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EARLY INTERVENTION CARE COORDINATION TRAINING

Presenters

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AGENDA FOR TODAY

- Early Intervention Overview
  - Covered EI Services
  - Part C Eligibility
  - IFSP
- Role of the Early Intervention Service Coordinator
- Role of the Care Coordinator
- Care Coordination
- Collaboration

Early Intervention (EI) Overview cont'd

Part C Eligibility Criteria

Children from birth to third birthday who meet one or more of the following criteria:

- Developmental Delay
- Atypical Development
- Diagnosed physical or mental condition that has a high probability of resulting in a developmental delay.

Developmental Delay

25% or greater delay in one or more of the following areas:

- Cognitive development;
- Physical development, including fine motor and gross motor
- Communication development
- Social and emotional development; or
- Adaptive development

Atypical Development

- Atypical/questionable sensory-motor responses
- Atypical/questionable social-emotional development
- Atypical/questionable behaviors that interfere with the acquisition of developmental skills
- Impairment in social interaction and communication skills along with restricted and repetitive behaviors.

Early Intervention (EI)Overview cont'd
IFSP

- Medical necessity for Early Intervention services shall be defined by the member's family-centered Individualized Family Service Plan **(IFSP**), including in terms of amount, duration, and scope
- IFSP process identifies the child's intended outcomes and services
- Outcomes based on the results of the child assessment and the family/caregiver concerns, resources and priorities
- New IFSP (annual IFSP) is required every 365 days
- Service authorization shall not be required
- IFSP multidisciplinary team includes: Family/caregiver; 2 or more individuals from separate disciplines/professions and 1 of these individuals must be the service coordinator; CCC+ will include MCO care coordinator

Early Intervention (EI) Overview cont'd

Covered EI Services

- Targeted Case Management/Service Coordination
- Initial assessments and annual review of IFSP
- Developmental Services
- Counseling
- Physical Therapy
- Occupational Therapy
- Speech-Language Pathology

- Nursing Services
- Psychological Services
- Social Work Services
- Assistive Technology Services (instruction or training on use of assistive technology)

Early Intervention (EI) Overview

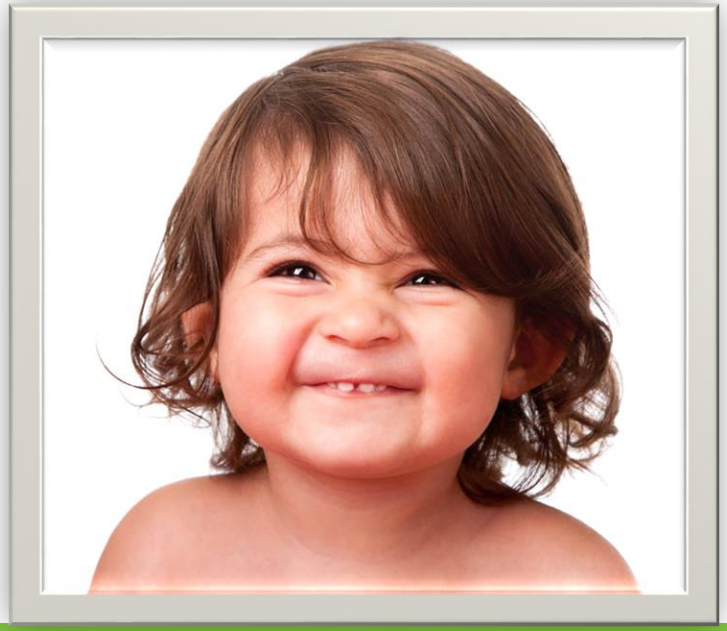
- Family-centered, individualized supports and services to enhance the child's development
- Governed by part C of the Individuals with Disabilities Education Act (IDEA); provides federal funds to states based on population size;
- Administered by the Department of Behavioral Health and Developmental Services (DBHDS). DBHDS' program is called the Infant & Toddler Connection of Virginia; contracts with forty (40) local lead agencies to facilitate implementation of local EI services statewide; also is responsible for certification of EI providers and service coordinators/case managers;
- By law, Part C funds are to be used as "payer of last resort" for direct services to children and families when no other source of payment is available;
- Services performed must be provided in natural environments for the child (the home and community settings in which children without disabilities participate).

Early Intervention Services

- Services may be provided by a variety of the Certified EI Providers
- Recommended by child's PCP **or** other qualified screening provider as necessary to correct a physical or mental condition
- Medical necessity is defined by the IFSP combined with a physician, physician's assistant or nurse practitioner's signature certifying the IFSP

Service Coordinators and Care Coordinators

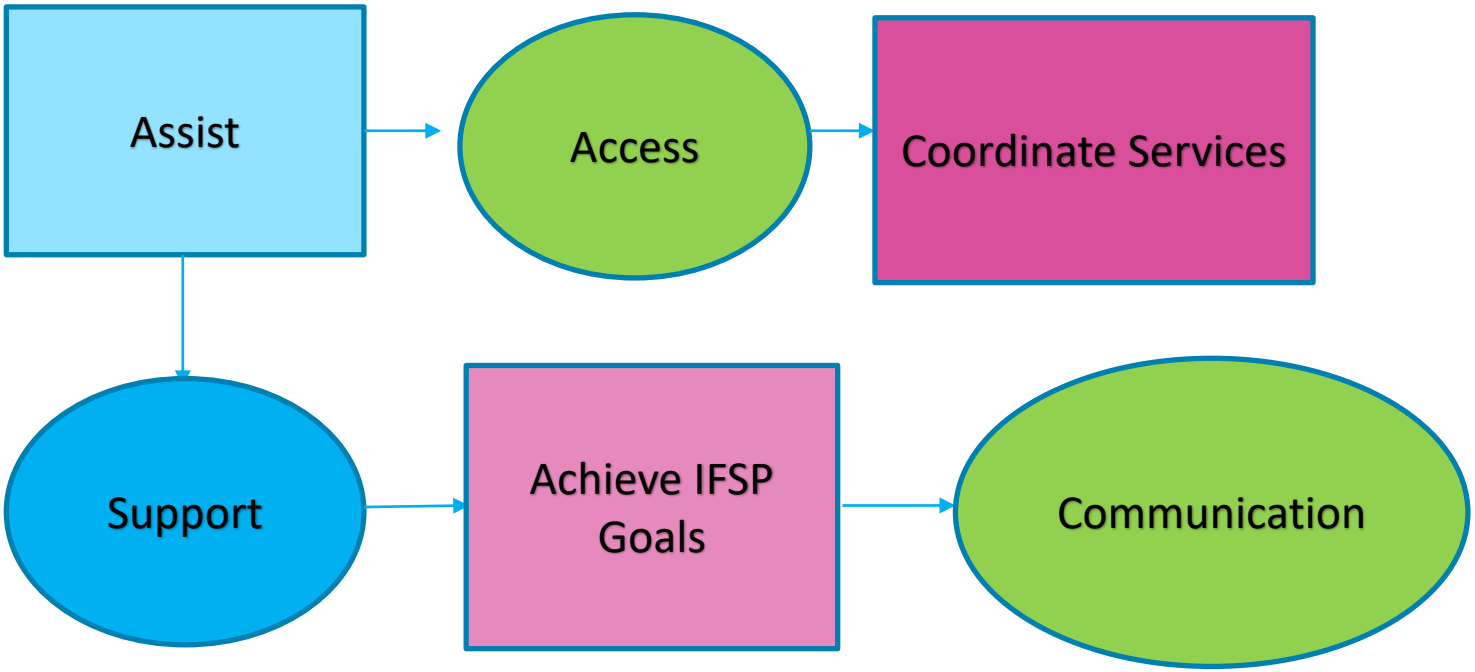
Service Coordinators & Care Coordinators are mutually responsible for meeting the needs of families whose children are enrolled in both Early Intervention and a Medicaid Managed Care program.



Please Remember

- Care Coordination is available for all members.
- Care Coordination is a contract requirement for CCC Plus
- Care Coordination is a requirement for some covered Medallion 4.0 Members, but not required for everyone.

Early Intervention Service Coordination Purpose and Goal



EI Service Coordination

- ✓ Developing the Individualized Family Service Plan based upon information gathered through assessment for service planning
  - IFSPS are reviewed every 6 months, annually and at the request of family, provider or service coordinator
- ✓ Establishing outcomes and goals that address family priorities and child's needs
- ✓ Identifying services to support families in meeting outcomes and goals
- ✓ Service Coordinators identify providers
- ✓ Ensure scheduling of initial visits within 30 days
- ✓ Regular family contact
- ✓ Provider contacts
- ✓ Collateral contacts with community agencies to meet family needs
- ✓ Developing a transition plan with the family
- ✓ Assisting with referrals to public schools, community supports and private agencies
- ✓ Coordinating transition conferences with the local education agencies and/or community programs 9 to 90 days in advance of age three

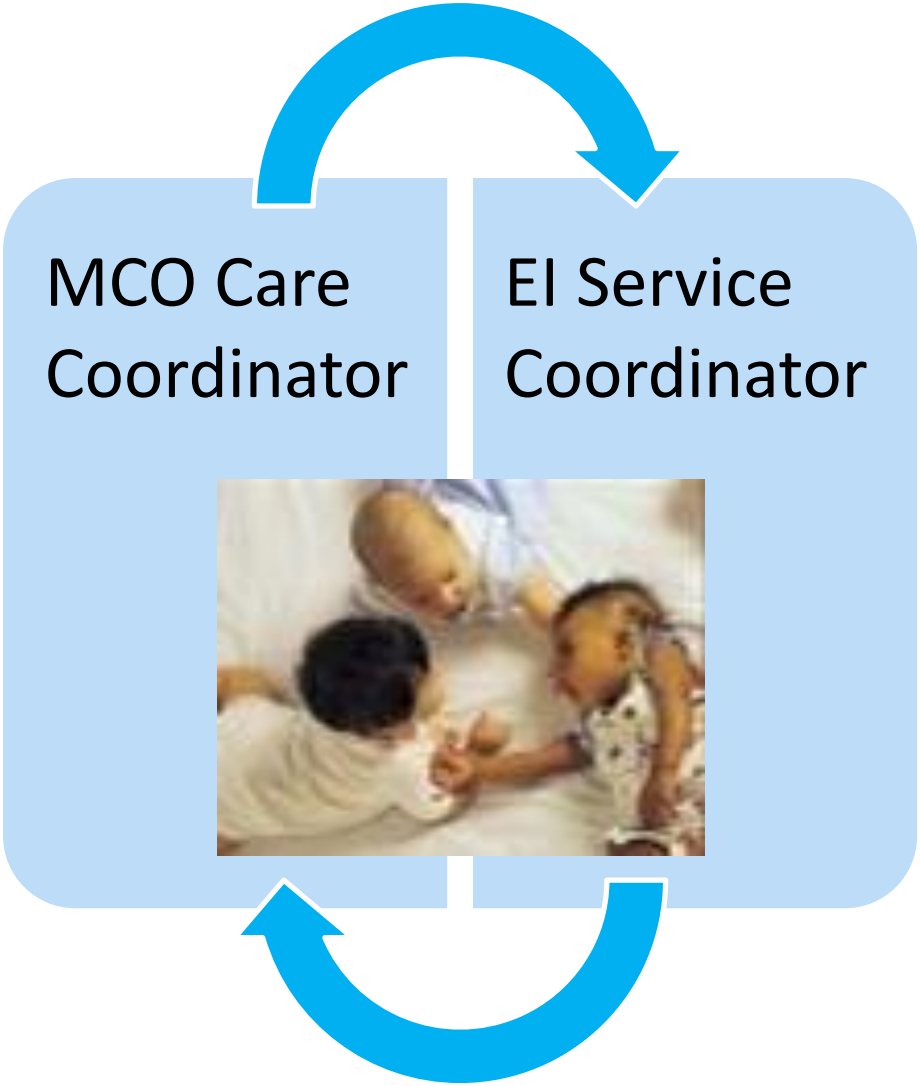
Role of the EI Service Coordinator

Service Coordinators send following sections of the IFSP:

- Section I – Child and Family Information
- Section V – Services Needed to Achieve EI Outcomes
- Section VI – Other Services

Collaborative Care Coordination

- MCO Care Coordinators will incorporate but not duplicate services provided by the EI Service Coordinator
  - Assessments
  - Plan of care
  - Link child/family to needed services
  - Transition and discharge planning



Role of the Care Coordinator

The Care Coordinator will work with the Member and the Member's Care Team to develop a person centered care plan that includes all service needs

- Health Risk Assessments (HRA)
- Interdisciplinary care teams (ICT)
- Individualized care plans (ICP)
- Transitions (i.e., for children who age out of EI)

Care Coordinators are on the Front Line

Level of Care Transitions

Care coordinators work with the member, their parent/guardian, and the member's care team, which includes the EI team, to:

- Perform targeted assessments related to the member's transition
- Coordinate with the Early Intervention(EI) Part C team to ensure a smooth transition that meets the member's needs and addresses the families concerns and priorities
- Collaborate with the EI team to update the ICP and participate in the ICT
- Facilitate timely referrals for additional services
- Coordinate with providers to ensure services are in place

Effective ICTs

- With provider engagement
- Without provider engagement

Care Coordinators Making a Difference

Care Management

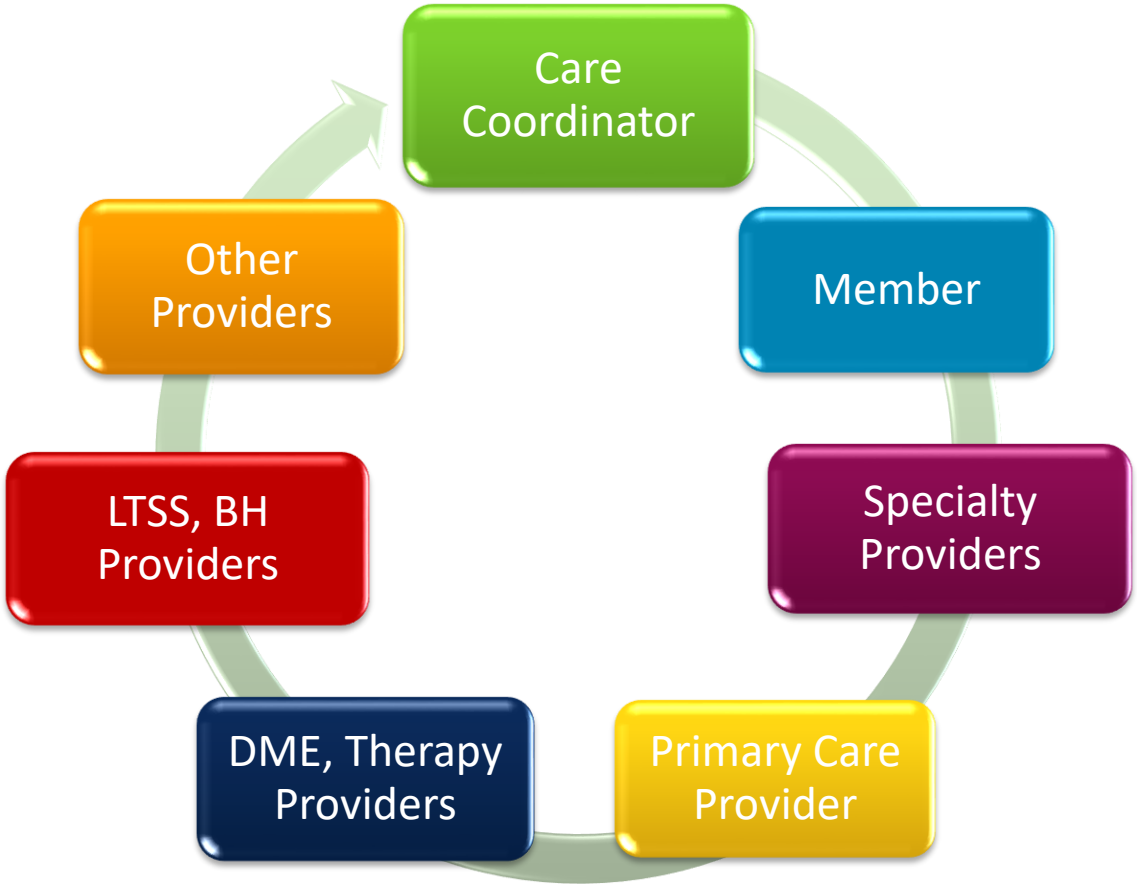
Care Coordination

Continual Assessment

Case Management	• Link to needed resources and services • Utilize enhanced benefits
Utilization Management	• Understand benefits and application of MNC • Treatment planning and appropriateness of care
Quality	• Best practices • Performance improvement and health outcomes
Network	• Assessment and Referrals • Awareness of specialty providers and shortages
Member Experience	• Understanding and communication • Provide education and support

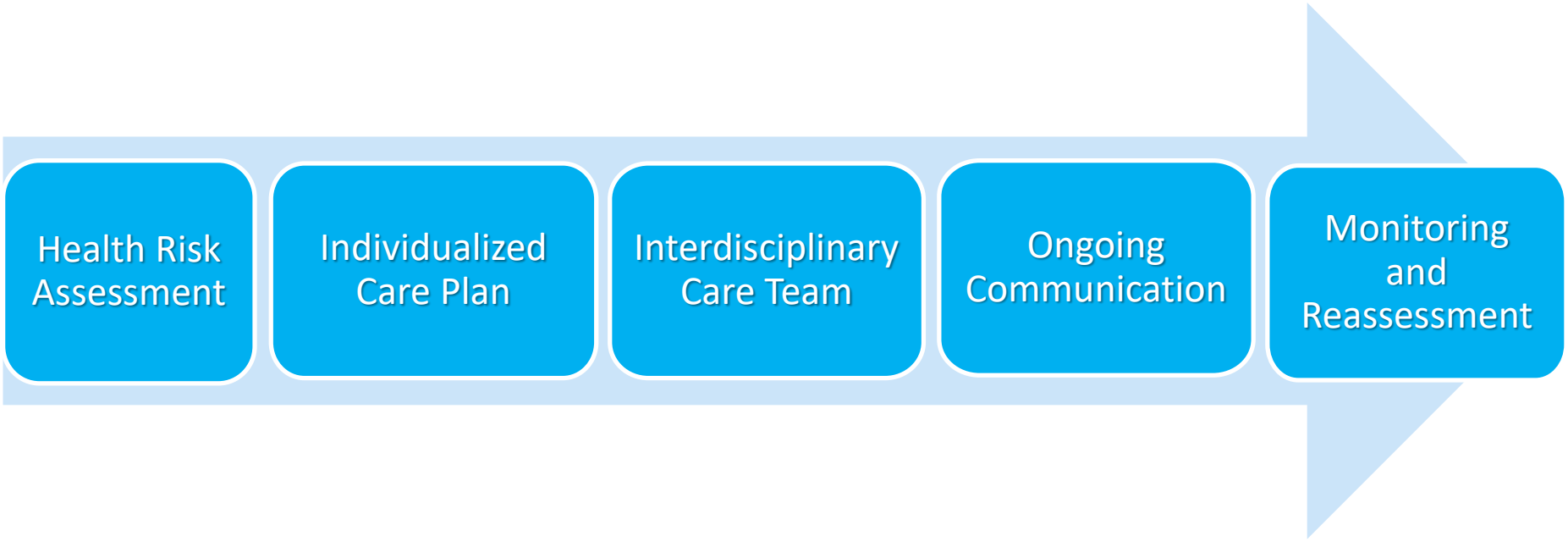
Care Coordination

Establishes and Helps to Maintain Pathways for Communication & Collaboration



Care Coordination

A person-centered approach:
Provides comprehensive care coordination
Integrates the medical and social models of care
Promotes Member choice and rights
Engages the Member, family/caregivers and providers



Importance of Collaboration

Effective Communication Sets the Stage for Effective Collaboration

Considerations for Collaboration for Services:

- Ensuring communication and avoiding duplication
- Care Coordinators and Service Coordinators should collaborate to jointly participate in all possible planning and assessment reviews
  - Joint participation in the initial ASP and IFSP
  - Joint participation in re-assessment and IFSP review
  - Keep in Mind:
    - Initial ASP/IFSP and initial HRA/ICP will not coincide unless child is initially enrolled in MCO at the same time as EI referral
  - Joint participation to develop transition plan and EI discharge

Care Coordinator Models Collaboration Through Development of ICP

Points in Time When Your Member Will Need More Intensive Care Coordination

- Transitions
- Crisis
- Declining health or new diagnosis
- Improvement in health which leads to decrease in services
- Change in Member's support system

How to Engage & Involve Providers

- Best practice is to not wait until an ICT meeting invitation to start engaging the provider
- Start early, educate them on your role, how you can assist in preventative care and also help them get what they need from your health plan
- Get in the habit of sharing information with the providers, building relationships so that when critical care is needed, it's not the first time they are hearing from you
- Let them know you want to partner to make their jobs easier so that your members gets the best care possible

How Can I Learn More?

- DMAS Early Intervention Services Manual:

https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual

- Infant & Toddler Connection website: www.infantva.org
- Contact the Infant & Toddler Connection of Virginia at 804-786-3710
- Email Infant & Toddler Connection of Virginia staff: http://www.infantva.org/Contactus.htm
- Early Intervention Websites:

https://www.dmas.virginia.gov/for-providers/managed-care/ccc-plus/provider-resources/

https://www.dmas.virginia.gov/for-providers/maternal-and-child-health/early-intervention-services/

Early Intervention Mailboxes:

- Cccplusearlyintervention@dmas.virginia.gov
- M4earlyintervention@dmas.Virginia.gov

Answers To Your Questions


THANK YOU