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ABSTRACT

This report is one of three resulting from a 50-state survey on the development of family policies through the implementation of Public Law 99-457 (Part H) and focuses on the selection of case managers, qualifications and training of case managers, vehicles to monitor and supervise case managers, and financing the case management system. Among findings were the following: 37 states are currently developing policy for the selection of the case manager; 72% plan for the primary case manager to be assigned by the Individual Family Service Plan (IFSP) team with considerable input from parents; 23 states plan to select the case manager exclusively from the discipline most closely related to the child's or family's need; Desired competencies for case managers include knowledge of local resources, of state and federal laws, of interagency collaboration, of typical and atypical child development, and of assessment procedures and family dynamics. Twelve states plan for case managers to be monitored at the regional level with eight states planning to monitor managers at the local level. Half of the states plan to incorporate Medicaid as one funding source for case management; 29 states plan to use state funds; and 17 states plan to use Part H funds. Information on the survey methodology is appended. Includes 8 references. (DB)

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Carolina Institute for Child and Family Policy

STATUS OF STATES' POLICIES THAT AFFECT FAMILIES: CASE MANAGEMENT P.L. 99-457, Part H The Infants and Toddlers with Handicaps Program

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P.L. 99-457, Part H
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The study also profited immensely throughout from advice, assistance, and extensive editing of Dr. Gloria Harbin and Deborah Forsythe Perry. Kim Mattingly generously contributed of her expertise in producing the complex figures contained in the report. Special recognition is due to Tracey Johnson who provided the word processing expertise, patience, and persistence.

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FOREWORD

A Series of Reports on the Family and P.L. 99-457 (Part H)

One of the clearest objectives of the framers of P.L. 99-457 (Part H) was their special concern for families. The intent to strengthen the family's role in planning for their own child is manifest in their expected participation in the Individual Family Service Plan, in the provision of procedural safeguards, the requirement that three parents service on the Interagency Coordinating Council, and the case management requirements to provide a single communication point for the family in its dealings with the professionals providing service for their child.

Legislative intent is one thing and the actual policy development and implementation that follows can be quite different. The Carolina Policy Studies Program undertook this study in an attempt to understand what the states were actually doing to put these ideas into practice.

The Carolina Policy Studies Program (CPSP), through a subcontract with the National Association of State Directors of Special Education (NASDSE), conducted a fifty-state survey in early Fall of 1990 on the development of family policies through implementation of P.L. 99-457 (Part H). The survey addressed questions of family involvement in Interagency Coordinating Council activities, how families access the service system, how case management policies affect families, and what policies provide for procedural safeguards. Because of the quantity of data collected, these results are in three separate reports.

This report, "Status of States' Policies that Affect Families: Case Management," deals with the selection of case managers, qualifications and training of case managers, vehicles to monitor and supervise case

managers, and financing the case management system. Another report, "Status of the States' Policies that Affect Families: Procedural Safeguards," deals with policies regarding consent, confidentiality, access to records, and dispute resolution. The third survey report, "Status of States' Policies that Affect Families: The Early Intervention System," deals with the ICC and the participation of family members, parental access to services, the identification of family strengths and needs, and family participation at the IFSP meeting.

The free reports of findings from this survey are available from the Carolina Policy Studies Program, University of North Carolina at Chapel Hill, 136 E. Franklin Street, Chapel Hill, NC 27514.

Refer to one of the following:

Place, P., Gallagher, J., & Eckland, J. (1991). Family Policies in State Programs for Infants and Toddlers with Handicaps: The Early Intervention System. Chapel Hill, NC: Carolina Policy Studies Program.

Place, P., Gallagher, J., & Eckland, J. (1991). Family Policies in State Programs for Infants and Toddlers with Handicaps: Procedural Safeguards. Chapel Hill, NC: Carolina Policy Studies Program.

Anderson, K., Place., Gallagher, J., & Eckland, J. (1991). Family Policies in State Programs for Infants and Toddlers with Handicaps: Case Management. Chapel Hill, NC: Carolina Policy Studies Program.

EXECUTIVE SUMMARY
(Case Management)

This report on family policy developed from P.L. 99-457 (Part H) is the second of three that details the results of a telephone interview survey of the fifty state Part H Coordinators. This report focuses on policies related to the selection of the case manager, qualifications of case managers, inservice training proposed for case managers, supervision of case managers, and financing case management services.

Although 37 states are currently in the planning stage of developing policy for the selection of the case manager, 72 percent of the 50 responding states report that the plan is for the primary case manager to be assigned by the IFSP team with considerable input from the parent(s). Almost three-fourths (74 percent) report that they plan to use an interim case manager, who is appointed to assist the family during the time between referral and the IFSP meeting.

The planned policies indicate a strong desire for state policies to reflect family preference in the selection of a case manager. Twenty-three of the states are planning to select the case manager exclusively from the discipline most closely related to the child's or family's need. Nine states are planning to appoint personnel who are designated solely as case managers, i.e., dedicated case managers.

Desired competencies for case managers that were reported included information on local resources, knowledge of state and federal laws, knowledge of interagency collaboration, knowledge of typical and atypical child development, and knowledge of assessment procedures and family dynamics.

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The data suggest that policy regarding the supervision of case managers is still in development in many states. However, 12 of the 50 responding states report that they plan for case managers to be monitored at the regional level and eight states plan for monitoring to take place at the local level.

Policy and plans for the financing of case management varied across the nation. Half of the responding states plan to incorporate Medicaid as one funding source for case management. Twenty-nine states plan to use state funds, and 17 states reported that Part H funds would be a financing source. Most states plan to finance case management by using a variety of funding sources. The funding sources for case management have yet to be determined in eight states.

BACKGROUND

The Carolina Policy Studies Program has been studying states' development of policies for the Part H, Infant and Toddlers Program. This legislation (P.L. 99-457) targeted the family of the infant or toddler with special needs as a primary decision-maker about, and potential recipient of, early intervention services. CPSP has been carefully investigating how families have been involved in the development of policies for the Part H program (e.g., by identifying families' involvement with the state Interagency Coordinating Council). The Institute is also very interested in studying the policies which are highly likely to impact directly on the families of these very young children. As part of these multiple study efforts, CPSP conducted a nation-wide survey to collect data on these topics.

P.L. 99-457 provides assistance to participating states to establish a comprehensive, interagency, coordinated, multidisciplinary system to provide early intervention services to eligible infants and toddlers and their families. One of the services which the law requires states to make available to every eligible infant and toddler and their families is case management. The statute specifies that the Individualized Family Service Plan (IFSP) must contain the "name of the case manager from the profession most immediately relevant to the infant's and toddler's or family's needs who will be responsible for the implementation of the plan and coordination with other agencies and persons" (Sec. 677(d)(6)).

Perhaps Congress mandated that each family receive case management because of the very complexity of the early intervention

system which P.L. 99-457 describes. Regardless of the Congressional motive for this requirement, case management services can result in an early intervention system which supports a family's strengths and assists in ways which build the family's capacities. Another less desirable possibility is the development of a system which overtly or covertly usurps the authority and independence of a family. While many approaches to early intervention support the need for a model of case management which empowers families (e.g., Dunst, Trivette and Deal, 1988; Turnbull and Turnbull, 1986; and Bailey, 1987), this approach will require states to adopt different approaches to case management than used in the past (Gilkerson, 1990).

Since case management may impact significantly on the family, CPSP gathered data about some characteristics of states' policies for case management. The inquiries were about the process for selecting case managers, the qualifications and training of case managers, vehicles to monitor and supervise case managers, and financing the case management system.

RESULTS

Selection of the Case Manager

Interim case manager. States have considerable flexibility in determining the nature of their case management systems. The regulations (Sec. 303.344 (g)(2)) allow agencies to assign the same case manager who was appointed at the time the child was initially referred for evaluation or to appoint a new case manager at the IFSP meeting.

Many states have elected to incorporate the use of an "interim" case manager into their systems. An example might be a case manager

who is appointed to assist the family during the time between referral and the IFSP meeting. Of the 50 responding states, 37 report that they plan to use an interim case manager. Five states report that they do not plan to use this option. Some states report that an interim case manager will be assigned and may or may not remain as the primary case manager, depending on the needs of the family. Eight states have yet to determine if an interim case manager will be used.

Policies regarding interim case managers are official in ten of 47 states that were asked about this status. Of the ten states with official policies, seven plan to have interim case managers. Three states with official policies do not plan to have interim case managers. Thirty-seven states are currently in the planning stage of policy development.

Primary case manager. Thirty-six of the 50 responding states report that the primary case manager will be assigned by the IFSP team with considerable input from the parent(s). Examples from the eight states that report other approaches for the selection of the case managers include states that will assign the case manager on a geographic or caseload basis and states where the case manager is assigned by the local program director. Six states have yet to determine how the primary case manager will be assigned.

Many responses received from states indicated a strong desire for state policies to reflect family preference in the selection of a case manager. Twenty-three of 50 responding states are planning to select the case manager exclusively from the discipline most closely related to the child's or family's need. Anecdotal evidence indicates that the family's need may take precedence over that of the child (e.g., if the child requires physical therapy and language therapy but the family

needs someone who is familiar with the social services system, a social worker would be given preference over a therapist as case manager).

Nine states are planning to appoint personnel who are designated solely as case managers i.e., dedicated case managers. Several states plan to use a continuum model for assignment of the case manager. In these states several options will exist for the assignment of the case manager depending on the needs of the child and the family. If a child's and family's need is not severe, the case manager will be assigned from existing service providers. If the needs of the child and family are greater, the case manager will be assigned from dedicated case managers. Four states plan to incorporate the use of Medicaid case managers with this system.

In addition, some states plan to use the discipline most closely associated with the child's or family's need in combination with other criteria, such as in combination with case managers from the existing Medicaid system. If the family is already eligible for case management through another program, one state will incorporate the other program's case manager into the Part H system. Six states have yet to determine how the case manager will be assigned.

Figure 1 displays the type of selection of case managers by category of lead agency. The number of responses exceeds the number of states because some states cited more than one selection method. Data suggest states with Other lead agencies plan to use dedicated case managers in somewhat greater proportion than states with Health or SEA as the lead agencies.

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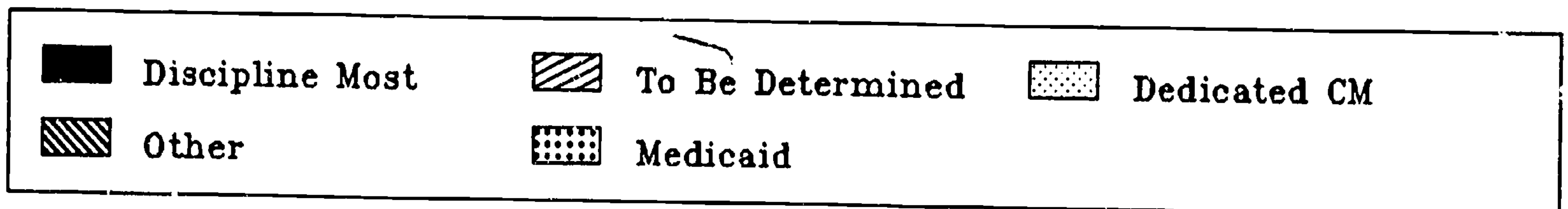
Figure 1
Lead Agency & Selection of Case Manager

Number

14
12
10
8
6
4
2
0

Health
Education
Other

Lead Agency



Of the eleven states which report having official policies regarding the selection of case managers, three have Education as the lead agency, two have Health as the lead agency, and six have Other lead agencies. The case manager will be selected from the discipline most closely associated with the child's or family's need in five of these states. Another three states will use case managers from a variety of sources. Two states plan to use other types of selection. One of these states will use a transdisciplinary model and will assign case managers based on caseload; the other will assign case managers from an existing state-wide model. One state plans to use dedicated case managers. Responses from Part H coordinators indicate that 39 states are in the planning stage of policy development.

Qualifications of Case Managers

The regulations (Sec. 303.6 (d)) state that the case manager must have demonstrated knowledge and understanding about Part H and the regulations, infants and toddlers who are eligible under Part H, the nature and scope of services available under the state's early intervention program, the system of payments for services in the state, and other pertinent information. States have identified varying minimum requirements, types of training, and competencies necessary to fulfill the requirements.

As the survey progressed, the 40 remaining states were questioned about the qualifications of case managers. Ten states report that the case manager must have a minimum of a Bachelor's degree. One state requires the case manager to have a Master's degree while one state requires the case manager to have a high school diploma. Four states require the case manager to have an endorsement. Eleven states have

other forms of minimum requirements, including requirements that are not specific to case management but are more generic early intervention requirements.

In fourteen states the minimum educational requirement has not yet been determined. As depicted in Figure 2, only one state where Health is the lead agency responded that they did not yet have this information (as official or unofficial policy) while nine of the 18 states that have the SEA as the lead agency could not provide a response to this question.

Responses depicted in Figure 2 are not mutually exclusive, e.g. the three states that plan to require some experience also plan to require a Bachelor's degree. In addition, one state plans to have minimum requirements of a Bachelor's degree or two years experience, or one year experience and an Associate degree. However, as the Figure illustrates, many states plan to have a minimum requirement of a Bachelor's degree or plan to have some other minimum requirements, such as a generic early childhood background. States generally report a wide range of competencies which the case manager should possess. Desired competencies include:

information on available local resources;
knowledge of state and federal laws and requirements;
knowledge of interagency collaboration;
knowledge of typical and atypical child development;
knowledge of appropriate assessments; and
knowledge of family dynamics.

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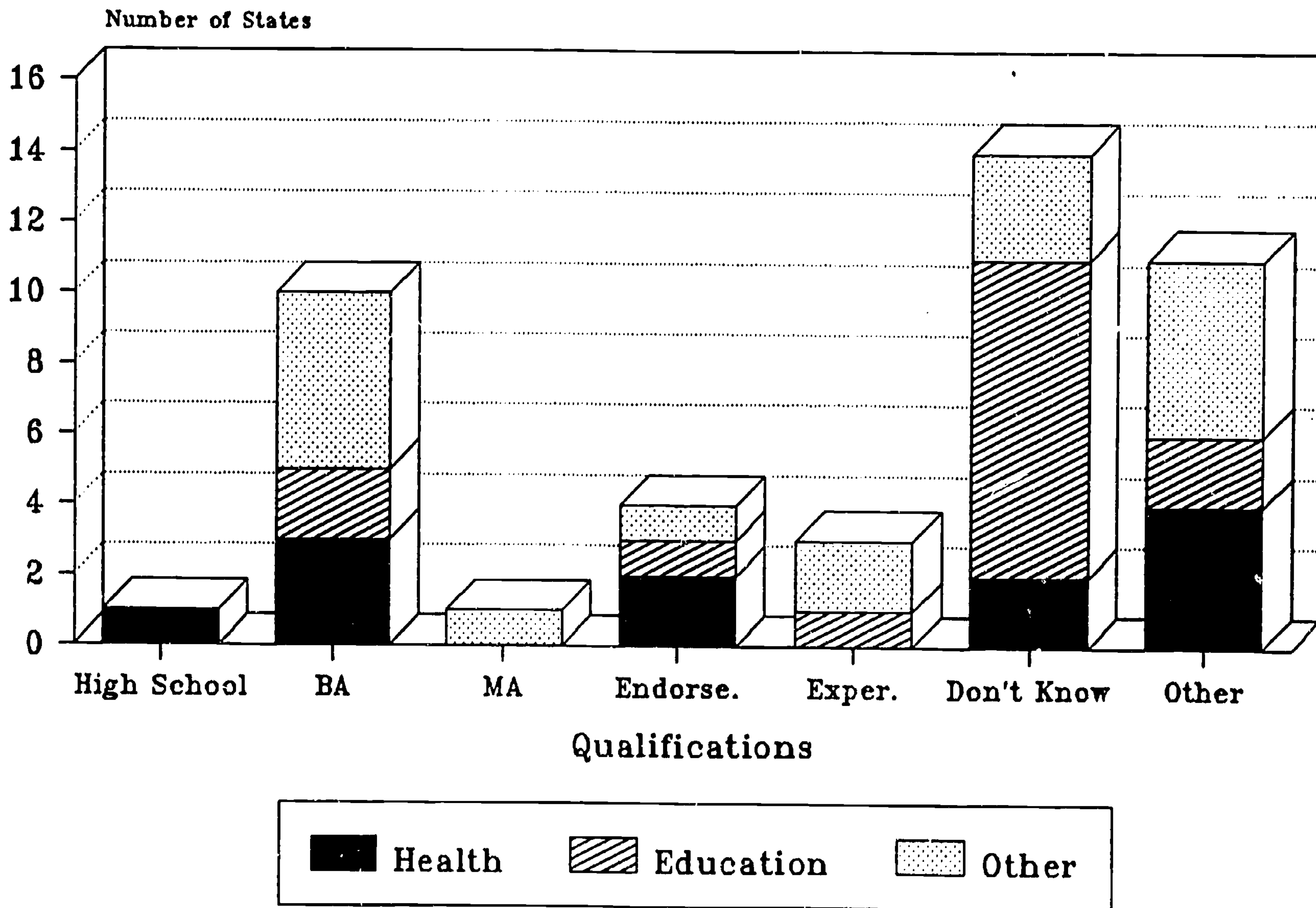
Figure 2

Qualifications of Case Managers



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Training of Case Managers

Most respondents, (76 percent) plan to use in-service programs to train case managers. In eighteen of these 38 states, some form of pre-service training in case management will be offered. An additional seven states plan to also incorporate training leading to an endorsement. Two states report that they plan exclusively to provide case management training leading to an endorsement. Ten states have yet to determine training mechanisms for case managers.

Forty-eight states were polled concerning the completeness of their policies regarding case management qualifications and training. Of the seven states having official policies regarding case management qualifications and training, three states have the Department of Health as the lead agency while four states have Other lead agencies. Responses indicate that 85 percent of the 48 states polled (41) are in the planning stage of policy development regarding case management qualifications and training.

Monitoring and Supervision of Case Managers

Another area for which states are planning is the monitoring and supervision of case managers. The following responses are not mutually exclusive because some states plan to have one type of monitoring with follow-up by another type. For example, some states plan to have local or regional monitoring with follow-up by the personnel from the state lead agency. Twelve of 50 responding states report that they plan for case managers to be monitored at the regional level. Monitoring and supervision will be a local provider function in eight states. Lead agency personnel will be the sole monitors in five states. However, lead agency personnel will be used to supplement local and regional

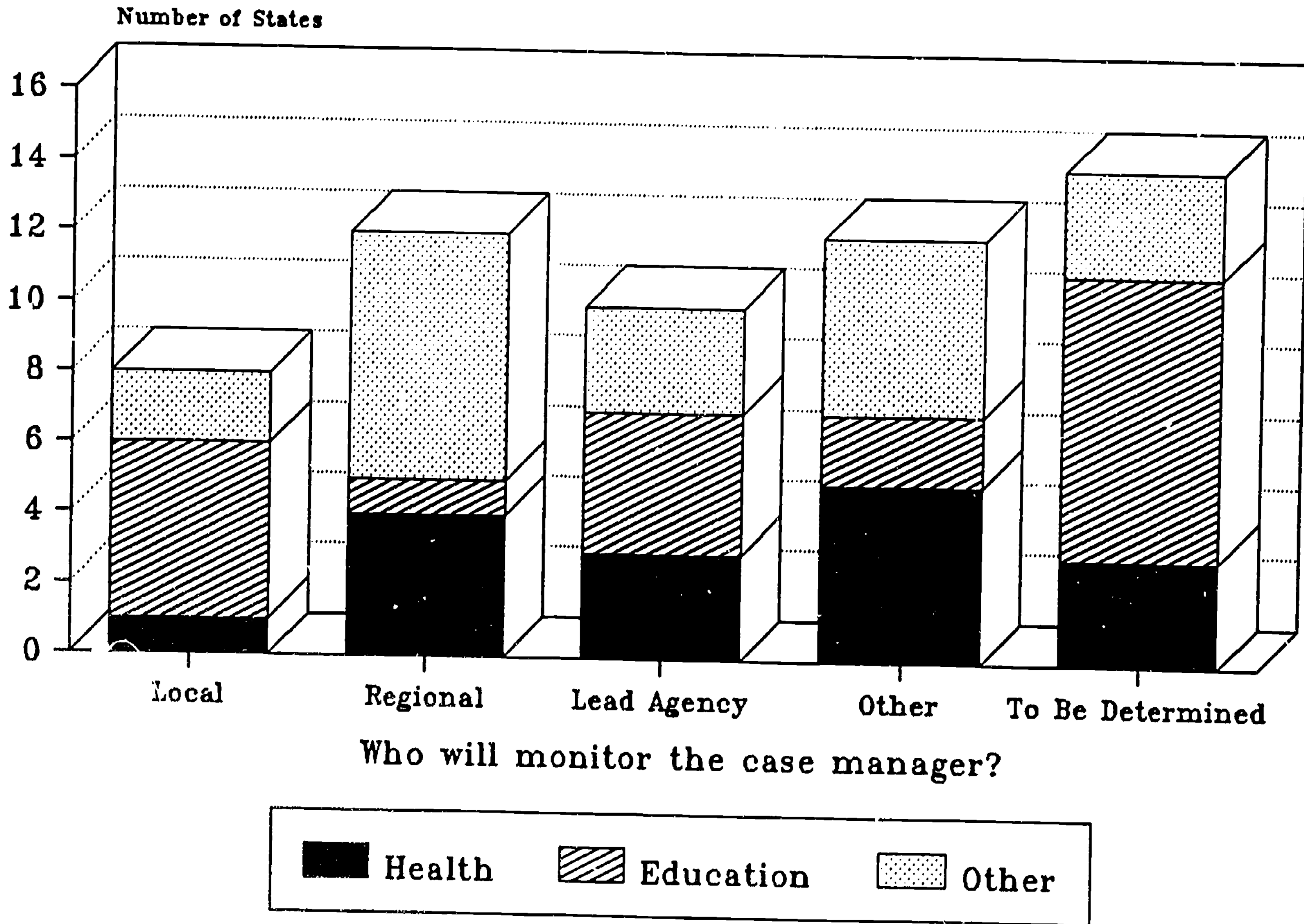
supervision and monitoring in another five states. Some other form of monitoring and supervision will be used in 12 states. One example is each agency monitoring its own case managers. Supervision and monitoring systems have yet to be determined in 14 states.

Figure 3 illustrates the structures through which states plan to monitor and supervise case managers. The data suggest that states with Other lead agencies plan to use a regional structure to monitor and supervise case managers to a greater degree than states with Education or Health lead agencies. States with Education as the lead agency primarily plan to use local or lead agency personnel to monitor and supervise case managers.

Questions regarding the status of the policy about who monitors and supervises case managers were asked of 46 states. Official policies regarding the supervision and monitoring of case managers have been developed by ten states. Of these states, the lead agency is Education in two states, with the monitoring and supervision being performed by the local provider. Health is the lead agency in three states, and the remaining five states have Other Lead Agencies. In these eight states monitoring and supervision functions are performed by regional personnel or each agency monitoring its own case managers. Policy development is in the planning stage in 36 states.

States plan to use a variety of approaches or combinations of approaches, to monitor and supervise case managers, including review of paperwork, on-site reviews, reports of supervising personnel, and reports from families. The total number of strategies recorded exceeds 50 because some states plan to use more than one approach. While 23 states plan to use on-site and paperwork reviews, two of those states

Figure 3
Case Management Monitoring



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also plan to include parent reviews as part of the monitoring and supervision process. An additional seven states also plan to use reports from supervising personnel. Two states report that they plan to use a combination of on-site reviews and reports of supervising personnel. Nine states plan to use ther forms of monitoring and supervision such as each agency using its own internal strategies, some in combination with other monitoring processes. The approaches for monitoring and supervision have yet to be determined in seventeen (35 percent) states.

The status of policy development for the processes of monitoring and supervising case managers parallels the status of policies regarding who performs the monitoring and supervision functions. Ten of 47 responding states have official policies regarding how case managers will be monitored and supervised, leaving 79 percent of the states still in planning stage of policy development.

Financing Case Management

Most states plan to finance case management systems by using a variety of funding sources. As Table 1 indicates, 25 of 50 responding states plan to incorporate Medicaid as one funding source for case management. Twenty-nine states plan to use state funds (including 14 of the 18 states with Other as the lead agency). Fifty-seven percent of states with Health lead agencies and 14 percent of states with SEA lead agencies plan to use state funds. Part H funds will be a financing source for case management in 17 states and nine states plan to have each agency finance its own case management. Fifty percent of states with Other lead agencies plan to use Part H funds to finance case management compared with 27 percent of states with Education as the lead agency

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Table 1

FINANCING CASE MANAGEMENT

Number of states using particular type of financing*

Type of Financing	Health	Education	Other	Total
Medicaid	8	8	9	25
DD	0	2	1	3
State Funds	8	8	13	29
Part H Funds	2	5	10	17
Other Federal Funds	0	1	2	3
Each Agency Financing Own	4	2	3	9
Other	2	5	6	13
To Be Determined	1	5	2	8

* Funding sources are not mutually exclusive

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and 14 percent of states with Health as the lead agency. The funding sources for case management have yet to be determined in eight states.

Although ten of the 47 states that provided responses to this item have official policies regarding the financing of case management systems, 37 states are in the planning stage of policy development. Of the ten states that have adopted official policies, four intend to have each agency finance its own case manager. State funds will provide an additional source of funding in one of these states. The remaining six states will use a variety of funding sources to finance the case management component of their early intervention programs. These funding sources include Medicaid, state funds, federal funds, and Part H funds.

DISCUSSION

Survey results regarding case management reflect states' desires for policies to respond to the individual needs of families. Many states have sought input from a broad community based constituency in developing policies. In addition to facilitating parents' participation at the state level in this policy development, coordinators consistently voiced the goal that case management delivery systems should respect choices of families whenever possible.

The data suggest that many states have discussed policies regarding the qualification of case managers. However, only seven states had formally adopted policies about qualifications or training of case managers at the time of the survey. Although case management services have been available for some time through a variety of sources (e.g., Medicaid), this experience does not seem to have greatly facilitated

the development of case management policies for the Part H program. The interagency nature of Part H case management has contributed to complications of establishing the requirements for case managers. In most instances, case managers will come from a variety of disciplines and agencies. Establishing minimum requirements for all case managers across agencies and disciplines is understandably a formidable task. Developing comprehensive personnel systems also has presented difficulties for many states. Identifying desired competencies for case managers appears less difficult than establishing the minimum requirements for the case managers.

Given the various lead agencies' differing experiences with financing a case management system, patterns of responses about financing might be expected to develop according to lead agency. For instance, one might anticipate states with Health lead agencies to make greater use of Medicaid in funding case mangers. However, survey responses regarding financing case management do not generally reflect such patterns. Results indicate that while somewhat over one-half of the states with Health lead agencies plan to use Medicaid to fund case managers, approximately one-half of the states with Education and Other lead agencies plan to do the same. However, a higher percentage of states with Other lead agencies indicate that they plan to use state funds and Part H funds to finance case management than do SEA states or states with a Health lead agency.

Models of case management had been in existence long before P.L. 99-457 was enacted. However, many of the existing models were implemented within a single agency. In planning case management services for infants and toddlers with special needs and their families,

states are making significant efforts to develop new systems which incorporate both interagency collaboration and family centered care.

Developing new systems can be a difficult and time consuming process. While most states have yet to develop official policies regarding case management, states have expressed a strong desire to take the time to build a new system that reflects the goals of family participation they have identified for the Part H system as a whole. The desire for Part H case management is to support family members and to enhance the family's capacities to utilize the comprehensive service system that should be available for their children and themselves.

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APPENDIX A

METHOD

As part of its family policies study, the National Association of State Directors of Special Education (NASDSE) conducted its second telephone survey of state Part H coordinators to identify the status of policies affecting families. This study was conducted as part of the sub-contract awarded to NASDSE by the Carolina Policy Studies Program (CPSP) at Frank Porter Graham Child Development Center, the University of North Carolina.

Input was solicited from the CPSP Family Advisory Board and state Part H coordinators to develop a draft survey protocol. In the spring of 1990, the draft was sent to the Family Advisory Board and selected Part H coordinators for review. These measures assured that the information to be collected was important and relevant to those who would be the primary recipients of the analysis.

During the summer of 1990, the survey protocol was mailed to all state Part H coordinators in 50 states and the District of Columbia. (The District of Columbia will be referred to as a state in this report.) Coordinators were called to schedule the one hour survey call at their convenience. After some initial calls it became apparent that additional clarification on a few items would contribute information that would be useful to states. Therefore, it was decided that some questions would be added to the original protocol despite the fact that these data would not be available from every state because some interviews had already been conducted. Whenever data are presented from less than the total number of states, such information is noted in the text. Verbal responses were coded and the categorized responses were sent back to

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each coordinator for verification. Changes or corrections to these categorizations were made prior to the final data analysis.

All states participated except one. That state sent a letter declining participation because they did not have policies and so could not respond to the items in the survey. For some analyses, states were categorized as having the State Education Agency (SEA), Health, or other as the lead agency. A category of other lead agencies was created because categorizing these agencies further might jeopardize their anonymity. The SEA was the Part H lead agency in 18 states that participated in the survey, Health was the lead agency in 14 states, and some other agency was the lead agency in 18 states.

The survey collected information in four areas of policy development most relevant to families: parent involvement on the Interagency Coordinating Council (ICC), selected components regarding access to the early intervention system, case management, and procedural safeguards. These topics were selected because they particularly involve or affect the families of infants and toddlers with special needs.

These topics had emerged as the significant issues through interviews with state agency personnel and families during CPSP case study interviews. In addition, the family advisory board substantiated that these were topics on which data should be collected.

Family involvement on the state ICC may influence the nature of policies and program practices for all families involved in early intervention. The first contacts between the family and the early intervention program may set the tone for all future interactions. Identifying the policies and mechanisms which families can utilize to

enter the system was an important area of study for this survey. Identification of the family's strengths and needs can be a very positive experience if approached with a sense of partnership and support for families (Johnson, McGonigel, & Kaufmann, 1989) or can be unnecessarily intrusive. Therefore, these policies have an important place in this survey. The same caution can be made about case management. Consequently, the nature and procedures of the case management system were important to study as states began to refine or develop this system. Decisions about services to be included on the IFSP will critically impact on the families receiving these services and so several questions addressed this topic. Finally, procedural safeguards must be studied to identify what policies will be available to protect a family's right to privacy, to assure that the family is the authority and primary decision-maker, and to provide a vehicle for resolving disputes.

All these topics were addressed in the CPSP survey. Because of the quantity of data collected, these results have been presented in three separate reports. Given the current status of policy development in the states, most of the policies identified in this report fall somewhat short of being official policy. These policies might represent a recommendation by the ICC or by the lead agency or might be current practice. When a policy has been formally adopted by a state it is identified as an official policy.

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