

**Early Intervention Targeted Case Management  
Task Force Meeting  
February 3, 2011, VACSB Office**

Attendance: See attached document

What we know (and don't need to address through this Task Force):

- Rate is \$120 – not up for discussion. It has to be budget neutral
- Free care rule – if a public entity provides a free service to the public, you cannot charge Medicaid for it. Extensive research was done on this and case management is exempt from this rule because it is under IDEA.
- Local Lead Agencies will be the entity that will do the billing for the EI Case Management. The reason for this is that the other condition for this is that there is a quality component – a measurement of quality of CM service. The Local Lead Agency must have the responsibility for the quality and for the billing. Need to clarify whether the LLA while still responsible for the quality must do the billing or if the agency providing the EI TCM could still do the billing. Will not put into regulations that the CSBs are the only ones who can bill for the service. Tammy said that we may be able to make this flexible enough so that other agencies can bill. The local Lead Agency would make the decision about who can do the billing. “Local Lead Agency or Contractual Designee” Local Lead Agency would have ultimate responsibility for assuring quality service.
- Want to do what we did with the service documentation – start with existing Part C documentations and work to fit the TCM documentation into the existing Part C requirements. Most of the TCM requirements fit with the existing Part C. There may need to be some tweaking.
- We expect to see few if any children in Part C who will need the other TCM (MH or ID). The most appropriate CM for this population will be EI TCM unless the child is getting more MH or more ID services than EI services. Must be very well documented.

### **Background and Purpose**

CM was not included in the initial early intervention Medicaid Initiative because at the time Federal Regulations for CM were in flux and DMAS and DBHDS didn't want to develop something that would negatively impact the entire Medicaid EI initiative.

After the Medicaid EI Initiative went live, discussions at DMAS included plans to move the EI program into Managed Care. A Task Force worked on this. Issues identified:

- MCO requirements for authorization which would put EI timelines at risk
- MCOs don't have to pay the DMAS rate
- Apprehensiveness of MCOs because they don't traditionally cover non-traditional services

So DMAS decided to leave EI services out of Managed Care as long as a Care Coordination system was developed for early intervention.

The Task Force that worked on EI case management last fall agreed that even though the rate is low (\$120), it would be better to move in this direction rather than to move EI into Managed Care.

DMAS and DBHDS have emergency regulation authority. There is budget language in the Governor's budget supporting this Early Intervention Targeted Case Management.

## Identification of Issues

**KSAs and Training** –the Task Force must be able to articulate different requirements for service coordinators/case managers who work in early intervention and service coordinators/case managers who work with other populations.

Deana Buck will lead the subgroup to address this issue. Deana provided her vision for training including:

- Build on the strengths of the Kaleidoscope training and add ongoing training and support
  - KI is a 2 day training that includes information and/training based on core competencies with time provided to learn from each other.
  - KII is a 1 ½ day course that focuses on the IFSP, outcome development, transition, coordination of services, including medical services, etc. It is also based on core competencies.
  - Provides basic information about requirements, and leaves room for flexibility for implementation so local systems can meet their unique needs.
- Include face to face and distance learning
- Include mentoring as well as online modules and other mechanisms
- Build infrastructure, including supervisor training and support
- Work with universities to incorporate training that is developed into the courses they offer

Core competencies and minimum qualifications must be identified. Tim reported that he has been involved with the work DBHDS is doing on case management. He reported that the Commissioner wants case management to look the same across the board. There is a draft of KSAs (knowledge, skills and abilities). There are core competencies for early intervention service coordinators that were developed in 2009.

Early Intervention Certification for Service Coordination was discussed. The Infant & Toddler Connection of Virginia Practice Manual and the DBHDS contract with Local Lead Agencies requires that early intervention service coordinators be certified through DBHDS. While there are Virginia regulations for early intervention providers other than service coordinators, the regulations do not address service coordination. Part C will need to transition from current certification requirements to the new certification requirements. All early intervention service coordinators will need to meet the new requirements and have the new service coordination certification.

Tammy said that it is important to have appropriate requirements that support future requests for increasing the rate. For example, if we expect to increase the rate to that of the DD Waiver Case Management, then the requirements for the early intervention service coordination/case management should be the same as those for DD Waive Case Management.

The reason for going with KSAs (rather than a degree) is so individuals including parents whose children have been in early intervention would not be eliminated from the possibility of serving as service coordinators/case managers. Tammy stated that the function of the KSA and Training Subgroup is to propose the specific baseline requirements.

Subgroup members include: Adele Rohner, Brian Campbell, Joyce Howard, Mary Parke Holland, Rebecca Thompson, Sandra Church, Tim Capoldo and Vanessa Walik

### **Documentation**

Jeff and Beth will lead the Documentation Subgroup. The group will compare the Part C documentation requirements with the federal requirements for case management and see how these can be meshed in most efficient way. The group will go back to the basic requirements rather than trying to adapt the requirements for ID, Waiver of MH TCM. Brian stated that the requirements should look like EI TCM requirements, not like ID or MH TCM documentation. Criteria for documentation: make it as simple as possible and uniform across the state.

A request was made that adaptations be made to forms where possible rather than creation of new forms. A request was made that documentation of a service be able to be done on the same page as documentation of service coordination when these occur on the same visit. Tammy stated that note must clearly delineate the service documentation from the service coordination/case management documentation. This is important when the records are audited as part of quality management reviews.

Note: Regarding audits, these may be done by the agency contracted with DMAS that is doing the audits of the other case management programs. Tammy is open to the possibility of DBHDS including EI TCM in the quality management reviews, but is not sure if this is truly an option. DBHDS staff levels also need to be considered when making this decision.

Documentation subgroup members include: Alison Standring, Brenda McGee, Carol Burke, Chris Gregory, Gena Zydels, Jennifer McElwee and Pam Park

### **Quality**

Brian will lead the quality subgroup. DMAS has some resources that can be pulled into the workgroup, including the individual who is in charge of quality for the MCOs. While not required, it would be beneficial for the EI TCM quality measures to mirror what the MCOs use as quality measures. The focus should be on baseline health information: is the child receiving well child check-ups, getting immunizations, lead screening for

example. It would be great to be able to find that children enrolled in early intervention and receiving EI TCM have higher rates for these measures. Gathering the information for the quality measures may involve revisions to the IFSP Certification process in order to gather this information from the child's physician. There may be additional questions that need to be incorporated into meetings with family. The goal is to have streamlined mechanisms (checklists rather than narratives) to document quality measures.

It may be good to include someone from the Part C Monitoring staff on this subgroup.

### **Communication with Managed Care Organizations (MCOs)**

Early Intervention Service Coordinators/Case Managers need to bridge the gap between the MCOs and EI. Children in MCOs may receive other services outside of EI (rehab based therapy, for example). The EI SC/CM may also need to assist with transition of child from EI to MCO services when the child exits the Part C System. Tammy reported that the MCOs are in favor of the EI SC/CM having input in the coordination of a child's services with the MCO.

- Tammy indicated that this work will need to be done from a local as well as state perspective.
- There are training needs for both the MCOs (about EI) and the EI SC/CM (about MCOs).
- A point of contact within each MCO needs to be identified for communication with EI SC/CMs.
- Tammy said that there are some MCO reps ready to work with the Task Force.
- An EI Guide was in the process of development when the MCOs were working toward integrating the EI program into the MCOs. It may be valuable to continue to develop this resource

### **EI TCM Task Force Tasks include:**

- Training and Outreach
- System update for claims – code for EI CM
- Designating who can provide/bill for EI CM
- Promulgate regulations (by 280 days after budget is signed)
- Write manual by June 1, 2011

### **Communication**

- Tammy will send the notes to two groups who have expressed interest in this work
- Part C will include information in the Part C TA Update

### **Next Meeting:**

**Monday, March 7 at 1:00 PM at the VACSB** (Documentation will be the Focus)

### **Future Meetings:**

Monday, March 14<sup>th</sup> @ VACSB, 1:00 to 4:00 (Focus on KSA and EI TCM Certification)

Monday, April 4<sup>th</sup>, @ VACSB, 1:00 to 4:00

Monday, April 18<sup>th</sup>, @ VACSB, 1:00 to 4:00

Tuesday, May 10<sup>th</sup>, @ VACSB, 1:00 to 4:00

Monday, May 23<sup>rd</sup>, @ VACSB, 1:00 to 4:00