

**Mental Health Targeted Case Management**  
**Technical Assistance Call With the Field**  
***Questions and Answers***  
**5/9/07**

**Questions Asked During the Call:**

1. **Question:** On the DMAS Service Review Summary for Mental Health Case Management form, block #7, could you clarify what is needed regarding a psychological or psychiatric evaluation for Part C children who are 0-3 years of age?  
**Answer:** (Candace Chavis): This is a general federal requirement, which is not applicable for infants and toddlers. You would only need a copy of the physical exam for the child, which is required to document medical necessity as it is for any reimbursable Medicaid service.
  
2. **Question:** Does the Part C IFSP meet the requirements for the Mental Health Targeted Case Management Service Plan?  
**Answer:** (Candace Chavis): The Individual Service Plan for Mental Health Targeted Case Management needs to be completed within 30 days of Case Management eligibility and meet the requirements as I outlined when we reviewed the DMAS Service Review Summary for Mental Health Case Management (Blocks #13-#17). I am not familiar with the Part C IFSP. You would want to make sure these requirements were included.
  
3. **Question:** Do we need documentation of the parent's diagnosis that puts the child at risk (a copy of the parent's psychological evaluation in the child's record, for example)?  
**Answer:** (Candace Chavis): You only need to document the issues that put the child at risk; you do not need a copy of the parent's psychological evaluation. Tell us what you know in your documentation in the child's record that puts the child at risk.
  
4. **Question:** How does someone get the designation of being a qualified mental health case manager?  
**Answer:** (Candace Chavis): There is no degree required or any specific coursework that is required to provide Mental Health Case Management services under Medicaid. There are qualifications or KSA's that are required to provide this service, otherwise known as knowledge, skills and abilities. If you refer to Chapter II of the Provider Manual for Community Mental Health Rehabilitative Services which is located at the DMAS website at <http://www.dmas.virginia.gov> , you will find a list of those KSA's. This designation is different than QMHP which has more stringent requirements.
  
5. **Question:** How do you explain to a parent that their child has been determined to be at risk for serious emotional disturbance (SED)?  
**Answer:** (Candace Chavis): Use your clinical expertise to explain why it is important that their child get these services. I understand that some parents may see this as a "stigma" and may choose not to get the services as a result and that's their choice. Parents know what their concerns are. Use those concerns as the risk factors as you explain it to the parents. Use language to support their concerns and explain why services

are beneficial to their child and to them. Explain that you are not saying that their child is SED, but that there are certain factors that put their child at risk and explain what those factors are. Explain that what you want to do is to surround their child and family with supportive services to prevent later problems.

(Ken Taylor): Cross training the staff within the CSB was very important to us in helping to correct misperceptions & to help with “stigma”. It is vital to cross-train the staff so the staff understand each other’s disability areas.

6. **Question:** Can the IFSP be used as the ISP or do they need to be two different documents?

**Answer:** (Candace Chavis): I am not familiar with your IFSP so it is hard for me to answer that question.

(Bonnie Grifa): The Part C Office will be working directly with the local systems that currently provide MH Case Management services and with DMAS to determine how the ISP requirements can be incorporated into the Targeted Case Management version of the IFSP. The IFSP stakeholder group has already been working on how to include the ISP requirements related to MR Case Management services.

7. **Question:** Who can sign the ISP for Mental Health Case Management?

**Answer:** (Candace Chavis): The parent if they are an active part of the child’s life, a legal guardian, the adult involved with the care of the child. It can be a Foster Parent but the parent is always the first choice if the parental rights have not been terminated.

8. **Question:** Our system is located on the Eastern Shore and we have a child who will be turning three in the very near future. Our CSB does not provide mental health case management services to a child this young. Where can we refer this child and family? He needs counseling.

**Answer:** (Bill O’Bier): There are at least two intensive in-home service providers on the Shore that serve children this young. They can come out and do an assessment to see if the child qualifies.

(Candace Chavis): The at risk category for mental health case management services extends to age 8 so you might want to talk with the mental health staff in your CSB to see if they would consider serving this child by picking up the mental health case management services.

(Bonnie Grifa): Some CSB’s have also considered extending the mental health case management services for the child who transitions out of Part C by having the Service Coordinator who served them in Part C maintain the mental health case management services until the child no longer needs the service or ages out of the service, no longer meets the active case management definition or is able to transition to another service either within the CSB or in the community.

9. **Question:** You mentioned that the personnel records of the mental health case managers need to indicate that the case manager meets the KSA’s needed to provide this service. Is there a time requirement on this?

**Answer:** (Candace Chavis): No time requirement, it just needs to be there.

10. **Question:** Is the DMAS Service Review Summary for Mental Health Case Management on the DMAS website?

**Answer:** (Candace Chavis): No, it is not. (Bill O'Bier): We can email it to you if you email us a request. We would be happy to do that for you.

**Questions Asked After the Call Concluded:**

11. **Question:** If there are no other risk factors other than poverty (child is on public assistance and receives Medicaid), is that alone enough to meet the eligibility requirement for *at-risk* of serious emotional disturbance?

**Answer:** (Bill O' Bier): I would be a hesitant to say a definite yes to poverty alone. Does the child have any health factors, or any issues with the parent/parenting skills needs that would place them at risk?