

## **Case Management being unbundled from Intensive In-Home Treatment and Intensive Community Treatment for Community Providers**

The Community Mental Health and Rehabilitative Services regulations that went into effect on January 30, 2015 include a significant change regarding the delivery of Case Management Services for members receiving Intensive In-Home (IIH) Services and Intensive Community Treatment (ICT). In the past, Case Management has been a required component of each of these two services. With the recent regulatory changes, Case Management is no longer combined or bundled with IIH or ICT. Instead, providers of these services are now required to provide Care Coordination. See 12VAC30-5-130 B.5.6 and 12VAC30-50-226 B.6.

According to the definition provided in 12VAC30-50-130 B.5.a, Care Coordination is defined as: collaboration and sharing of information among health care providers, who are involved with a member's health care, to improve the care.

For current members receiving either IIH or ICT and who need continued Case Management services, they are now able to receive Case Management services from their local Community Services Board (CSB) or Behavioral Health Authority (BHA.) It is not required for the member enrolled in IIH or ICT to receive Case Management. However, if Case Management is needed, as part of care coordination and to help prevent a disruption in service, providers should refer members to the local CSB or BHA for continued case management services and assist them with the transition. If providers or members need assistance with these changes and the transition to a different case management provider, the provider or the member may call Magellan directly at 1-800-424-4046.

Should the member receiving either IIH Services or ICT be enrolled in Case Management services, it is required that the IIH or ICT service provider has a minimum of the following contact with the CSB or BHA Case Manager:

1. Notify the CSB/BHA case manager that the member is enrolled in either IIH Services or ICT.
2. Send monthly updates of the member's status to the CSB Case Manager.
3. Send a discharge summary to the case manager within 30 days of the service discontinuation date.

For a complete copy of the regulation changes, go to:  
<http://townhall.virginia.gov/L/ViewXML.cfm?textid=9322>

\*There is not a change to the qualifications for those delivering Case Management Services. Please refer to 12VAC30-50-420 or 12VAC30-50-430 for further details. Changes to requirements for service specific intakes by and LMHP do not apply to Case Management.