I am sending responses that the TRAC-IT implementation team developed to a memo from the VACSB Data Management Committee (DMC) and the CoCoA Steering Committee to CSB Executive Directors so that all stakeholders will have the information. Responses to the recommendations are first and responses to the concerns expressed in the memo follow.

1. **DBHDS must address the security issues/questions before any data is entered in TRAC-IT.**
   TRAC-IT will be secure. As you know, any new data system must meet all DBHDS and VITA security requirements. An Enterprise Cloud Oversight Service (ECOS) Assessment was completed as part of the RFP, prior to DBHDS signing a contract with SSG. SSG has worked closely with our IT Security Officers throughout this project, and final review of security documentation is underway by our IT Security staff. This past week, we sent to all local systems a signed assurance from SSG that TRAC-IT is fully HIPAA and FERPA-compliant.

2. **DBHDS must ensure TRAC-IT has basic EHR functions, including spell-check, auto-save, and offline capability.**
   TRAC-IT does have EHR functions. Spell check is not part of TRAC-IT but the browser works in the background and identifies misspellings. There will be offline functionality with the ability to complete tasks offline and then upload when there is connectivity. In order to ensure this process meets the strict security standards necessary to protect confidential information, development of offline functionality will require additional time and will be available by September. This date still ensures offline functionality is available well ahead of required full implementation of TRAC-IT on November 15, 2022. Tasks that will be available offline will include: intake, eligibility determination, IFSP (including assessment and transition), IFSP Review, Annual IFSP, notice and consent, parental prior notice, contact notes, and insurance entry and updates. The offline functionality will be an enhancement for all localities, as we are not aware of any localities that have an offline function now.

3. **DBHDS limit required data to elements currently required for entry in ITOTS until July 1, 2023 at the earliest.**
4. **DBHDS delay the requirement for service level/progress note data elements until July 1, 2023 or later.** This would allow systems to meet this requirement as they are able to do so throughout the year, or on day 1.
   **Response to questions #3 & #4:**
   The Independent Agency Oversight Committee (IAOC) at DBHDS carefully considered the request to delay implementation until July 2023, but ultimately determined a delay of that length introduced additional costs and risks to the project.
that we were unable to support. Last week, DBHDS announced that the requirement to populate five data fields associated with first visit contact notes in TRAC-IT (by direct entry or EHR upload) will be eliminated for Day 1. Instead first visit contact notes will be required, along with all other contact notes, beginning November 15, 2022. This delayed requirement will allow local lead agencies and contract agencies that wish to pursue an EHR upload for contact notes six more months to prepare and test upload files. Until November 15, only the equivalent of current ITOTS data will be required in TRAC-IT.

As a reminder, the locality does not need to build every TRAC-IT data elements into their local EHR. Agencies can choose to upload data entities they already have in their local EHR and direct enter other data in TRAC-IT. Data entered directly in TRAC-IT will be available to local agencies through extracts and reports.

Responses to concerns addressed.

1. TRAC-IT does not have the functionality required to support billing. This will result in having to build a separate record at the local level to support billing.
2. Duplicate data entry will be required at a minimum for data related for billing/service level data.

Response to questions #1 & #2

While TRAC-IT will not submit a claim to an insurance company, it will generate extracts of the data and information necessary for an agency or clearinghouse to do the billing. This functionality will be available when TRAC-IT goes live in June and may be further enhanced after Day 1 based on feedback from users. We understand that CPT/HCPCS codes will need to be added to data system and extracts, and are prepared to work on this prior to November 15. Localities are not required to fully utilize TRAC-IT until November 15. Only minimal data elements are required until then.

DBHDS and SSG met with several local systems and a billing agency during the development process in order to determine the billing functionality that would be helpful and used on Day 1. Based on feedback that local agencies wanted to have the billing run through their local systems in order to track and manage reimbursement in-house, the decision was to launch TRAC-IT with extracts that can support a local agency to generate their billing.

3. Information that is needed to design import/extract from local electronic health record to TRAC-IT is spread across multiple documents with some inconsistencies, inaccuracies, or missing information needed to build an extract.

SSG recommends using different files to prepare for implementation of TRAC-IT. DBHDS and SSG have met with stakeholders to assist with this process and have an extensive onboarding and testing process, with office hours and a support desk to assist with this effort.
4. **Training/onboarding is insufficient and aggressive; there is not enough time between training sessions and the Go Live date for local systems to develop workflows and train staff on the new workflows.**
   The vendor’s experience supports the training timeline. All training is recorded and is available online. Minimal data entry is required on Day 1, allowing 4-1/2 months between go-live and full implementation for local systems to adapt workflows and ensure all users are trained and ready for full use of TRAC-IT in November.

5. **TRAC-IT does not have the ability to lock down/block certain charts and/or restrict access to more specificity than just user roles.**
   This was an issue expressed by one locality. SSG and DBHDS staff worked with the locality to offer solutions. Of note, confidentiality laws prohibit providers from accessing records without a business purpose.

6. **Staff are expected to turn over their computer for the parent to type their own name as a signature in legal Part C documents in TRAC-IT or, alternatively, early intervention staff could type in a parent’s name as their signature. There is no mechanism for an electronic signature for parents. A copy of the Attorney General’s opinion has been requested to share with local legal staff.**
   The DBHDS Assistant Attorney General approved this process. He did not give permission to share his email with his opinion as it is privileged. This process for obtaining signatures is in use in another state. Also, if a locality prefers to do so, a document with the parent’s signature can be uploaded to TRAC-IT instead of using the online, electronic signature option.

7. **If DBHDS decides to not renew the contract with SSG, it is unclear what happens to the data that is entered into TRAC-IT. Local systems are responsible for maintaining records until child’s 18th birthday.**
   DBHDS owns the data and will always allow the locality access to its data.

8. **Off-line capability will not be available Day 1. Scheduled for discussion/build in September 2022.**
   The offline functionality will be an enhancement for all localities as we are not aware of any localities that have an offline function now. Offline functionality is already under development and is scheduled to be available by September, well ahead of the November 15th full implementation date.

9. **No auto save or spell-check functionality available.**
   Spell check is not part of TRAC-IT but the browser works in the background and identifies misspellings. There are reminders in TRAC-IT to save data.

10. **Private providers are considering increasing their rates to accommodate the additional data entry requirements.**
    If this occurs, the $5.1 million in ARPA funds can be used to offset onboarding costs. Like local lead agencies, private providers may develop an upload file in
order to get data (most likely contact notes) from their agency EHR into TRAC-IT. DBHDS and SSG will assist private agencies with this process.

11. **Imposing additional costs on local systems to build data extracts and support duplicate data entry in an environment of limited resources adds stress to an already stressed system.**

DBHDS believes that TRAC-IT, when implemented, will save time for providers and system leaders. If there are costs for implementation, the $5.1 million ARPA funds that were disseminated to local systems this year can be used. DBHDS disseminated all of the ARPA funds received for early intervention to the local lead agencies. Localities have been informed that these funds may be used to pay costs for preparing for the new TRAC-IT system.

There have been statements that TRAC-IT implementation is not driven by state or federal requirements. In fact, there are new federal reporting requirements for analyzing data based on multiple demographic factors, including race and ethnicity; and federal improvement planning and reporting requirements that necessitate robust data collection and analysis. The current ITOTS data system does not have the ability to report this type of data. Also, the old data system is 20 years old and must be replaced even if there weren’t increased reporting requirements.

Please let us know if you have questions,
Catherine

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