ADMH
Alabama Department
of Mental Health
connecting mind and wellness

Certified Community Behavioral Health Clinics

Case Management vs.

CCBHC Targeted Case Management and

Care Coordination

TODAY'S AGENDA

- CCBHC Care Coordination & Targeted Case Management support the CCBHC vision
- Federal CCBHC requirements
  - Care Coordination
  - Targeted Case Management
- Comparison to current AL Care Coordination & TCM
- Questions

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QUESTIONS AND ANSWERS

- Please use the Zoom Q&A feature to submit your questions throughout the session.
- We will answer as many as possible during the webinar and post a recording of the session on the ADMH website.
- Any unanswered questions will be documented, and responses will also be shared by ADMH following this orientation.

POLL

Take a moment and rank your understanding of the CCBHC requirements for care coordination & targeted case management on a scale of 1-5

ALABAMA'S CASE MANAGEMENT TODAY

Focus:

- Supporting individual needs and accessing community services.

Key Features:

- Service planning, referrals, and monitoring.
- Typically siloed by program or funding stream.
- Limited integration across behavioral, physical health, and social supports.

Challenges:

- Gaps in coordination for complex cases.
- Reactive rather than proactive.
- Inconsistent practices in tracking follow-up activities post-referral.

THE MODELS

Targeted Case Management

- Focuses on an agency-specific service plan
- More intensive case management for specific populations who
  - Need multiple services and
  - Face challenges in accessing or maintaining these services on their own
- For those who have short-term critical needs

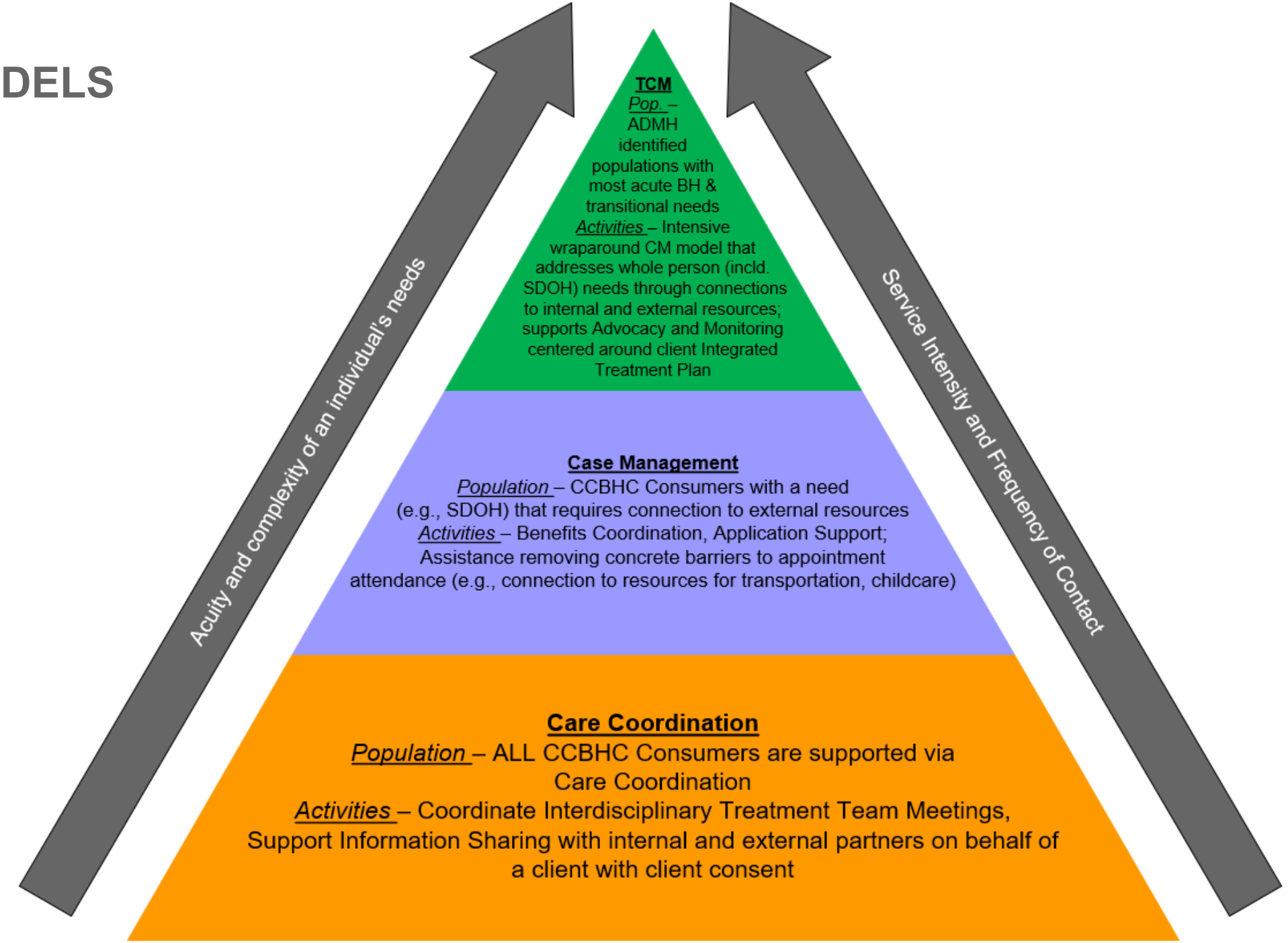
Case Management

- Focuses on an agency-specific service plan
- Referring people to services connected with care plan
- Helping people access benefits and resources

Care Coordination

- Coordinates a community-level service plan
- Ensures MH, SUD, and physical health providers are sharing information and coordinating services
- Coordinates multidisciplinary collaboration like Multidisciplinary Team Meetings
  - Includes providers outside of the CCBHC
  - Includes the person served and family/supports as appropriate

THE MODELS



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CCBHC VISION FOR HOLISTIC CARE

Federal mandate

- Comprehensive, person-centered, integrated care

Care models include:

- **Targeted Case Management (TCM):** Individualized services addressing mental health/substance use disorder needs
- **Care Coordination**: Collaboration across systems, integrating physical health, social services, and behavioral health.

Goal:

- Proactive, seamless care to improve outcomes and reduce barriers.

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FEDERAL TCM AND CARE COORDINATION EXPECTATIONS

Targeted Case Management (TCM):

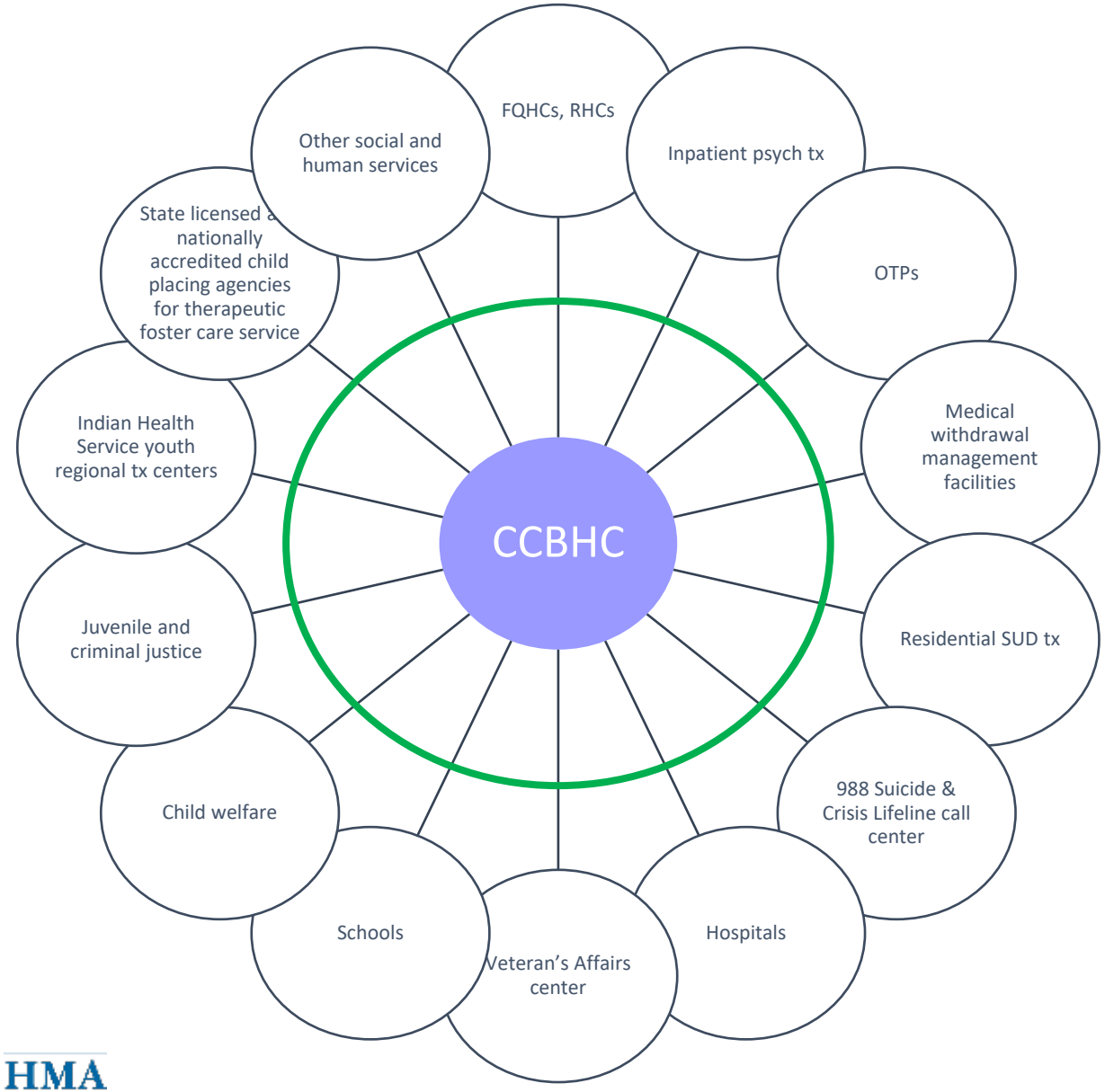
- **One of the 9 core required** CCBHC services
- Intensive support for high/rising risk clients with complex needs
- Comprehensive service assessment and care plan development.
- Ensuring continuity of care through proactive follow-ups.
- Triggers PPS payment

Care Coordination:

- Required for **all clients**, regardless of payer or diagnosis.
- **Formal** partnerships with:
  - Primary care, hospitals, child welfare, justice systems, and housing agencies.
- Emphasis on data-sharing and continuous quality improvement.
- Does NOT trigger PPS

In AL, TCM is an **allowable cost** that is captured in the total cost of CCBHC operations.

CCBHC CARE COORDINATION



Not just referral relationships…

Required Partnerships

Formal Agreements

Health Information Exchange

Protocols for Care Transitions

Active post-discharge follow-up

Interdisciplinary treatment team

Includes person/family caregiver

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REQUIRED CARE COORDINATION PARTNERSHIPS

Agreements must include data sharing

Required through formal agreements or joint protocols

FQHCs	RHCs	Inpatient psychiatric treatment	OTP services
Medical withdrawal management facilities	Ambulatory medical withdrawal management	Residential SUD treatment programs	988 Suicide & Crisis Lifeline call center
Hospitals	Veteran's Affairs center	Schools	Child welfare agencies
Juvenile and criminal justice agencies and facilities	Indian Health Service youth regional treatment centers	State licensed and nationally accredited child placing agencies for therapeutic foster care service	Other social and human

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CARE COORDINATION AGREEMENT PROVISIONS

- Coordination of Services
- Obligations of the Care Coordination Partner
- Patient Privacy & Data Sharing
- Standards of Care
- Professional Judgment and Freedom of Choice
- Autonomy and Compliance with State and Federal Law

Resource:

Certified Community Behavioral Health Clinics Contracting And Community Partnerships Toolkit

ADDITIONAL FEDERAL CARE COORDINATION REQUIREMENTS

HIPAA compliant information sharing (**consents**)

Crisis plan development for all CCBHC clients and **Psychiatric Advanced Directives**, if desired

Reasonable attempts to determine **medications prescribed by other providers**

Consultation with **state Prescription Drug Monitoring Program** before prescribing medications and during evaluation (this differs from current AL requirements for reporting only)

Offer clients **choice of providers**

Assist clients with **accessing benefits and enrollment** in other programs

IT REQUIREMENTS (CRITERIA 3.B.3)

- CCBHCs can develop required capabilities over time within program deadlines.
- They can use one system or multiple tools to meet requirements.
- Develop & implement plan within 2 years of certification to improve care coordination with health IT

ONC-Certified technology that:

- Captures health and demographic information, including SOGI and disability information
- Sends/ receives summary of care records
- Allows clients to view, download, or transmit their health information
- Enables evidence-based clinical decision support
- Supports e-prescribing

CURRENT CARE COORDINATION VS. CCBHC CARE COORDINATION

Feature	Current Alabama CM	CCBHC Care Coordination
Partnerships	Referral –based	Formal Agreements with key partners
Data Sharing	Siloed	Shared systems and interoperability
Crisis Management	Referral to external teams	Direct response and active crisis-follow-up
Whole-Person Care	Challenging due to system fragmentation	Standard requirement

OPPORTUNITIES TO ENHANCE CARE COORDINATION THROUGH CCBHC

- Ensure follow-up mechanisms are in place to monitor engagement with referred care.
- New staffing models and roles to support coordination
  - Medical Assistants
  - Community Health Workers
  - Peer Support Specialists
- New communication protocols among interdisciplinary team
- Ensuring a focus on community-wide service coordination

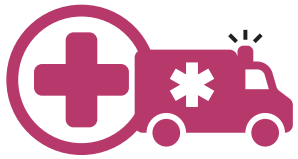
POLL: ANSWER IN THE CHAT FEATURE

Describe your current biggest challenges with implementing **CCBHC Care Coordination.**

What elements do you currently have in place that will facilitate implementation of CCBHC requirements for Care Coordination?

CCBHC TARGETED CASE MANAGEMENT (CRITERIA 4H)

Persons with complex MH/SUD, experiencing or transitioning from acute episode or critical period

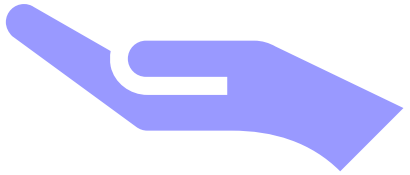


- medical
- social
- legal
- educational
- housing
- vocational
- other services and supports

Beyond basic care coordination…

Intensive case management or team-based case management to connect individuals to needed supports

This may include making referrals on behalf of the person served, providing transportation, and other high-touch services.



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AL CCBHC TCM

CCBHCs are free to determine whether other TCM services may be appropriate for those deemed high risk (i.e., complex or serious MH or SU conditions, homeless, at risk for suicide or overdose, etc.). In Alabama, TCM services will be provided to the following individuals:

- Persons transitioning from carceral settings.
- Persons transitioning from residential treatment
- Persons transitioning from inpatient treatment.
- Persons transitioning from a hospital emergency department
- Persons screening high on social determinants of health screening.
- Persons who have a short-term need for support in a critical period, such as an acute episode or care transition.
- Persons experiencing episodes of homelessness.
- Priority populations of focus:
  - Persons with Opioid Use Disorder (OUD) with emphasis on the African American population;
  - Pregnant and Parenting Women (PPW);
  - and persons experiencing homelessness.

CURRENT CASE MANAGEMENT VS. CCBHC TCM

Feature	Current Alabama CM	CCBHC Targeted Case Management
Focus	Episodic, needs-based care	Proactive, ongoing support
Scope	Limited to specific needs	Comprehensive service linkage
Integration	Minimal	Full integration across systems
Data/Outcome Tracking	Limited	Mandatory, quality-focused

OPPORTUNITIES TO ENHANCE TCM THROUGH CCBHC

- Implementing triage protocols to immediately identify a client's intensive needs
- New protocols for proactive follow-up
- New protocols that strengthen roles in acute care transitions
- New protocols for determining when a client can be discharged from TCM to less intensive services
- New communication protocols among interdisciplinary team
- New partnerships to be able to support full scope of client needs

POLL: ANSWER IN THE CHAT FEATURE

Describe your current biggest challenges with implementing **CCBHC Targeted Case Management.**

What elements do you currently have in place that will facilitate implementation of CCBHC requirements for TCM?

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WHY IT ALL MATTERS

- **Improved Outcomes:** Fewer service gaps, better client experience.
- **Equity-Driven Care:** Tailored approaches to underserved populations.
- **Efficiency Gains:** Reduced duplication of efforts.
- **Stronger Collaboration:** System-wide alignment supports recovery-oriented care.

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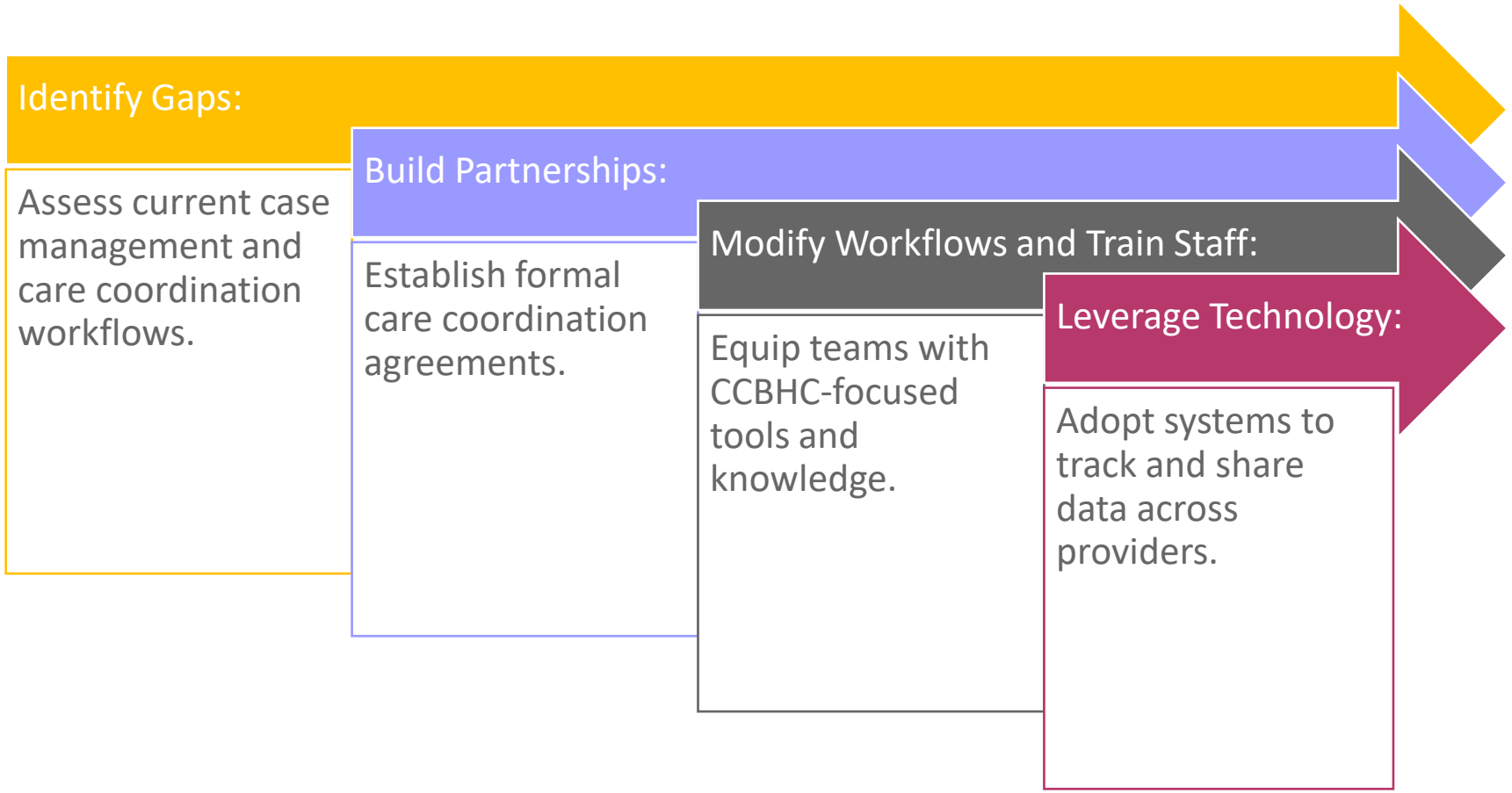
NEXT STEPS TO MEET CCBHC STANDARDS



QUESTIONS

POLL

Take a moment and rank your understanding of the CCBHC requirements for care coordination & targeted case management on a scale of 1-5

ADDITIONAL TUESDAY TA SESSIONS

- Services for Veterans and Armed Forces
- Workflows for centralized intake, triaging & staffing
- Quality and Reporting

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CONTACT US

We're here to help! If you're interested in learning more about CCBHCs or have questions, contact us at ccbhc.dmh@mh.alabama.gov

Check out our CCBHC Implementation Bulletins here:

https://mh.alabama.gov/ccbhc-implementation-bulletins/