Welcome to this first action report 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:**
- ITCVA has asked the Office of the Attorney General (OAG) to review the previous decision that requires the release of information/assignment of benefits form to identify the specific Medicaid managed care organization and, therefore, requires a new form any time the child’s MCO changes.
- The EI-MCO Workgroup that was convened by the Virginia Association of Community Services Boards (VACSB) met monthly from May through August and will meet again in October. With active participation from DBHDS, DMAS, all MCOs and several local systems, this group has identified and is collaboratively problem-solving the challenges experienced as a result of the transition to managed care. Challenges are being addressed in the following categories: MCO credentialing and contracting, billing, contacting the MCO, and care coordination. As a result of these meetings, MCOs are piloting new processes, making edits to data systems, exploring options for efficient processing of Decline to Bill forms, working to improve communication between MCO care coordinators and EI service coordinators and improving access to Language Line and in-person interpreter services to assist EI providers and families.
- DMAS plans to develop a billing guidance document, instructions for credentialing and contracting and updated Provider Manuals. DMAS also will explore the possibility of creating a database with EI providers matched to their local lead agencies that also includes the NPI/API number. This will address challenges on both the MCO and EI sides of the process.
- As evidence of progress ... the CCC-Plus and Medallion-4 EI mailboxes at DMAS are receiving significantly fewer emails!

**Actions to address provider shortages:**
- DBHDS and DMAS met this month to discuss the funding and provider shortages we are experiencing in EI. DBHDS explained concerns about the EI reimbursement rates for both service coordination/case management and for other EI services, as well as the need to expand Medicaid-reimbursed telemedicine services to early intervention. DMAS requested (and DBHDS has provided) information about areas of the state most impacted by provider shortages in order to determine whether they may be able to assist in finding providers.
Actions to address broader fiscal picture:

- DBHDS is developing budget requests and ITCVA office is requesting an increase in funding for Early Intervention. Although details cannot be released at this time, the request takes into account increasing numbers of children served and the increasing cost of serving each child. Decisions about DBHDS budget proposals will be made this fall.

Bonus: Strategy to try at the local level

Band together with other local systems or provider agencies to apply for grants to support professional development or other local initiatives. In another state that took this collaborative approach, there was greater success in getting grant funding and the amount of funding awarded was higher than when a single provider agency or locality applied alone.

Research indicates that investing in professional development is a key strategy in attracting and retaining providers. Seeking outside funding for professional development helps ensure you can offer this benefit to your employees and/or vendors and prioritize other sources of funding for service delivery.

Have a strategy to recommend? Please send it to Kyla Patterson, k.patterson@dbhds.virginia.gov.