

**Mental Health Targeted Case Management**  
**Technical Assistance Call With the Field**  
***Talking Points***  
**5/9/07**

**Welcome:**                   **1:00 p.m.-1:05 p.m. (5 minutes)**

- The call will open with a welcome and brief remarks from Mary Ann Discenza.

**Introductions:**           **1:05 p.m.-1:20 p.m. (15 minutes)**

- My name is Bonnie Grifa and I am a consultant with the Infant and Toddler Connection of Virginia and I will serve as the facilitator for today's call. The purpose of our teleconference is to give you an overview of Medicaid Mental Health Targeted Case Management services from the perspective of four Part C local systems that are providing and billing for this and a state perspective from both the DMHMRSAS and DMAS. I am very pleased and honored to present to you the panel of presenters for today's topic:
- From the Department of Medical Assistance Services, I would like to introduce Bill O'Bier and Candace Chavis.
  - *When announced, Bill and Candace will briefly describe their role and job responsibilities related to Mental Health Targeted Case Management.*
- From the Department of Mental Health, Mental Retardation and Substance Abuse Services in the Office of Child & Family Services, I would like to introduce Janet Lung.
  - *When announced, Janet will briefly describe her role and job responsibilities and experience in working with CSB's who bill for Mental Health Targeted Case Management.*
- The four Part C local systems represented on today's call that provide and bill for Mental Health Targeted Case Management services are the Infant & Toddler Connection of the Eastern Shore, the Middle Peninsula, Lenowisco and Central Virginia.
- From the Infant & Toddler Connection of the Eastern Shore, I would like to introduce Jane Prince, Local System Manager and Brenda Isdell, Service Coordinator/Case Manager.
  - Jane will briefly describe the following information about her system:
    - *We currently are providing MH TCM for 3 children who also receive Part C Early Intervention services.*
    - *Our first billing for Mental Health Targeted Case Management services was in March 2007, so we are very new at this.*
    - *Revenues generated from MH TCM will be credited to the Infant Program account. It will help support our 1 Full-Time Equivalent Service Coordinator/Case Manager position.*
- From the Infant & Toddler Connection of the Middle Peninsula, I would like to introduce Kathy Phillips who is the Local System Manager.
  - Kathy will briefly describe the following information about her system:
    - *We currently are providing MH TCM for 8-10 children in Part C and about 50 children in our at risk program – Healthy Families (some are “graduates” of Part C).*
    - *We have been providing Mental Health Targeted Case Management services to Part C eligible children for 3 years.*
    - *All revenue from MH TCM goes to the early intervention division of our CSB: Revenue from Part C children goes to the Part C program; revenue from Healthy Families goes into their budget.*

- From the [Infant & Toddler Connection of Lenowisco](#), I would like to introduce Ken Taylor, Mental Health Division Director, Nancy Bailey, Local System Manager and Taletha Hollifield, Child & Adolescent Services Coordinator.

Nancy will briefly describe the following information about her system:

1. *We serve 84 children, age 0 to 7 in mental health services. Of those, we serve 55 on our Head Start caseloads and 6 are currently in Part C.*
2. *We have been providing Mental Health Targeted Case Management services to Head Start children for over 10 years. We have been providing Infant and Toddler services to Part C eligible children since 2003.*
3. *Revenue generated by providing mental health targeted case management goes to support the mental health services provided and is placed in the general case management budget and used to fund positions, travel, training, supervision, etc.*

- From the [Infant & Toddler Connection of Central Virginia](#), I would like to introduce Anne Simmons, Local System Manager.

Anne will briefly describe the following information about her system:

- *We currently are providing MH TCM for 75 children, of those, 35 are also enrolled in Part C.*
- *We have been providing Mental Health Targeted Case Management services to Part C eligible children for 5 years, 3 under my management*
- *Revenue supports salary and costs associated with the case manager positions and program support such as vehicle leasing.*

### **Introduction/Vision: 1:20 p.m.-1:30 p.m. (10 minutes)**

- Next, I would like to introduce to you, Ken Taylor, who is the Mental Health Division Director for Frontier Health, Planning District One Behavioral Health Services. Ken, could you introduce us to this very important topic and describe the mental health services your CSB provides to infants and toddlers in the Lenowisco system as well as the vision for infant mental health and Part C services from your perspective?

#### **Introduction**

#### **Description of Services to Infants and Toddlers**

**Service Vision for Infant Mental Health & Part C Services: *Our vision is a system of service in which a family can easily and quickly access needed information and services by staff cross-trained to provide services and links to services that address development, mental health, substance abuse, and mental retardation. By reducing the number of providers interacting with the family we increase trust and the exchange of information and decrease the time involved in beginning the needed services.***

### **General Information: 1:30 p.m.-2:30 p.m. (60 minutes total)**

- Bill and Candace, could you now discuss some general information about Medicaid Mental Health Targeted Case Management, such as who can provide case management services, the qualifications needed for a MH Case Manager, the reimbursement rate and the required activities? Could you also speak to the eligibility requirements for a child to receive MH TCM services?

**1:30 p.m.-1:50 p.m. (20 minutes)**

- *Only CSB's can provide per Code of Virginia*
  - *Reimbursement rate (\$326.50 per month per child)*
  - *Required activities*
  - *Qualifications/KSA's*
  - *Eligibility*
- Janet, could you talk about the at-risk category as it relates to infants and toddlers already being served in Part C systems and some tips on documentation from your experience in working with CSB's who provide this service for older children? Also, do you see the activities of mental health case management as being similar to the activities of service coordination or are they two very different functions? **1:50 p.m.-2:00 p.m. (10 minutes)**

**Who May Be At Risk?**

- *Targeted case management for children at-risk of serious emotional disturbance is an appropriate service for many young children who may be at-risk for later serious problems.*
- *There are many factors that may put a child at risk for serious emotional disturbance. Some of these include, but are not limited to:*
  - *A disability*
  - *A parent with a disability, including mental health or substance abuse problems*
  - *Poverty*
  - *Abuse or neglect*
  - *A parent with criminal involvement*
  - *It is important to think about the individual child and family you are serving. What are the factors in this child's life, home and family that put him or her at risk?*

**Documenting Targeted Case Management Services**

- *Once you have identified a child as being at risk for serious emotional disturbance and have decided to provide targeted case management, it is important to describe the risk factors that you noted in the case record.*
- *This should not be difficult if you have already done an assessment. Write a succinct paragraph stating the reason you believe the child may be at risk. Specifically mention the factor or factors (such as the list above or others that you identified) that you believe predispose this child for later serious emotional disturbance.*
- *State the child's needs and the case management services you intend to provide.*
- *Think about the concept of risk: risk means that something may happen. The likelihood of it happening is increased by the risk factors.*
- *Only time will tell the actual outcome. What you are saying in your documentation is that you have identified some risk factor(s) and believe that case management services may have an impact that could prevent or lessen the likelihood of the child's having a serious emotional disturbance.*

### Role of MH Case Manager vs. role of Part C Service Coordinator

- Bill and Candace, it is our understanding, that to date, none of the Part C local systems that provide MH TCM services have received an audit by your office. As a result, the planning committee for today's call asked you and Candace to complete a "mock audit" of three case examples sent from the Infant & Toddler Connection of Lenowisco, the Eastern Shore and the Middle Peninsula. Copies of the three case examples were sent to participants on the call as well. Could you give us an overview of the results of that mock audit and any tips that you might suggest to local systems? **2:00 p.m.-2:30 p.m. (30 minutes)**

### Resources: 2:30 p.m.- 2:50 p.m. (20 minutes total)

- Next, I would like to ask the four local systems represented here today to share any information that they feel would be helpful to local systems who want to begin providing and billing for Medicaid Mental Health Targeted Case Management services.
- Let's begin with Jane Prince from the Eastern Shore: *We found it most helpful to visit Middle Peninsula for ½ day to "pick their brains", look at their forms, etc. In fact, we used most of their forms, adapting them to meet our local needs.*
- Anne, what would Central Virginia like to suggest to local systems that are thinking about pursuing MH TCM for their Part C families? *I would recommend that if the system is going to pursue MH CM that they make sure they are aware of & utilize their CSB documentation for MH CM. My CSB felt some risk in allowing my program to do a service that it did not traditionally provide and wanted assurance that the service would be provided consistent with all regulations-licensing and DMAS especially. Also, I would recommend that negotiations take place up front about how the funding will be applied-will it go the EI program or will it go to other programs, such as adult services which have decreased funding streams.*
- Kathy, could you speak about the benefits of providing and billing for MH TCM from Middle Peninsula's perspective? *The monthly revenue really has been a major help in our system - the additional paperwork is well compensated by Medicaid. There have also been additional benefits, most noticeably, the ability to address the issues that might previously have been seen by our early intervention staff as an "adjunct" to the Part C services that a child was receiving. For families who have significant needs that put the child at high risk for behavioral and/or emotional problems, it has helped the early intervention staff to focus on what may, in the long run, be the most serious needs of the child and family: behavior, underlying mental health issues in the household (typically the caregiver/s), and resource needs. An example would be if a family is losing their electricity because of financial challenges - developmental services may not be as effective until this need is addressed. Another benefit would be having the opportunity and the encouragement to share mental health resources with the family, either for the child or for the entire family, and to assist them in accessing these services. Another very positive benefit has been the overall closer working relationship within our CSB between early intervention and mental health. Working together has helped to identify where additional*

*service gaps and challenges exist within our own system. It has also provided awareness in each of the divisions about how the early intervention system works and can be helpful, as well as improving awareness of the range of mental health services that can be available, both for the child in early intervention, as well as for older siblings and family members.*

- Ken, can you share with us some thoughts about what Lenowisco sees as important for local systems to consider as they begin to plan for providing MH TCM services and also about the resource list that you provided for the participants on the call?

*Staffing Considerations*

*Supervision Considerations*

*Cross Training and Bibliography of Resources*

Before we move to the Question and Answer portion of today's call, we wanted to let you know that all of the presenters have very graciously and willingly offered to be a resource to local systems who would like to begin providing and billing for Mental Health Targeted Case Management services. You should have received their contact information with the call-in information. We can also do an additional call on this topic, if needed. If you are interested in this, please be sure to fill out the evaluation form indicating that you would like an additional teleconference and what information would be most helpful to you.

**2:50 p.m.- 3:00 p.m. (10 minutes)**

Now for the **Question and Answer** portion of our call. It will just take a few minutes to contact the conference operator who will then instruct you on how to call in with your questions. Since we need to end the call promptly at 3 p.m., if you were not able to ask your question, please email me and we will provide the answer in the Q& A document that will be posted to the website.

- Following the Questions & Answers:

### **In Summary,**

- I would like to take this opportunity to personally thank the panel of presenters for their valuable time in planning and participating on today's call. Their time and expertise on this subject is very much appreciated.
- A copy of the "Talking Points" and related materials will be posted on the Infant and Toddler Connection of Virginia website.
- A recording of today's call is available until June 9<sup>th</sup> by following the directions that were emailed to you with the call-in information.
- It would be very helpful to us if you would please complete the evaluation form that was emailed to you with the call-in information to help us plan future technical assistance calls.
- We hope that you found the information on today's call helpful to you and that you will consider providing mental health targeted case management services to the infants and toddlers and their families in your local system. Thank you for your participation on today's technical assistance call.