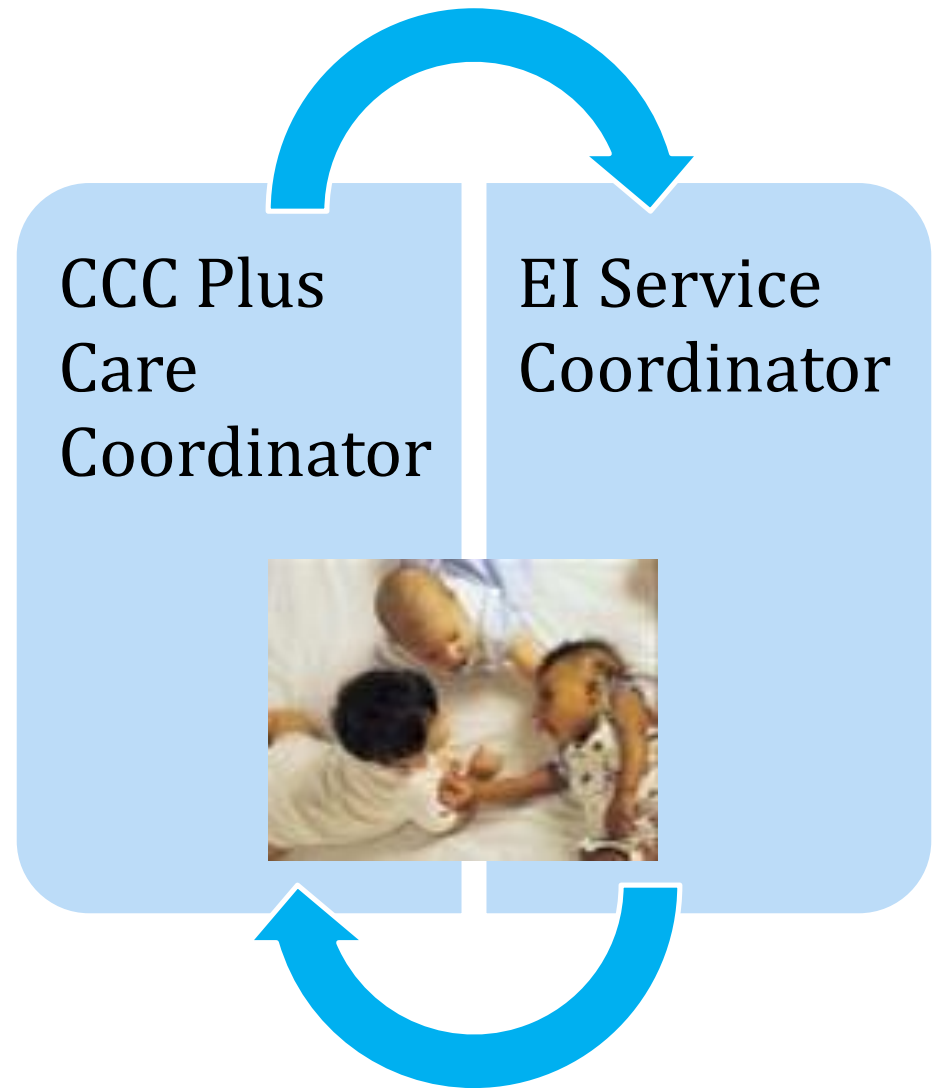
- ✓ For children with commercial insurance coverage, providers must bill the commercial insurance first for covered EI services except for
 - those services federally required to be provided at public expense as is the case for
 - assessment/EI evaluation;
 - development or review of the IFSP; and,
 - targeted case management/service coordination;
 - developmental services; and,
 - any covered EI services where the family has declined access to their private health/medical insurance.

What's Different Under CCC Plus

- ✓ CCC Plus MCOs will:
 - provide coverage for EI services as described in the member's IFSP
 - ensure that members have access to EI providers who are certified by DBHDS
 - develop and maintain a network of early intervention providers, certified by DBHDS, with sufficient capacity to serve its CCC Plus members in need of early intervention services
 - Reimburse using the DMAS recognized early intervention procedure codes and reimbursement rates
- Providers must be enrolled in the CCC Plus Plan
- Similar to Medicaid fee-for-service, agencies employing Certified EI Providers may bill for the EI services provided by certified providers, as long as the agency enrolls with the CCC Plus Plan

Collaborative Care Coordination

- CCC Plus Care Coordinators will incorporate but not duplicate services provided by the EI Service Coordinator
 - Assessments
 - Plan of care
 - Link child/family to needed services
 - Transition and discharge planning



CCC Plus Care Coordinator Role

The CCC Plus Care Coordinator will work with the Member and the Member's Care Team to develop a person centered care plan that includes all service needs

- ✓ Health Risk Assessments (HRA)
- ✓ Interdisciplinary care teams (ICT)
- ✓ Individualized care plans (ICP)
- ✓ Transitions (i.e., for children who age out of EI)



Care Coordinator

- Point of contact for member and health providers
- Conducts Health Risk Assessment
- Ensure Individualized Care Plan is developed and updated
- Facilitates Interdisciplinary Care Team meetings
- Monitors services
- Assists with transitions
- For members with disabilities, provides effective communication with health care providers and participates in assistance with decision making with respect to treatment options

Post Payment Audits

- Ensure services are:
 - Medically necessary
 - Appropriate
 - Provided by the qualified practitioner
- Plans conduct post payment reviews for program integrity purposes; must be consistent with DMAS EI program requirements
- Plans cannot add new coverage requirements etc.

CCC Plus MCOs conduct post payment audits versus quality monitoring reviews (QMR)

CCC Plus Health Plans

Health Plan	General Number	Care Coordination	Contracting and Credentialing	Claims
Aetna Better Health	1-800-279-1878 Option 5	Tria Gray Systems of Care Administrator for Children Services GrayT@aetna.com 804-239-3213 Escalation Contact: Cindy Dopp Director, Health Services DoppC@aetna.com 804-968-4964	Leslie Weatherless-Kerr Weatherless-KerrL@aetna.com 959-299-6316 Escalation Contact: Provider Relations Back-Up: Cliff Stovall StovallC1@aetna.com 959-299-6322	For claims inquiries, please reach out to our CICR (Claims Inquiry Claims Research) department at 1-800-279-1878. If you are unable to get resolution, please reach out to your Provider Relations Liaison. Please call the above toll free number to locate your Provider Relations Liaison for your area or email Aetnabetterhealth-VAProviderRelations@aetna.com for assistance.
Anthem HealthKeepers Plus	1-855-323-4687 Option 4	Jamie Dixon Manager of Health Care Management jamie.dixon@anthem.com 804-217-1189 Escalation Contact: Matt Fitzner matthew.fitzner@anthem.com (804) 354-7350	1-855-323-4687 Escalation Contact: Taylor Rhodes William.Rhodes@anthem.com 804-354-3089	For all Claims Issues, providers should contact Provider Services at 1-855-323-4687. If Provider Services is unable to assist in resolving the provider's issue, the provider can escalate to Taylor Rhodes. William.Rhodes@anthem.com
Magellan Complete Care	General Care Coordination 800-424-4524	Escalation Contact: Cheryl Stoddard Senior Director, Care Coordination Cstoddard@magellanhealth.com 804-658-7985	Ciara Noble, Manager, Network Management 757-407-7457 CNoble2@magellanhealth.com Escalation Contact: Kenya Onley Senior Director, Network Development KConley@magellanhealth.com 804-366-6339	For claims inquiries, please contact Magellan Complete Care of Virginia at 800-424-4524. Escalation Contact: Kristine Brady Director, Claims Kbrady1@magellanhealth.com 314-387-4935

CCC Plus Health Plans

Health Plan	General Number	Care Coordination	Contracting and Credentialing	Contracting and Credentialing
Optima Health Community Plan	Main Number 757-552-8398 or Toll Free 866-546-7924 Main Care Coordination line	Main Number 757-552-8398 or Toll Free 866-546-7924 Main Care Coordination line Escalation Contact: Suzanne Coyner, Director, Program Care Services sscoyner@sentara.com Office: (757) 983-4021	Escalation Contact: Bill Bauer Contract Manager Phone: 757-254-6487 WGBAUER@sentara.com	Escalation Contact: Mark S. Cotton, MBA, PMP Director of Operations Office: 757-983-4005 mccotton@sentara.com
Virginia Premier	Main Toll Free Number: 877-719-7358; Medical Management Prompt	Escalation Contacts: Dana Lawson Dana.lawson@vapremier.com 804-818-5151 ext. 55542	Escalation Contact: Debra Decoteau debra.decoteau@vapremier.com 804-819-5151 ext. 55598	Main Toll Free Number: 877-719-7358; Claims Customer Service Prompt Escalation: Claims Resolution Manager
UnitedHealth Care	1-877-843-4766 www.unitedhealthcareonline.com	Roberta (Robin) Morgan 804-219-6860 roberta_morgan@uhc.com Escalation Contacts: Brenda Barfield 804-267-5285 brenda_barfield@uhc.com Dorinda Hunter 804-267-5227 Dorinda_hunter@uhc.com	Amber Halford 952-205-2913 amber.halford@optum.com Escalation Contact: Princess M. Roman 804-267-5214 princess_roman@uhc.com	1-877-843-4766 www.unitedhealthcareonline.com

How Can I Learn More?

- DMAS Early Intervention Services Manual:
<https://www.viriniamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>
- Infant & Toddler Connection website: www.infantva.org
- Contact the Infant & Toddler Connection of Virginia at 804-786-3710
- Email Infant & Toddler Connection of Virginia staff:
<http://www.infantva.org/Contactus.htm>
- CCC Plus Website –
http://www.dmas.virginia.gov/Content_pgs/mltss-home.aspx
- Email Us: CCCPlus@dmas.virginia.gov