

**EI Targeted Case Management Task Force Meeting**  
**May 2, 2011**

**Attendance:**

Adele Rohner, Alison Standing, Beth Tolley, Brenda McGhee, Cori Hill, Deana Buck, Gena Zydalis, Jeff Beard, Jennifer McElwee, Mary Ann Discenza, Mary Parke Holland, Pam Park, Sandra Church, Tammy Whitlock, Tim Capoldo, Debra Holloway

**KSA/Training Committee Update**

Deana reported that in the interim since the April 18, 2011 meeting, the DBHDS Office of Planning and Development reviewed the Task Force recommendations. For a variety of reasons, it was recommended that provisional certification not be used. (With DBHDS licensure requirements, "provisional" is a term applied to organizations that are not fully meeting requirements; in addition, there is a questions about whether DBHDS has the authority to grant provisional certifications). Therefore, the current plans for certification will include a specific training and a competency test that must be passed with 80% accuracy in order to be certified as an Early Intervention Case Manager.

Recommended requirements for certification as an Early Intervention Case Manager include:

- Meet the educational/experience requirements (see above)
- Complete the required Principles and Practices training modules, including passing the tests;
- Complete required case management training and pass the associated test with at least 80% accuracy.
  - The training will initially be in the form of a webinar that is expected to be offered midsummer. The webinar will be recorded.
  - The training content will later be converted to online module format.

Employees providing Part C Service Coordination prior to October 1, 2011, will be considered in compliance with the educational and KSA requirements. In order to certified as an EI Case Manager under the new TCM guidelines, these service coordinators will be required to:

- participate in the Case Management Webinar/successfully complete a competency test, and
- Submit an online application for EI Case Management Certification.

*Note: Experienced Service Coordinators may go directly to the test if they believe they possess the required knowledge and skills.*

Employees who are hired after October 1, 2011 will be required to:

- Meet the educational/experience requirements
- Complete the 4 on-line Part C Principles and Practices of Early Intervention modules and pass the accompanying tests with 80% accuracy
- Complete the required early intervention case management training and pass the accompanying test with 80% accuracy

- Submit an online application at <https://www.eicert.dbhds.virginia.gov>. As part of the application process, practitioners must signify agreement with assurances on the application indicating that he/she has knowledge of and agrees to abide by federal and state regulations and practices specified in the Infant & Toddler Connection of Virginia Practice Manual.

Deana reported that she will be meeting with Cori, Beth, and Kyla tomorrow to identify key content that should be included in the training. They will look at existing resources (such as the IFSP 101) as well as input that has been received concerning training for service coordinators. For example, it has been suggested that additional training about procedural safeguards is needed. Deana will convene the training committee to work on the training and development of the test.

The test and training module (when completed) are expected to be housed along with the Principles and Practices modules and tests on the <http://www.eitraining.vcu.edu/> web site. The test results for the EI Case Management training will be provided to DBHDS along with the results of the tests for the existing modules.

Kaleidoscope I and II will continue to be required for all Service Coordinators through the Local Contract and must be completed within 12 months of Certification as an EI Case Manager. Deana reported that KI and KII will be offered throughout the year across the state. The Partnership will use information about location of the service coordinators to plan locations for the Kaleidoscope trainings.

### **Case Management Rate**

It was learned that DBHDS and DMAS do not have the necessary authority to raise the monthly EI Case Management rate by using DBHDS matching funds, so the rate will be \$120/month. It is possible that by next legislative session, there may be language to permit a DBHDS match and a higher rate.

### **Regulations**

A copy of the draft DBHDS personnel regulations were disseminated to task force members. The permanent personnel regulations that became effective April 1, 2011 are being revised to add the case management requirements. The regulations will be available for public comment when they are posted on the Virginia Regulatory Town Hall.

Tammy reported that Molly Carpenter is drafting DMAS regulations for the EI TCM program. The regulations will be broad with the details reflected in the DMAS Early Intervention Services manual. Jeff is working on the case management additions for the DMAS Early Intervention Services manual

### **60 Day Early Intervention (Initial) Case Management**

The purpose of the Initial Case Management is to provide a mechanism for billing for those required case management activities that occur prior to determination of EI eligibility. This is analogous to the 90

Day Case Management that is available for individual when eligibility for ID or MH TCM is being assessed. The following draft language for was reviewed today:

*When an EI Intake Visit is conducted for a child who is Medicaid eligible at the time of the Intake, EI Case Management services may be billed for two months starting with the month the Initial EI intake was done. This will be the case whether or not the child meets EI eligibility criteria. The local lead agency (LLA) must provide the Initial Intake Visit Date to the Part-C Office as the begin date of EI services. If the child is determined to not meet EI criteria, the notification date or the end of two months from the Intake Visit Date, whichever one is sooner, will be the end date of EI eligibility. The LLA will be responsible for notifying the Part-C Office of the outcome and if applicable, the end date.*

*Case management services may be initiated up to two months prior to the start of EI services while Medicaid eligibility is being determined by DSS.*

*If a child does not have Medicaid at time of the EI Intake visit, but the family applies for Medicaid/FAMIS coverage for the child, the begin date for the EI benefit will be the date of the EI Intake Visit or the date Medicaid/FAMIS became effective, whichever is last. TCM can be billed beginning the month the EI benefit started. If the child is determined to not meet EI criteria, the notification date or the end of two months from the Intake Visit Date, whichever one is sooner, will be the end date of EI eligibility. The LLA will be responsible for notifying the Part-C Office of the outcome and if applicable, the end date.*

*If the child does not have Medicaid at the time of the EI Intake Visit and eligibility is not determined within two months from the date of the EI Intake Visit Date, or the child does not meet Medicaid eligibility, Part C will be responsible for covering the cost of service coordination/case management.*

Discussion followed about the 60 day limitation rather than the 90 day requirement for other TCM programs. 60 days was proposed because it was felt that since the IFSP is required to be completed within 45 days, 60 days would allow sufficient time. While the 60 days would not start until the intake visit and would end at the date the eligibility was determined, there were some concerns that in situations where the child was ill or hospitalized or in situations where the appointments were cancelled by families, 60 days may not be enough time to complete the process.

**Decision: Billing for Initial Case Management (while EI eligibility is being determined) will be allowable for 90 days as is the practice for the other 90 Day Case Management Programs.**

The following details must be worked out:

- Mechanism to alert Part C staff of the EI start date for the 90 day EI TCM
  - Task Force members recommended adding an ITOTS element: Initial Intake Visit Date.
- Mechanism to alert Part C staff when the EI benefit should be ended
  - For children who are determined not eligible for Part C
  - For children who are lost to follow up (end by 90 days)
- Documentation for the Initial EI TCM plan (brief, standardized, data that is already being collected)

Plan: Beth will discuss the ITOTS recommendations and needs with the Part C ITOTS team, including a question about whether changes can be built into ITOTS 1.9. The Documentation Subgroup will meet to review existing 90 day plan templates and develop a recommended form for the 90 Day EI TCM. (Beth requested that Task Force Members forward the 90 Day forms they use to her for review by the subgroup).

### **Billing for EI TCM**

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 or agencies 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 and must be enrolled with DMAS.

If one agency provides case management, then a different agency picks up the case management midway through a month, the agency which provided case management for most of the month is the one that can bill for the month. Jeff will include information about this in the DMAS EI Services Manual.

DMAS reimbursement is available for case management services for children who are initially found eligible, then found ineligible at the Assessment for Service Planning. The month the child is determined to no longer be eligible is the last month that case management services can be billed.

If a child is potentially eligible for ID or MH TCM as well as EI TCM, the decision about which to bill is based on what program is providing the most services for the child.

Tammy will check about whether EI TCM can be billed if a child is receiving (and billing is done for) Babycare. Baby care has been allowed previously to be billed along with TCM

If Healthy Families is billing for MH TCM, EI TCM cannot be billed. Whoever is providing the majority of the services, should be able to bill.

If a child is receiving therapeutic foster care, EI TCM cannot be billed because therapeutic foster care has case management built into the reimbursement. In such situations, Medicaid funds are not available, so Part C funds may be used to cover service coordination/case management.

### **Billing Code for EI TCM: T2022**

The DMAS data system is expected to have this in place October 2011.

### **Plans:**

- A memo updating decisions and EI TCM information will be sent to LLA leadership, System Managers and providers

- Jeff will continue work on additions to the DMAS EI Services Manual
  - Chapter 2 is practitioner requirements
  - Chapter 4 is documentation requirements
  - Chapter 5 is billing. What can and cannot be billed will be included here (and will also be referenced in Chapter 4)
  - Chapter 6 is utilization review. A decision has not yet been made about whether CM QMR will be done by DBHDS or contracted out through DMAS
- The Documentation Subgroup will meet by phone on Tuesday, May 10 to develop recommendations for the 90 Day Plan for EI TCM
- The KSA/Training Subgroup will meet to work on development of the training and test for certification and on plans for roll out training.

The full EI TCM Task Force meeting scheduled for **May 10, 2011 is CANCELLED.**

Next EI TCM Task Force Meeting is **May 23, 2011 at 1:00 PM** at the **VACSB.**