

Coordination of Services and Care for Medicaid Members in Virginia

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What is Care Coordination?

Care coordination, as defined by DMAS, means a collaboration and sharing of information among health care providers, who are involved with an individual's health care, to improve care.



*So how is that different from Case
Management?*



What is Case Management?

Case management is a reimbursable service that is defined by DMAS as:

- A service to assist individuals, eligible under the State Plan who reside in a community setting, in gaining access to needed medical, social, educational, and other services.
- Case management does not include the provision of direct services.

Case Management Requirements

To be eligible for Mental Health Case Management Services a member needs to:

(For those 18 years and older):

- Be living with a serious mental illness (as defined by DBHDS)
 - *There must be a major mental disorder diagnosed using the Diagnostic and Statistical Manual of Mental Disorders (DSM). These disorders are:*
 - *schizophrenia,*
 - *major affective disorders,*
 - *paranoia,*
 - *organic or other psychotic disorders,*
 - *personality disorders, or*
 - *other disorders that may lead to chronic disability.*

A diagnosis of adjustment disorder or a V Code diagnosis cannot be used to satisfy these criteria.

Case Management Requirements

(For those members birth through 17 years of age)

- Be living with a serious mental health problem that can be diagnosed under the DSM-IV or:
- Be exhibiting ALL of the following:
 - *Problems in personality development and social functioning that have been exhibited over at least one year's time; and*
 - *Problems that are significantly disabling based upon the social functioning of most children that age; and*
 - *Problems that have become more disabling over time; and*
 - *Service needs that require significant intervention by more than one agency.*

Case Management Requirements

(for those members birth through age 7)

- At risk of Emotional Disturbance - Children aged birth through seven are considered at risk of developing serious emotional disturbances if they meet at least one of the following criteria:
 - *The child exhibits behavior or maturity that is significantly different from most children of that age and which is not primarily the result of developmental disabilities; or*
 - *Parents, or persons responsible for the child's care, have predisposing factors themselves that could result in the child developing serious emotional or behavioral problems (e.g., inadequate parenting skills, substance abuse, mental illness, or other emotional difficulties, etc.); or*
 - *The child has experienced physical or psychological stressors that have put him or her at risk for serious emotional or behavioral problems (e.g., living in poverty, parental neglect, physical or emotional abuse, etc.).*

Case Management Activities

- Comprehensive, service specific assessment
- An Individual Service Plan (ISP) built on the assessment information including referrals for medical and psychiatric assessments completed within 30 days of admission and reviewed every 3 months
- Documents attempts to notify Primary Care Physician (PCP) or pediatrician regarding the member's receipt of services and case management.
- Monthly contact with the member
- Link member with needed services and supports as specified in the ISP
- Provide services according to the ISP

Case Management Activities

- Coordinate services and treatment planning with other agencies and providers
- Enhance community integration
- Contact member's significant others to promote service plan and community adjustment
- Provider direct services such as:
 - *Education and assistance with problem solving and*
 - *Enhancing the member's community integration and independent function*
 - *Direct services are individualized and do not include group activities that provide general information. (i.e. a healthy lifestyles group)*
- Face to face contact at least every ninety days.
- Update ISP at least annually

DMAS Care Coordination

Care coordination is an aspect of another service.

Intensive In Home and Intensive Community Treatment does not include Targeted Case Management activities as defined by Medicaid.

Providers are expected to collaborate with other providers to share information freely for the purpose of improving care for the member.

This frees the provider to be able to spend more time in direct face to face therapeutic interactions with the members and with families, depending on the service.

This also allows the member to continue services with either targeted case management through the CSB or Intensive Care Coordination utilizing CSA or other funds.



Which in turn will improve the continuity of care by allowing a member or family to remain with the same case manager if they so wish.



Service Coordination for members



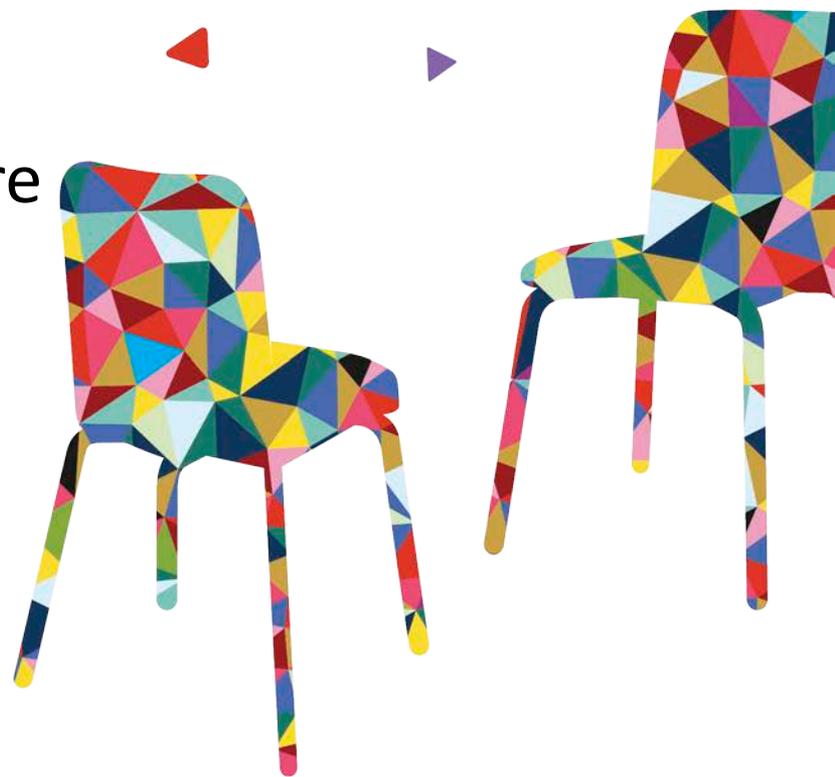
Service Coordination

Mental health services for Medicaid members may be covered by the BHSA or by the member's MCO.

This can be another area where coordination will improve the continuity of care for members.

Service Coordination

For Medicaid MCO members
traditional and medical services are
covered by the MCO



Service Coordination

Non-traditional mental health services are covered through the BHSA.

Members transitioning between a hospital stay and community mental health treatment may need their MCO and the BHSA to communicate about services available to support the member at discharge.

Members transitioning from a state facility back to the community may need the BHSA to coordinate with their MCO once they are reinstated to assure transition to traditional out patient services and outpatient psychiatric services.

Members who move from MCO to MCO or from Commonwealth Care Coordination or the Behavioral Health Home Pilot Project to traditional Medicaid services also often need assistance in coordinating services



Service Coordination

The MCOs and the Magellan Healthplan Care Coordination Liaison work together to provide a more robust referral system for members who live with mental illness and physical illness. Promoting communication between the mental health providers and the medical health providers will improve overall health outcomes for members.

Care Coordination With the Children's Services Act

- Many Youth served through the Children's Services Act also receive Medicaid Services. Coordination of care for these members is important to Magellan.
- Discussion of the member's needs and strengths will be important information to share, as well as the progress reported by the service providers. This will help the FAPT better understand the Magellan decisions concerning authorization of services, and assist the Care Manager with shaping care for the member at the provider end.
- To better facilitate coordination with the local FAPT, the Care Managers at Magellan will need to have an authorization to disclose mental health information and a separate authorization to disclose substance abuse information and/or treatment.



Care Coordination With the Children's Services Act

Once Magellan receives an Authorization to Use or Disclose Protected Health Information (an AUD) from the local FAPT, it is attached to the member's case in the Magellan information system.

When the FAPT calls the Magellan 1-800- 424-4046 number, any care manager will be able to discuss the member's care freely once the caller has verified the member's information. (Name, Medicaid number, date of birth and address or SSN)



Care Coordination With the Children's Services Act

- Updated rate sheets are required for residential treatment placements at each Magellan review.
- Updates need to include the dollar amount as well as active authorized date ranges
- Providers are required to send updated rate sheets whenever they receive them from CSA's so Magellan can update the records as soon as possible after a rate has changed



Coordination of Services and Care for Medicaid Members in Virginia



Mental Health Case Management – Provided by the CSBs

Care Coordination – Provided by service providers

Service Coordination – Provided through the MCOs and BHSA

Questions?



Coordination of Services and Care for Medicaid Members in Virginia

For questions on individual situations regarding service coordination between the MCOs and Magellan please contact

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For questions about benefits managed by Magellan of Virginia please contact one of our knowledgeable Customer Service Associates at (800) 424-4046