The Infant & Toddler Connection of Virginia (ITCVA) action report series focuses on efforts underway to improve the long-term sustainability of Virginia’s Part C early intervention system. You’ve told us about the fiscal challenges and provider shortages you are facing on the local level. We hear you, we understand you, we appreciate your hard work, and we are working on your behalf every day to address these challenges. These are challenges we have faced and successfully addressed before in the ITCVA, and we can do it again by working together and focusing on actionable strategies to make improvements.

**Actions to address Medicaid managed care challenges:**

- The EI-MCO Workgroup convened by the Virginia Association of Community Services Boards (VACSB) met most recently in September, October and December. The process charts for each MCO have been finalized and disseminated to local system managers. These charts explain each MCO’s credentialing process, IFSP submission procedures, the Decline to Bill process, Care Coordination, interpreter services, etc.
- At the December meeting, DMAS provided a high level overview of their auditing process. Early intervention providers will receive technical management reviews. Once the review is completed, the provider will be notified of any errors. There will be no retractions as an immediate result of these reviews, though DMAS will follow-up to determine that identified errors are not continuing to occur.
- DMAS continues to work on developing a formal guidance document that will provide instructions for early intervention providers to use when seeking to become a Medicaid provider. The document will cover certification, credentialing, contracting and billing.

**Actions to address provider shortages:**

- Telehealth flexibilities established in the March 19, 2020 Medicaid Memo, including those related to early intervention, will continue to remain in effect until July 1, 2021. As of August 2020, DMAS was working with state and federal authorities to develop and transition into a long-term telehealth policy that will be implemented after the emergency period. DBHDS continues to emphasize with DMAS the importance of permanently allowing this service delivery option for early intervention.
- A new EI/Preservice Consortium consisting of James Madison University, George Mason University, Old Dominion University and Virginia Commonwealth University was formed earlier this year and is meeting monthly. The focus is on sharing resources, supporting preservice development for future early interventionists, and assisting with field placements. This group has started developing in-depth faculty case studies that can be used in classes across universities. The first two have been developed and cover assessment and the IFSP process.
Actions to address broader fiscal picture:

- The Infrastructure Work Group complete a SWOT (strengths, weaknesses, opportunities and threats) analysis of where our system is today and brainstormed where we want to be in 5 years. The group, with input from their constituents, then analyzed the costs and benefits/impacts of the ideas generated during the 5-year vision brainstorming. The following areas were identified as priorities for further exploration and discussion:
  - Continue telehealth
  - Reduce paperwork
  - Review federal and state requirements/interpretation to streamline and allow flexibility where possible
  - Reconsider cancellation policy
  - Identify potential cost efficiencies in system operations
  - Consult with other states that use a regional approach to learn pros and cons
  - Secure and implement a new statewide early intervention data system, with consideration of existing local data systems/EHRs and the need to avoid duplicate data entry
  - Increase Medicaid-EI reimbursement rates for service coordination and all other services
  - Consider centralized billing or additional billing options

Meeting notes and materials are available in the SSIP section of our website (http://infantva.org/SupervisionMonitoring.htm).