Early Intervention Targeted Case Management
April 4, 2011

Present: Alison Standring, Beth Tolley, Brian Campbell, Carol Burke, 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, Tim Capoldo, Mary Ann Discenza, Vanessa Walik, Brenda McGee, Debra Holloway

Updates:

Mary Ann reported that she will be meeting with Janet Lung and John Pezzoli this week, then with the Commissioner Stewart next week to provide information about the possibility of using some of the state Part C funds as match funds in order to raise the EITCM monthly rate to $175 (rather than $120). A higher rate for intake is also in discussion. While the question had been raised about raising the rate for transition, this is not being recommended because transition is a process that occurs over time. Mary Ann reminded the group that while Part C provided match funds initially as part of the Medicaid EI Initiative, this match for direct services is no longer required. There are 14 systems with a potential loss of over one million dollars if the Early Intervention Targeted Case Management monthly reimbursement rate is $120 rather than the current $326.50.

Mary Ann reported that Part C will meet with the Executive Directors Part C Steering Committee on April 20 during which recommendations for FY 2012 will be addressed.

Mary Ann reported that the budget language that will allow DBHDS to promulgate emergency case management personnel regulations was submitted for consideration during the General Assembly Veto session that is in process this week. A decision is expected by this Friday.

The personnel requirements became permanent 4/1/2011. There were two public comments. The comments are posted on the Virginia Regulatory Town Hall website: (http://townhall.virginia.gov/L/comments.cfm?stageid=5440). DBHDS has responded to the comments.

Training/KSAs Report

Survey: Deana provided copies of the survey report. 37 or the 40 Local Systems responded. All but 15 of (the approximately) 320 service coordinators have undergraduate degrees. Several of these 15 individuals have associate degrees or are Registered Nurses.

Knowledge/Skills/Abilities: See Attachment A

The Training/KSA Subgroup did not make any changes in the knowledge, skills and abilities that they presented at the last meeting. They referenced their work to the work that has been done by the Department of Behavioral Health and Developmental Services. There recommendation is: Knowledge/Skills/Abilities (KSAs) are required for all Service Coordinators. Specific KSAs for Early Intervention Targeted Case Management (EI TCM) follow these recommendations. Proficiency in all

KSAs is not required at point of hiring, but supervisors must ensure that candidates possess all KSAs prior to providing Part C Service Coordination and for billing Medicaid under EI TCM.

The group reviewed the existing Part C personnel requirements and provided more specifics for the recommendations proposed at the March 14 Task Force meeting. Specifically, require

- An undergraduate degree in a relevant field, including human services, early childhood growth and development, early childhood, early childhood special education, psychology, child and family studies, human development, interdisciplinary studies, social work, counseling, nursing, allied health [rehabilitation counseling, recreation therapy, Occupational Therapy, Physical Therapy, Speech/Language Pathology], public health, education of the deaf or hard of hearing, education of the visually impaired, or other related field specified in Table A, Virginia's Part C Practitioner Qualifications and Responsibilities;

OR

- Associate degree in a related field (OT assistant, PT assistant, nursing);

OR

- High School Diploma, GED, or undergraduate degree in an unrelated field, **plus** three years' direct **clinical experience in a human service field**, including but not limited to, human development, community systems and resources, and early childhood and family systems.

The subgroup provided the following definitions:

- **Clinical experience** means providing direct services to children and families related to developmental disabilities, physical disabilities and medical conditions, behavioral health or educational needs, in their homes or in community settings. The service coordinator must have experience with implementing individual service plans. The clinical experience may include supervised internships, practicums, and field experience.
- **A human services field** includes, but is not limited to, early childhood education, social work, family systems, psychology, special education, sociology, counseling, allied health, and human services.

The subgroup recommended that employees providing Part C Service Coordination prior to October 1, 2011 should be considered in compliance with these requirements. Employees hired as EI Service Coordination after that date will need to meet these requirements.

Discussion followed:

- It needs to be clear that the undergraduate degree is a minimum; individuals may have a master's degree in the required areas
- Individuals who have a minor in a human services field (rather than a degree in a human services field (are not likely to have the hours necessary to meet the intent of this requirement.
- Parents interested in providing Early Intervention Service Coordination would have to meet the same requirements as other candidates. The following points were made:
    - It keeps the criteria fair and consistent if parents must meet the same expectations as any other person

    - The current recommendations include language that supports parents being able to consider their experience in meeting the requirements. Their experience with their child can be considered toward meeting the "clinical experience in a human service field".
- The Task Force discussed whether agencies might hire persons with less education in order to pay a lower salary. Several participants indicated that in their agency, the salary is based on the job requirements; all individuals who meet the requirements are paid the same regardless of differences in educational degrees.

Discussion about Knowledge, Skills and Abilities (KSAs):

- Community Service Boards require documentation that each case manager has the required knowledge, skills and abilities. Various agencies have various ways of assessing and documenting this.
- Quality Management Reviewers may ask how the agency knows that the individuals providing the services have the necessary KSAs.
- While many Local Lead Agencies have a mechanism in place for assessing and documenting KSAs, this will be new to many other local systems.
- The list of KSAs is comprehensive. A suggestion was made that these be reviewed to assure that they represent the basic competencies.
- A recommendation was made that the list of KSAs include a statement that they represent foundational knowledge, skills and abilities that are expected to increase over time.
- During Quality Management Reviews, review of personnel will focus mainly on whether the case managers meet the basic requirements. It is rare to see the auditors look deeply at personnel records to see how individuals meet the KSAs.

Plan for Training/KSA Subgroup:

1. Review all of the knowledge, skills and abilities to be sure they are basic/foundational
2. Consider whether the wording of any of these KSAs need to be tweaked to more clearly reflect basic or foundational skills
3. Provide information about how each KSA could be demonstrated (For example, passing the required Early Intervention Practitioner Requirements module indicates that the individual has "knowledge of Virginia's early intervention system").

Communication and Roll-Out Training

Deana asked that representatives from the Documentation Subgroup participate in planning the roll-out training. Beth and Jeff can assist with this. Information about Quality Management Reviews will need to be presented as part of the roll out training.

Deana reiterated the Subgroup's recommendation that information be shared with the field as we finalize decisions in order to keep people informed during this developmental period. This will impact what needs to be included in the initial implementation training.

Tammy reminded Task Force members that recommendations made by the Task Force must be reviewed, and final decisions made by the Department of Medical Assistance Services administration and the Department of Behavioral Health and Developmental Services administration.

The following decisions have been finalized:

1. The target date for implementation is now October 1, 2011
2. Both dedicated and blended case management (service coordination) models will be reimbursable by DMAS.
3. Local Lead Agencies will be responsible for ensuring that Early Intervention Targeted Case Management is conducted appropriately and that all regulations and guidelines are followed. The Local Lead Agency may designate another agency to provide (and bill for) case management (service coordination) services. The provider who conducts the case management must be the provider who bills for the case management.
4. The service coordination requirements will be the same for all children with one exception. Service Coordinators will be required to communicate with the child's physician about the child's health status (well child check-ups, immunizations, lead screening) for children who have Medicaid/FAMIS coverage. This level of communication will be encouraged, but not required, for children who do not have Medicaid/FAMIS coverage.

Plan: A memo will be sent from Mary Ann to the field to provide the above information as well as to include information about the work that is being done regarding KSAs. The memo will also include information about the meeting notes being posted on the Infant & Toddler Connection of Virginia website.

Documentation for Billing (See Attachment B)

Participants discussed Attachment B: Allowable Activities for Billing, Documentation Requirements and Monthly Requirements for Reimbursement.

- Discussion about minimum face to face contact requirements with families:
  - Debra Holloway, Family Representative, stated that she has heard concerns from families about not knowing their service coordinator. She indicated that 90% of the communications she receives from families is about service coordination. She is concerned that some families do not know who their service coordinator is or what a service coordinator does.
  - Pros and cons of requiring a set number of face to face or direct contacts (including phone contacts) were discussed
    - Good service coordination can't be mandated by requiring a certain number of contacts
    - Face to face meetings are very valuable
    - Keeping the face to face requirements at a minimum does not mean that it is ok to see the family the minimum frequency if the family needs more frequent face to face visits. But keeping the requirements at a minimum allows the flexibility to individualize the frequency to the families' needs. Matching visits/contacts to needs can be addressed through training, supervision and Quality Management Reviews.

        - There needs to be a clear understanding of what should trigger more frequent contacts.
        - One service coordinator Task Force member said that though her case load is very high, she calls every family each month; she indicated that she feels this is her job. She said she has worked in an early intervention system where there were specific frequency requirements and in an early intervention system where there were not specific frequency requirements and better service coordination was provided in the system without the specific frequency requirements for contacts.
        - One task force member commented that it is hard to understand why targeted case management is required if a family only needs to be seen once a year. He expressed concerns that the case manager/service coordinator could miss important information (such as situations where there is abuse or neglect).
    - Debra expressed concern that early intervention families are not being fully informed about resources (for example, waivers). This was discusses as an issue that needs to be addressed in CM/SC training.
- The group discussed merits of requiring a specific frequency of phone contacts in order to bill DMAS for case management. The following additions were suggested as requirements for billing DMAS for TCM
    - Phone contact each month for the first three months in the EI program
    - Phone contacts at least every other month, or documented attempts to contact the family beginning the fourth month to the discharge month.
    - Another suggestion was to require a service coordination visit with the family during an intervention visit (during the first quarter) in order to connect the dots for the family about the role of service coordination and to set the stage for follow up phone contacts.

Next Meeting: April 18, 2011 at the VACSB

Agenda items:

- Report from Training/KSA Subgroup
- Finalize Allowable Activities for Billing
- Training and Communication Plans

Attachment A: Recommendations from the KSAs/Training Committee (4/4/11):

1. Knowledge/Skills/Abilities (KSAs) are required for all Service Coordinators. Specific KSAs for Early Intervention Targeted Case Management (EI TCM) follow these recommendations. Proficiency in all KSAs is not required at point of hiring, but supervisors must ensure that candidates possess all KSAs prior to providing Part C Service Coordination and for billing Medicaid under EI TCM.

2. Require undergraduate degree in a relevant field, including human services, early childhood growth and development, early childhood, early childhood special education, psychology, child and family studies, human development, interdisciplinary studies, social work, counseling, nursing, allied health [rehabilitation counseling, recreation therapy, Occupational Therapy, Physical Therapy, Speech/Language Pathology], public health, education of the deaf or hard of hearing, education of the visually impaired, or other related field specified in Table A, Virginia's Part C Practitioner Qualifications and Responsibilities; **OR**

Associate degree in a related field (OT assistant, PT assistant, nursing); **OR**

High School Diploma, GED, or undergraduate degree in an unrelated field, **plus** three years' direct **clinical experience in a human service field**, including but not limited to, human development, community systems and resources, and early childhood and family systems.

> **Clinical experience** means providing direct services to children and families related to developmental disabilities, physical disabilities and medical conditions, behavioral health or educational needs, in their homes or in community settings. The service coordinator must have experience with implementing individual service plans. The clinical experience may include supervised internships, practicums, and field experience.
>
> **A human services field** includes, but is not limited to, early childhood education, social work, family systems, psychology, special education, sociology, counseling, allied health, and human services.

3. Employees providing Part C Service Coordination prior to October 1, 2011, will be considered in compliance with these requirements. Employees providing EI Service Coordination after that date will need to meet these requirements.

Issues that require additional consideration:

1. Should we gather additional information from any other constituency groups? What about learning more from families? Should we poll or survey families about what they need from SCs?

2. Because we are developing regulations for this program, the requirements need to be consistent with other requirements for similar programs within DMAS in consideration of reimbursement rates, and for requirements to keep this program out of managed care.

3. For roll-out training, we will need representatives from the documentation committee and Part C staff. We also seek clarification about including QMR in this training sequence.

EI TCM KNOWLEDGE, SKILLS, AND ABILITIES	

Knowledge	Knowledge of VA's EI system:
	• VA's Part C Early Intervention system including :
	  o historical, legal, and organizational structures
	  o funding
	  o rights and procedural safeguards
	  o all applicable federal and state laws, regulations, and procedures
	• The Service Pathway, the eligibility process, and the service planning process for early intervention.
	• Local community resources, the supports and services delivery systems and interventions such as available Part C providers, health care, WIC, etc)
	• Infant and toddler development, including well child and routine medical care, and medical conditions and risk factors impacting child development.
	• The nature of disabilities and intervention in infants and toddlers (interventions such as OT, PT, Sp/L, developmental services, etc.)
	• Person-centered thinking and approach
	• Rights and procedural safeguards
	• Different types of child assessments and interview methods and their uses in service planning
	• Effective oral, written, and interpersonal communication principles and techniques
	• General principles of record documentation and specific requirements of Part C system
	• The role and responsibilities of the Service Coordinator in the Part C system.

Skills	Skills in: • Building rapport with families, including communication, listening, and problem-solving with diverse families. • Identifying and documenting an infant or toddler's need for supports and services and other assistance. • Identifying, gathering, and sharing the child's and family's strengths, priorities, and concerns, resources, and natural learning opportunities to determine eligibility and for service planning • Coordinating the synthesis of medical records, developmental screening information and assessment information for eligibility determination. • Facilitating and coordinating multidisciplinary teams' activities • Identifying community resources and organizations and coordinating resources and activities to support inclusion and participation (service planning and service access) • Developing, writing, and implementing Individualized Family Service Plans to promote outcome achievement • Collaboration and effective team practices with service providers, families and the child's medical home • Coordinating the provision of supports and services by diverse public and private providers • Support and facilitate smooth, seamless transitions into, within, and out of the early intervention service system/ • Support, teach, and empower families so that they can advocate for themselves.

Abilities	Ability to: • Demonstrate a positive regard for families recognizing their uniqueness and individuality while respecting families' privacy and confidentiality • Act in the best interest of the child while maintaining professional and ethical boundaries. • Work creatively and flexibly • Individualize goals, strategies, and interventions for each eligible child and family • Be persistent and remain objective • Work as a team member, maintaining effective inter-and intra-agency working relationships. • Communicate effectively, verbally and in writing • Manage time while supporting a large number of families. • Establish and maintain ongoing supportive relationships • Work independently performing duties under general supervision • Recognize signs of child and family stress and follow procedures for a mandated reporter of child abuse and neglect.

CASE MANAGEMENT CORE COMPETENCIES				
Required CM Competencies	**Basic Case Management**	**Behavioral Health Case Management**	**Developmental Services Case Management**	**EI Case Management**
Job Knowledge - foundational information on case management, case management models, and recipients, specialty areas specific to disability, appropriate terminology, documentation, policies, rules and regulations on case management, and licensure and funding requirements.	Why case management is needed, how it differs from other professional roles, and the level of commitment needed to effectively fulfill the role Case management models – targeted, intensive, and higher-level Roles and responsibilities in community-based and home-based work Ethical boundaries in working with clients in the field Risk assessment and crisis response Person centered philosophy and approaches Laws governing interrelated public and private systems – e.g., CJ, schools, CSA Core services taxonomy and related terminology	Mental illness Substance abuse – the nature of use, abuse, and addiction Emotional disturbance in children Clinical use of self and fostering treatment relationships Human development and brain diseases Bio-psychosocial philosophy and approaches Integrated co-occurring philosophy and approaches Recovery vs. Illness models – historical context and orientation Recovery facilitation and support Peer-run services and peer specialists roles and functions Family systems theory and practice Family dynamics, support, and psycho-education	Evolution and current values of ID/DD services Introduction to ID/DD characteristics, causes, and misconceptions Understanding Medicaid Waivers Knowing ID/DD resources available in the community	Foundational information on VA's Part C early intervention system, including historical, legal, and organizational structure, service pathways, funding, rights and procedural safeguards, community resources, infant/toddler development, disabilities, and intervention. Person-centered thinking and approach. Scheduled well-child care and routine medical care.

Assessment Skills - the ability to identify needs, strengths, capacity and competency, use of evaluation tools and outcome measurements, ability to gather and summarize information, and assist in identifying personal values, goals and priorities.	Interviewing skills - How to elicit information and encourage "Telling the story" /gathering information through conversations Quarterly reviews and reassessment requirements Evaluation and outcome identification processes	Bio-psychosocial approaches (including sexual and spiritual aspects) Client-driven assessment approaches Risk assessments	Supports Intensity Scale Level of Functioning Personal profile Assuring eligibility/reviewing psychological evaluations Identify warning signs, stressors and supports needed	Identify, gather, and share the child's and family's unique and individualized strengths, priorities, concerns, resources, and natural learning opportunities. Coordinate the synthesis of medical records, developmental screening information, and assessment information for eligibility determination, in accordance with Part C regulations.
Service Planning and Service Access -- the ability to individualize care and supports through ISP development, facilitate service acquisition, service planning and team meetings, intake and discharge planning, linking and coordination, specialty areas by disability including recovery principles and person centered planning, wellness recovery plans and person-centered support plans and advanced directives, etc.	Identifying and differentiating goals, objectives, strategies, and interventions Person-centered thinking and practices How to collaboratively design a service plan Intake and discharge requirements Resource knowledge and application Non-service related supports including work, education, and housing Linking and coordinating of services and supports Monitoring service delivery	Recovery-oriented practices WRAP for children	Person-centered Individual Support Plan	Facilitate and coordinate multidisciplinary team's initial and ongoing assessment for service planning, IFSP development, and the delivery of necessary, appropriate, and family-centered supports and services. Provide information and support to families in accessing routine medical care for their child. Ability to creatively and collaboratively individualize goals, strategies, and interventions. Support and facilitate smooth, seamless transitions into, within, and out of EI services.
Advocacy – the ability to act in the individual's best interest, including the provision of family support and education,	Effective approaches to advocate for the individual's best interest fulfill the role of educator with all key stakeholders			Support, teach, and empower families in each step of the service pathway to promote foundational skills so they can advocate for themselves in accessing needed

knowledge and use of community resources, and promoting the development of other needed services and supports.	Self-advocacy Empowering/engaging individuals/families Internal agency advocacy Enhancing community integration Understanding and communicating human rights			supports and services. Teach, mentor, encourage and support families as they develop self-advocacy skills. Use person-centered thinking and approaches while enhancing community participation and inclusion.
Interpersonal and Team Skills – Advanced abilities in communication, listening, and problem solving, establishing rapport, and effectively working with internal and external teams of services and supports providers.	Listens effectively Communicates effectively Builds positive relationships Collaborates Analytical thinking Group work – models and stages of development Team and group facilitation Creativity – how to develop and use natural supports, not just programs Anticipatory Guidance – playing out possible scenarios Meeting the person where they are Transitions – to other case managers, termination of services, etc.	Strength-based philosophy and approaches	Single point of contact for families.	Serve as the single point of contact to orient and assist families in accessing supports and services within Part C and across agency lines. Advanced abilities in communication, listening, and problem-solving, and establishing rapport with families. Uses a coordinated team approach that is culturally sensitive and jargon-free. Consult with a variety of EI team members to employ effective problem-solving and conflict-resolution strategies. Work effectively and consult with a variety of EI team members and community partners. Monitor services and coordinate periodic and annual reviews while ensuring family priorities are addressed.
Judgment and Analytical Ability – the ability to identify critical issues, act appropriately in high risk situations, assess and reassess appropriate crisis responses, and assist clients in utilizing creative approaches to	Predicting possible issues that may arise How to help clients implement crisis plans When and how to seek supervision			Act in the best interests of the child, while maintaining professional and ethical boundaries. Recognize signs of child and family stress and follow procedures for a mandated reporter. Use sensitive, respectful, and responsive interview techniques to address family

problem solving				priorities, concerns and resources. Ability to present options to families and assist with resolution to meet needs.
Adaptability – the ability to flexibly assume various roles of counselor, advocate, and service broker, and adjust to change to meet the individual's needs in the changing health care environment				Flexibility to individualize and adapt to the ever-changing needs of children and families throughout the EI process. Ability to recognize the need for change in relationships with families. Commitment to professional growth and development through ongoing professional development in order to maintain Part C certification.
Organizational Skills – the ability to independently manage an often large caseload and prioritize both direct service and accountability for recipient records and other related tasks and activities	Time management Writing skills Triage and prioritization Meeting regulatory and legal requirements Effective use of supervision			Individually manage time while providing support to a large number of families. Prioritize direct services and accountability for accurate documentation including compliance with regulatory and legal requirements. Demonstrate strong oral and written skills. Effectively use supervision.
Core Expertise – specific foundation knowledge related to the early intervention system.	Knowledge and understanding of medication, physical disabilities, medical conditions and medical care, medical terminology, and interactions with medical staff		IDOLS (ID on-line system) Using Medicall and ARS Access to associated websites – CMS, DMAS, DBHDS	Understands important issues related to infants and toddlers, including typical and atypical development, medical conditions and risk factors, need for collaboration with the medical community, etiologies and characteristics of disabilities, and the impact of cultural and family influences.

Attachment B:

Allowable activities include but are not limited to:

1. Coordinating **initial intake and** assessment of the child and planning services and supports, to include history-taking, gathering information from other sources, and the development of an Individualized Family Service Plan, including initial IFSP, periodic IFSP reviews and Annual IFSPs. This does not include performing medical assessments, but may include referral for such assessment;
2. Coordinating services and supports planning with other agencies and providers;
3. Linking the child and family to services and supports specified in the Individualized Family Service Plan;
4. Assisting the child and family directly for the purpose of locating, developing, or obtaining needed services and resources;
5. Enhancing community integration through increasing the child and family's community access and involvement;
6. Making collateral contacts to promote implementation of the Individualized Family Service Plan and allow the child/family to participate in activities in the community. A collateral contacts is defined as "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";
7. Monitoring implementation of the Individualized Family Service Plan through regular contacts with service providers, as well as periodic home visits;
8. Instruction and counseling which guides the family in problem-solving and decision-making and develops a supportive relationship that promotes implementation of the Individualized Family Service Plan. Counseling in this context is defined as problem-solving activities designed to enhance a child's ability to participate in the everyday routines and activities of the family within natural environments where children live, learn, and play;
9. Submit to the client's physician (semi annually) the "Health Status Indicators" Questionnaire. Based upon the results of the questionnaire from the physician, follow-up with the family/caregiver to inform and/or assist in obtaining needed medical services;
10. Coordinating the child/family's transition from Part C early intervention services; and
11. Face-to-face interaction with the individual and family/caregiver at a minimum at the initial development of the IFSP and the annual IFSP. Other face-to-face contact as needed.

Documentation requirements:

1. IFSP completed and signed by required parties, including IFSP reviews and Annual IFSPs
2. Documentation of provision of rights and procedural safeguards and Medicaid right to appeal.
3. Contact Notes for all allowable activities.
4. Contact Notes written within three days of service rendered.

Need to define what form of communication is acceptable (phone call or visit or fax). When is an email acceptable? Must document if family prefers email – and must be sure that email is secure.

Monthly Requirements for Reimbursement:

DMAS may be billed for a monthly Service Coordination/Case Management unit when the following minimum requirements are met:

1. At least one of the allowable activities by the SC/CM during the month with the child, the family, service providers, or other organizations on behalf of the child/family. The contact must be relevant to the child/family needs and the Individualized Family Service Plan (IFSP). The service may not duplicate any other Medicaid service.
2. The contact or communication is documented completely and correctly, as outlined in requirements for acceptable Contact Notes.
3. For reimbursement for the initial development of the IFSP and the annual IFSP a face-to-face contact is required and documented.