Early Intervention Targeted Case Management
March 14, 2011

Present: Adele Rohner, Alison Standring, Beth Tolley, Brian Campbell, Carol Burke, Chris Gregory, Cori Hill, Deana Buck, Gena Zydelis, Jeff Beard, Jennifer McElwee, Jim Gillespie, Joyce Howard, Mary Parke Holland, Pam Park, Rebecca G. Thompson, Sandra Church, Tammy Whitlock

Training/KSA Subgroup
The training subgroup has met three times and has developed a draft list of Knowledge, skills, and abilities drawn from DMAS and DBHDS documents and group recommendations.

A survey was sent by the subcommittee leader to local system managers last week to learn the number of service coordinators in the state who do not have a bachelor's degree. 30 had responded by Friday. 10 did not have degrees: 2 had RN licensure and 2 had associate degrees. Only 2 system managers responded from Abingdon. One system manager from Tidewater who did not respond to the survey has indicated there are 3 Service Coordinators in her system who do not have an undergraduate degree. Deana will update the stats as the information becomes available. NOTE: By Monday PM, responses were received from 38 local systems. For those 38 local systems, there are only 8 service coordinators who do not have a bachelor's or associates' (including RN) degree. 26 of those 38 local systems require a bachelor's degree for service coordinators.

A second survey was sent out by Carol Burke. According to responses to this survey, 28 LSM did not want a bachelor's degree to be required; 1 LSM preferred an associate degree required and 7 LSM felt that a bachelor's degree should be required. Many different reasons were listed for not wanting a bachelor's degree requirement including concerns about hiring, concerns about cost, concern that the degree is not what makes the most difference. Some of the LSM who responded that they didn't want to have a bachelor's degree required currently have such a requirement by their lead agency.

Deana reported that the Training/KSA subgroup discussed the following in regards to SC qualifications:
1. Data report – surprised at the number of people w/o undergraduate degrees. Need data from more folks.   Need data from the remaining systems.
2. This issue has raised considerable conversation about the qualifications in the field.
3. The primary concern raised was about hiring – ok now, but in the future that might be a problem.
4. Would there be a way to honor issues with recruitment, if folks have a difficulty
5. If use KSAs, need to document that the person has those KSAs – for files and for DMAS documentation.
6. Concern that SC requires KSAs to do the work, and that approach aligns better with the job. Is there a concern about pay?
7. This is a certification process, not licensure.
8. Former work on this issue endorsed the idea of KSAs and it will not be in conflict with DMAS rules.
9. We still need KSAs, even if we have educational requirement.
10. If we pursue not requiring an undergraduate degree, this is a step backward for the system.

11. Could we consider an AA degree or technical degree as a minimum requirement? Would that include RNs?
12. We have worked hard to clarify and strengthen the role and responsibility of SCs. It's important to recognize that people have some kind of educational experience.
13. Concern about families being SCs (without other experience and training)

Recommendations of the Training/KSA Subgroup:
The subgroup discussed all of this information, and voted on three possible options: recommend KSAs only, recommend KSAs and AA or technical degree, or recommend KSAs and an undergraduate degree. By a wide majority, the subgroup recommended the following:
1. Use KSA process for service coordinators; require undergraduate degree or a related associate's degree (i.e., registered nurse, early childhood, OT Assistants, PT Assistants.)
2. Grandfather in all current staff (as of 7/1/11).

The Training/KSA subgroup did not develop a recommendation for prior experience. They looked at one program where the requirement was bachelors in a related field + one year experience or bachelor in a non-related field + 3 years experience. Task force members agreed that there must be a strong focus on knowledge, skills and abilities, regardless of what baseline requirements are established. Discussion followed about what the experience requirements should be and also whether other states had difficulty recruiting people with the required level of experience.

The task force discussed various options in addition to those recommended by the subgroup including High school/GED, unrelated degrees with KSAs plus experience. After much discussion, the following was proposed as baseline requirements for Service Coordinators:

KSA with associates or bachelors or associates in a related field
-------OR--------
KSAs with High school diploma or GED or college degree in an unrelated field **plus 3** years of direct, relevant experience in human services including but not limited to human development, community systems and resources, early childhood and family systems.

A point was made that while Part C regulations had in the past permitted hiring providers who were working toward "the highest standard", DMAS regulations do not allow the option of the hiring someone who does not yet meet the requirements even if they are working toward meeting the requirements.

Discussion about knowledge, skills and abilities (KSAs)
The KSA/Training group worked from the document developed by the Department of Behavioral Health and Developmental Services listing Core Competencies for various case management programs. The Training/KSA subgroup considered the KSAs listed for other programs as well as the existing Infant &

Toddler Connection of Virginia Service Coordinator Competencies.   Knowledge, skills and abilities were organized according to the following categories:

- Job Knowledge
- Assessment Skills
- Service Planning and Service Access
- Advocacy
- Interpersonal and Team Skills
- Judgment and Analytical Abilities
- Adaptability
- Organizational Skills
- Core Expertise

The following was discussed:

- Is it reasonable to expect that a new hire could meet all the KSAs or are there some that are so EI specific or locality specific that they should not be expected at the point of hire?
  - Examples include knowledge of the early intervention system and the service pathway. However, it was pointed out that this information is available to anyone online through the Part C certification modules.
- Currently, service coordinators must pass four required training modules to be certified, then must complete two levels of service coordination training within 18 months of certification. Is it reasonable to expect some of the KSAs to be present in order to be hired and others to be completed within a specific timeframe (6 months? 12 months?) Would it make sense to have recertification tied to completion of the additional training and meeting all the KSAs (in which case recertification would need to be sooner than three years).
- For other CM programs, you must be able to document that each Case Manager meets the required knowledge, skills and abilities. If someone doesn't have the KSAs initially, a supervisor (who has the KSAs) must sign off on the notes in order to bill for services.

Concern was expressed that the KSAs not be watered down, particularly if the requirements allow individuals without an associates or bachelor's degree to be qualified as a service coordinator.

Plan: The KSA/Training Subgroup will tease out requirements for hiring KSAs and KSAs for within a specified time (6 months, 12 months?) and will present recommendation at the next Task Force meeting.

The Task Force must consider the relationship of attaining all KSAs, certification and billing.

The KSA/Training Subgroup will be addressing training in future meetings. In the meantime, the subgroup recommended that information be provided to the field on an ongoing basis so that when specific training is implemented, it can focus on details of providing service coordination without having to spend a lot of time on explaining the how and why of the changes. The Task Force Meeting notes are posted on the Part

C website (http://www.infantva.org/wkg-EI-TCM.htm). In addition, the link to the meeting notes was included in the February Technical Assistance Update (which goes to all certified providers). However, many participants in today's meeting were unaware that this information was posted. A comment was made that it could be helpful to send news blasts which included just the decisions (as people are less likely to read through longer meeting minutes). A recommendation was made that an email be sent to Local System Managers to alert them each time meeting notes are posted on the web, and to include a suggestion that they contact Task Force Members (list is posted on the web) if they have questions.

Documentation Subgroup

<u>**Definition for collateral contacts:**</u>
Jeff proposed a definition for collateral contacts based on federal requirements and terminology from other programs. A couple suggestions were made by participants and the following was the final recommendation: *contacts with the child's significant others to promote implementation of the service plan and community participation, including family, non-family, health care entities and others related to the implementation and coordination of services.*

Jeff is working on a document that includes basic case management responsibilities, documentation requirements, and requirements for reimbursement. Alison has drafted a document listing allowable charges. Jeff will combine the information from Alison's draft document into the document he is developing and he will send this to Task Force Members.

While other TCM programs require quarterly face to face contacts, it has been proposed that face to face contacts be required only at the initial and annual IFSP meetings, but done more often as needed. This has been suggested as a way to allow more flexibility for the EI TCM system so that the Service Coordinator can allocate her/his time according to families' individual needs.

Next Meeting: April 4, 2011