Responses to CoCoA Steering Committee TRAC-IT Questions/Comments
September 2022

1. **Contact Note Not Needed** – We need clarification when it is ok to say the Contact Note is not needed and what impact saying a Contact Note is not needed may have on timeline reporting and compliance.
   
   **Response:** Once required in TRAC-IT, contact notes must be entered for all billable activities and services. Indicating a contact note is not needed would be appropriate in circumstances that include, but are not limited to the following – you were entered as an attendee for an activity (like eligibility determination or IFSP meeting) when it was scheduled but did not participate or two activities (like eligibility determination and assessment for service planning) were conducted in one visit.

2. **What is the difference with the Contact Note at the bottom of various tasks (i.e., eligibility determination, ASP, etc.) and a Contact Note generated from a task?**
   
   **Response:** The contact note field at the bottom of various tasks is really intended for notes to yourself or if you need to make a note of a cancellation. The notes added in this field will appear in the Communication Log if you need to reschedule the appointment. The Contact Note generated from a task is what creates the billable documentation and will be pulled into the Billing Extract. We will ask SSG about changing the way the field is labeled in the task to eliminate this confusion.

3. **Notice & Consent for Eligibility Determination** is being required for the annual IFSP in TRAC-IT because it is tied to the Eligibility Determination form. This is not a practice required in the Practice Manual and, with ongoing assessment a long-standing requirement in Virginia, continued eligibility is being considered with every contact with a child and family and so should not need consent after the initial Eligibility Determination Notice and Consent is signed. Suggest separating the Eligibility Determination form from the Notice and Consent for Eligibility Determination for the annual IFSP and also for Eligibility Determination completed in the middle of the IFSP cycle.
   
   **Response:** Some things are going to work differently in TRAC-IT than the way we did them before. Remember, we purchased an existing early intervention data system. Ongoing assessment is different than eligibility determination. Ongoing assessment information is used in eligibility determination, but eligibility determination is a specific event that Virginia requires annually and that also may occur if the family or professional team members believe the child may no longer be eligible. The suggested change has been forwarded to the Help Desk for consideration.

4. **Local System Managers** continue to have varying understanding of Day 1 required data vs. Day 1 clean-up vs. full implementation. Requesting formal scripted webinars to walk through TRAC-IT, highlighting the minimum data requirements if a system is not currently using TRAC-IT as the child’s official record until full implementation in 2023. Training should also include implications of not entering specific data fields (i.e., Contact Notes for intake). The webinars should be done in 2 parts: 1) for a new referral; and 2) for a child who migrated from ITOTS.
   
   **Response:** If you have reviewed the Day 1 Walkthrough and asked the Help Desk for assistance with your specific questions and need additional support, please contact your Technical Assistance (TA) Consultant. Your TA can help identify strategies to address your support needs. For instance, it may be helpful to connect you with another local system manager who has become more comfortable with TRAC-IT.

5. **Local systems** are, at times, getting varying responses to the same or similar questions from SSG. Ongoing Office Hours could be valuable so all systems can hear the same information. Now that more systems are
working in TRAC-IT, it would be helpful for us collectively to hear questions others are asking who may be further into the system. Suggest a trial of Office Hours every other week to see if local systems find Office Hours helpful. As much advance notice as possible of the day and time needs to be given in order for those in the field to be able to clear their calendars to attend. During Office Hours, a review of FAQs from support tickets should be included.

Response: As indicated in our response to an earlier request for standing office hours, we have opted not to hold regular office hours. However, we will continue to assess the need and hold targeted sessions. This decision was based on the lack of attendance at the last few office hours we held. We will continue sending emails to all local system managers, contract agencies and independent practitioners with tips, reminders and updates based on common questions and issues from the Help Desk. In addition, we will be organizing some sessions for local system managers and users who are successfully using TRAC-IT to share what they have learned with other local system managers and users statewide.

6. We request a webinar regarding IFSP changes. For example, there is a new section on routines (which prints on the IFSP document even if not utilized) and a Health Status section.
   Response: We are planning to provide a webinar or tutorial on IFSP changes.

7. The Sandbox environment needs to be maintained as an exact replication of the live system to allow us to train new staff effectively.
   Response: Major workflow changes are deployed to the sandbox and production environments at the same time. Minor fixes are pushed to the sandbox monthly. For security reasons, users do have to create a separate account in the sandbox from the one they have in the live TRAC-IT system.

8. Waiting on a response regarding: (a) fix back-end logic for adjusting for prematurity - currently TRAC-IT is adjusting for kids who are born at 37-39 weeks gestation; (b) protecting foster parents’ names; and (c) sequestering records from access
   Response: As shared in recent emails and meetings, TRAC-IT enhancements have been on hold due to required administrative processes at DBHDS to approve any changes to the system. We will provide updated timelines for requested changes as soon as we are able to do so.

9. Currently there is no possible way to complete the Quarter 1 data verification due in October. Request all data verification requirements be suspended until adequate reports are available.
   Response: We are aware that data verification, as it was structured for ITOTS, cannot be completed in TRAC-IT. Step-by-step instructions will be provided by September 27th for the very limited quarterly verification that will be due October 21st. There will also be an option to indicate that your data is not yet accurate and to repeat the verification process by November 18th. It is essential that certain data is accurate in TRAC-IT since our federal reporting on child count and primary service setting is based on the data in TRAC-IT. Local allocations and some parts of local determinations also will be based on December 1 data in TRAC-IT.

10. Issues with data / migration – local systems have reviewed import spreadsheets and found that the data was correct but still didn’t migrate correctly.
    Response: If this is the case for your local system, please contact the Help Desk.

11. Exit outcomes spreadsheet did not include transition destinations; will systems be requested to provide that data?
12. Signatures – local systems are getting varying responses from their local attorneys on whether or not the typed signature is a legal electronic signature. There is wide variability across systems.

Response: You are not required to use the electronic signature option in TRAC-IT. There is an option to indicate you have gotten a “paper” consent.

13. Transfers between systems are not always going well. Tidewater is working on a process to transfer children between their systems more consistently/smoothly and a survey will be sent to all LSMs to get feedback on how we want to handle this as a whole.

Response: Please submit any specific questions or concerns to the Help Desk. There have been some instances when what a local system initially thought did not work or was not available, did work or was available.

14. The TRAC-IT Issues and Enhancements Tracker on the website has not been updated since 8/3/22. Request this be updated at least weekly so everyone can see what is already being considered, the status of each issue and enhancement, and how many people have requested each issue and enhancement.

Response: Our meetings with SSG to review and prioritize enhancements (as well as work to implement enhancements) have been on pause while required administrative processes are underway at DBHDS. Meetings will be resuming soon, and we will begin making more regular updates to the tracker. Initially, this might only be adding issues and requested enhancements to the list since it will take longer to work through assigning priority levels and planning for timelines. We recognize that seeing the issues or requested enhancements on the list will be helpful in knowing what already has been submitted. A count of how many people have requested each issue/enhancement is not representative of the extent of the issue since we have told some people who have asked us about an issue or request that is has already been submitted. Therefore, a count will not be included on the tracker. We are not prioritizing based on how many people have requested each change.

15. What reports are currently being worked on by SSG? The Client Extract is insufficient to help us through this initial data transfer and will not suffice for the quarterly data verification and for other local system management needs. Please post a list of reports that have been requested, current status with SSG, and timeline for completion. We would also like to have input on the reports for the field that are being developed since we will be the ones who use those reports.

Response: SSG is currently completing work on state and local level reports for each of the SPP/APR indicators; referral outcome by referral source; child count by service; a report for sending family surveys; and a report on late services and reasons. Other reports requested are listed in the Issues and Enhancement Tracker, which can be found in the TRAC-IT section of our website (https://www.itcva.online/trac-it-info) under Key TRAC-IT Documents. We also have indicated in that document that there will be a separate conversation about reporting, with stakeholder participation, to review and prioritize requested reports.

16. Since provider information is in TRAC-IT, we request the elimination of the requirement to submit a roster each month to Kimberli at DMAS.

Response: We share that goal! DMAS is reviewing the information we can provide from TRAC-IT to determine whether we can eliminate this requirement.
17. Eliminate as soon as possible all instances where inaccurate data has to be entered into TRAC-IT to complete a process. For example: At times, systems have to enter “other” or “workaround” when, in fact, the work has been done, there was no delay, etc. Another example: when we enter into TRAC-IT that a child’s parents are declining services, TRAC-IT does not allow us to put the actual date the parent declined; instead, TRAC-IT uses the date the information was entered into TRAC-IT as the date the parent declined. We are not always able to enter information into TRAC-IT on the day we received the information. We need to be able to put the actual date a parent declined so the child’s record is accurate. We should not be entering any inaccurate and misleading data into what is supposed to be the child’s official EI record.

Response: These instances are being given top priority when we review and determine the order of changes to be addressed.

18. Specific issues and change requests.

Response: The CoCoA Steering Committee TRAC-IT feedback submitted to the Part C Office on 9/13/22 included a number of comments and requests about specific data elements. We have forwarded these items (listed below) to the Help Desk. We continue to ask that users submit all questions, concerns and suggested changes directly to the Help Desk so they can be logged and tracked. Suggestions and requests for changes submitted to the Help Desk are discussed regularly with us, and there is an issue and enhancement tracker in the TRAC-IT Key Documents section on our website. Although updates to the tracker have been on pause while some administrative processes are being completed at DBHDS, we are about to resume discussions with SSG about enhancements; and we will be able to at least add the requests to the tracker so users can see what already has been received. Please note that requests are added to the tracker after discussion between SSG and DBHDS, not immediately upon receipt.

- If the parent refers, the parent data entered in the referral section does not transfer to the guardian’s information in the record or to the child’s address. Also, once the child’s demographic information is entered, it is required that the address information be entered again for each of the guardians. Once a piece of data is entered into TRAC-IT, it should not have to be entered again.
- Transfers from another local system require one of the systems (sending or receiving) to complete a new referral. This was not required in ITOTS and needs to be streamlined in TRAC-IT. A similar process to the ITOTS process could be considered; on the discharge page, when the sending system clicks on the transfer reason, have a drop-down list of all 40 local systems so the sending system can indicate which system will receive the referral. The receiving system could then be alerted they have a referral and then could have access to the child’s TRAC-IT record without either the sending or receiving system having to re-enter information.
- For children who are multiples, the parent/guardian and address information does not auto-populate. What is the purpose of the multiple birth checkbox since TRAC-IT does not currently auto-populate? We request the information to auto-populate for multiples.
- DOB is entered more than once (for example, on the referral page, then on the insurance page). On the insurance for children with Medicaid, the child’s name and DOB should auto-populate.
- Notice & Consent for Eligibility Determination is being required for the annual IFSP in TRAC-IT because it is tied to the Eligibility Determination form. This is not a practice required in the Practice Manual and, with ongoing assessment a long-standing requirement in Virginia, continued eligibility is being considered with every contact with a child and family and so should not need consent after the initial Eligibility Determination Notice and Consent is signed. Suggest separating the Eligibility...
Determination form from the Notice and Consent for Eligibility Determination for the annual IFSP and also for Eligibility Determination completed in the middle of the IFSP cycle.

- The start date for Certification is not visible in TRAC-IT. LSMs along with all providers and service coordinators need to be able to access the official start date of Certifications.
- We have multiple questions and issues with the IFSP, including:
  - The fonts in various places are too small, the services page is hard to read, the transition pages are hard to read without the boxes to organize the sections like in the pre-TRAC-IT IFSP, and the overall document could use improvement in formatting so it has a more professional look when we send it to families, physicians, schools, other agencies. Included with the formatting concerns, sections of the IFSP are not on their own page(s). For example, Transition doesn’t start on its own page; part of it is on the Services page. A forced page break is requested between each section of the IFSP.
  - The “child’s county or city” on the first page of the IFSP apparently pulls from the address, not from the county or city that is entered into TRAC-IT (so, for example, it might say Lanexa when it should say James City County, or it says Hampton when it should say York County). This is important for school referrals and needs to be fixed.
  - If you assign a different SC to the family as the ongoing SC, there doesn’t seem to be a way to change the SC on the first page of the IFSP from within TRAC-IT without having it look like the ongoing SC was present at the assessment. It basically adds them as a participant. One system’s work-around is to edit the Word version of the IFSP so that the parent has the ongoing SC’s name and contact info listed on the IFSP. They then did an ad hoc task to “update service coordinator” and switched the SC after the assessment. Not sure if there is a better way?
  - When a system adds a goal to the SC page, it has the same format as a regular goal – there is a place for learning opportunities, treatment modalities and short-term goals. All of which are left blank because they are not appropriate for a SC goal. It would preferable that the SC goal page act like the pre-TRAC-IT IFSP, not like a developmental outcome page.
  - SC Outcome is not first outcome that prints – recommend that it comes first in TRAC-IT as it is in the pre-TRAC-IT IFSP.
  - SC short term goal (assist your family with the development....) is missing the target date.
  - The order of SC short term goals is random, not consistent from IFSP to IFSP.
  - On the pre-TRAC-IT IFSP, the SC short term goal target dates were “ongoing,” and it should be the same on the TRAC-IT IFSP.
  - For interventions on IFSP goals: add a drop-down box to pick interventions, then allow it to be editable and/or with an option to add additional interventions.
  - Short-term goals on other outcomes (not the SC outcomes) are not necessarily printing in order (what is the logic that orders these goals?).
  - Suggest changing “speech-lang path” to “speech therapy” in the list of choices for services because the service is called speech therapy.
  - There doesn’t seem to be a way to indicate when IFSP participants participate via telehealth.
  - SC does not automatically load as a service on the services page.
  - Services page has an asterisk for SC frequency explained, but no asterisk next to the frequency like it does on the pre-TRAC-IT IFSP form.
- TRAC-IT requires going to Documents to print the IFSP, but the addendum page does not print with it. It would be helpful to have the addendum page automatically print with the IFSP.

- **Reason for referral** –
  - Need to add an option when there is no reason given for the referral (for example, for CAPTA referrals when the referral source is not concerned about the child’s development).
  - “Behavior” is listed as a reason for referral and “social/emotional” is also listed. At this point in the TRAC-IT process (referral), we suggest behavior and social/emotional be combined into one reason.
  - Adaptive development delay is not on the list of reasons for referral and needs to be added; consider defining it so referral sources know what is included in adaptive development (example: feeding).
  - Consider leaving out the 4 atypical reasons for referral since the first group of reasons say, “delay or concern.” “Concern” can cover atypical development at this point in the process. Trying to differentiate between atypical and delay/concern could be confusing to referral sources who enter referrals into TRAC-IT.

- **Suggestion for entering addresses** – once the zip code for the child’s address is entered, it would be helpful if the city and state auto-populated. Same for physician addresses.

- **TRAC-IT is sending some referrals to the incorrect system**, often because the referral source chooses the incorrect locality when entering the referral into TRAC-IT. This is very easy to do when neighboring systems share the same post office/same zip codes. This creates extra work for the system that receives the referral incorrectly, and results in a delay in the appropriate system receiving the referral. TRAC-IT needs to be configured so the referrals go to the correct locality without depending on the referral source to know and enter the correct locality into TRAC-IT.