



**SYSTEM OF PAYMENTS:
Medicaid Stakeholder WorkGroup
Constituent Worksheets
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PURPOSE OF THIS SET OF WORKSHEETS

These Worksheets were created to assist the stakeholder members of the VA Infant & Toddler Connections Medicaid Workgroup to obtain constituent information related to the provision of Early Intervention Services for families with children ages 0-3.

Workgroup members will solicit feedback from their constituents through a variety of means – small meetings, individual conversations (phone, face to face), etc. Some stakeholders may choose to send these documents to constituents and ask them to complete the worksheets individually. These completed forms may be returned to the individual stakeholder, who would include this feedback in the tally that they submit to the Consultant, etc. Other stakeholders may choose to direct their constituents to send their completed worksheets directly to the Consultant for tallying.

The goal here is to obtain feedback from a large number of stakeholders in a manageable way.

Stakeholders should take time to summarize the feedback received in a complete and factual way. Knowing how many stakeholders are represented in your individual canvassing results is also important to the Consultant, as is knowing how you solicited this feedback.

There are two (2) parts to these worksheets. The first section deals with Service Coordination; the second focuses on the Practitioners.

Infant & Toddler Connection of Virginia
Stakeholder Activities: Part One

DEFINITION OF EI SERVICE COORDINATION

Service coordination/case management/care management is a service which allows providers to assist eligible individuals in gaining access to needed medical, social, educational, and other services. Consistent with the requirements of Section 1902(a)(23) of the Act, the providers will monitor client treatment to assure that clients receive services to which they are referred.

Service coordination/case management/care management is an active, ongoing process that involves activities carried out by a case manager to assist and enable a child eligible for services under the Infant Toddler Connection of Virginia System in gaining access to needed medical, social, educational, and other services.

For the ease in review, we will use the term “service coordination” and know that it encompasses case management and care management terminology.

Step ONE:

There may be two parts to service coordination/case management: Initial or “Temporary” Service Coordination and Primary or “Ongoing” Service Coordination. Initial (“Temporary”) Service Coordination assists the child and the child’s family, as it relates to the child’s needs, from the notice of referral through the initial development of the child’s needs – identified in the Individualized Family Service Plan (IFSP). Primary (“Ongoing”) Service Coordination assists the child and child’s family, as it relates to the child’s needs, with on-going service coordination provided by the individual service coordinator selected at the time the IFSP is finalized.

As consultants to several other states on this issue, we know from time and cost study data for more than 15 states that there are often “economies of scale” which can be achieved by either approach. One example of this, for the use of both temporary and ongoing service coordinators, is that some states report that the skills are different for each of these positions based upon the expectations of the service coordination at that time. Intake coordination is strategic, focused and brief – and, temporary in nature; ongoing service works with families around the IFSP and helps them to access community services and to monitor and evaluate the services that they are receiving. On the other side of this discussion, some states have told us that they feel that having two separate individuals and the change that families encounter in “switching” to another person at or after the IFSP is developed may be disruptive to the family.

The purpose of the Worksheet on the next page is to log the responses of our constituents as they evaluate the “pros” and “cons” of each approach to Service Coordination. **Please obtain feedback from your constituents and provide the unedited responses directly to Sue Mackey Andrews.** Responses will be de-identified in terms of locality. If a comment is made more than once, please record it once and indicate the number of times it was made (*) next to the statement. **You may also send these forms to constituents and ask them to complete them individually, returning them to the Consultant directly.**

**PROS AND CONS OF TEMPORARY AND ONGOING
SERVICE COORDINATION
Worksheet #1**

Locality/Stakeholder Group:

PROS	CONS

PROS AND CONS OF SINGLE SERVICE COORDINATOR

Locality/Stakeholder Group:

PROS	CONS

Step TWO:

This next Worksheet asks for feedback related to the MODEL of service coordination and provides a definition of the functions or tasks of a Service Coordinator, followed by a brief description of three approaches used nationally for the provision of service coordination. The purpose of this Worksheet is for constituents to respond to the "pro's" and "con's" of each model and to share any narrative comments they wish to provide about which model approach(es) they feel fit best for the Virginia EI system.

A child would only have one service coordinator at a time.**Service coordination/case management activities include:**

- (1) Coordinating and participating in the evaluation to determine the child's eligibility for Part C services;
- (2) Facilitating the assessment of child's medical, social and functional status and identification of service needs of the child and child's family related to this assessment;
- (3) Initial service coordination from notice of referral through initial IFSP development;
- (4) Assuring that all procedural safeguards are met during intake and IFSP development;
- (5) Arranging for and coordinating the development of the child's IFSP;
- (6) Arranging for the delivery of the needed services as identified in the IFSP;
- (7) Assisting the child and his family, as it relates to the child's needs, in accessing needed services for the child and coordinating services with other programs;
- (8) Facilitating the process of Family Cost Participation;
- (9) Monitoring the child's progress by making referrals, tracking the child's appointments, performing follow-up on services rendered, and performing periodic reassessments of the child's changing service needs;
- (10) Performing activities to enable an eligible individual to gain access to needed services;
- (11) Obtaining, preparing and maintaining case records documenting contacts, services needed, reports, the child's progress, etc.;
- (12) Providing case consultation (i.e., with the service providers/collaterals in determining child's status and progress); and
- (13) Facilitating and coordinating development of the child's transition plan.

NOTE to Stakeholders: I removed the earlier category 13, crisis assistance, as this wouldn't be within the construct of Part C service coordination.

Service Coordination MODELS can be provided in multiple ways – states elect one, two or all three of these configurations. The purpose of this worksheet is to solicit stakeholder feedback about each of the three approaches to ensuring service coordination for families of very young children referred to and enrolled in the Part C system.

1. **Independent** – in this approach, service coordinators are separate from the service provider entity/agency system and do not perform any other EI function.

PROS	CONS

2. **Dedicated** – in this approach, service coordinators are integrated into the EI service provider entity/agency system (e.g., employees or contractors) and do not perform any other EI function.

PROS	CONS

3. **Blended** – in this approach, service coordinators are also EI service providers. They may work in EI agencies or be private, independent contractors.

PROS	CONS

Any of these configurations can be conducted with part- time or full-time personnel. There is also the potential to have “Primary” and “Secondary” service coordination, where together two providers provide 100% of the service coordination responsibilities of Part C and other program obligations. We will explore this further pending the results of this particular activity.

Step THREE:

This last step of this activity is to provide feedback about the **FUNCTIONS** of personnel who could be Service Coordinators, and compare this to which types of activities an individual would be able to perform based upon their credential level.

Locality: _____

Service Coordination/Case Management				
		Specialists BA/MA + lic/certifi	Associates 2 Yr/CDA	Aides HS diploma
	<i>Provider Credential Type</i>			
Service Category	Performs Comprehensive Developmental Screen			
	Coordinates/participates in the Evaluation for Eligibility			
	<ul style="list-style-type: none"> ▪ Intake/Info Collection ▪ Identify other team members ▪ Procedural Safeguards ▪ Facilitates Eligibility Meeting 			
	Facilitates the assessment process – medical, social, functional status and IFSP preparation			
	Facilitates the initial IFSP Meeting			
	Administers the Family Cost Participation Process			
	Arranges, with the family, the IFSP services including provider selection			
	Assists the family to access needed services and supports, and coordinates services with other programs			
	Monitors child progress by making referrals, performing follow-up on services provided			
	Facilitates IFSP Six-month Review			
	Facilitates Annual IFSP Evaluation			
	Obtains, prepares and maintains case records documenting contacts, services needed, reports, the child's progress, etc.			
	Provides case consultation to other IFSP Team members			
	Regularly assesses family needs and links them to community resources and supports			
	Facilitates and coordinates the child's transition plan			
	Other:			
	Other:			

Comments:

Infant & Toddler Connection of Virginia
Stakeholder Activities: Part Two